

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 11, 2022

Adam Frazier Docate Homes, LLC 5297 Clato St Kalamazoo, MI 49004

RE: License #: AS390085644

Docate Manor 5297 Clato Street Kalamazoo, MI 49004

Dear Mr. Frazier:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Ondrea Johnson, Licensing Consultant

ndrea Johnson

Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

### I. IDENTIFYING INFORMATION

**License #:** AS390085644

Licensee Name: Docate Homes, LLC

Licensee Address: 5297 Clato St

Kalamazoo, MI 49004

**Licensee Telephone #:** (269) 359-1511

Licensee/Licensee Designee: Adam Frazier

Administrator: Adam Frazier

Name of Facility: Docate Manor

Facility Address: 5297 Clato Street

Kalamazoo, MI 49004

**Facility Telephone #:** (269) 381-7939

Original Issuance Date: 04/01/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## II. METHODS OF INSPECTION

Date o	ate of On-site Inspection(s):		07/08/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: 3/30/2022				
Inspec	tion Type:	☐ Interview and Obs	servation	⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O Role:  0				2 4
• Me	edication pass / simu	lated pass observed?	Yes 🖂	No ☐ If no, explain.
• Me	Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain			
Υe	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
• Fi	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
• Fi	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.			
lf ı	E-scores reviewed? (Special Certification Only) Yes  No N/A N/A If no, explain.  Water temperatures checked? Yes No If no, explain.			
• Inc	cident report follow-u	p? Yes⊠ No ☐ If	no, expla	nin.
	N/A 🖂	·		CAP date/s and rule/s:
• Nu	umber of excluded en	nployees followed-up'	?	N/A 🖂
• Va	ariances? Yes 🗌 (pl	ease explain) No 🗌	N/A	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

FINDINGS: Practice of fire drills during sleeping hours at least once per quarter were not recorded.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDINGS: Hot water temperature was at 142 degrees Fahrenheit at inspection.

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

FINDINGS: Exterior window trim and shutters not in good condition.

A corrective action plan was requested and approved on 07/08/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

## IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Ondrea Johnson

Licensing Consultant

07/11/2022 Date