



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 25, 2025

Todd Dockerty
Dockerty Health Care Services, Inc.
8850 Red Arrow Hwy.
Bridgman, MI 49106

RE: Application #: AM390418695
Beacon Pointe Assisted Living Unit 2
8774 N. 32nd St.
Richland, MI 49083

Dear Todd Dockerty:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 8 is issued.

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

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM390418695
Applicant Name:	Dockerty Health Care Services, Inc.
Applicant Address:	8850 Red Arrow Hwy. Bridgman, MI 49106
Applicant Telephone #:	(269) 487-9468
Administrator:	Todd Dockerty
Licensee Designee:	Todd Dockerty
Name of Facility:	Beacon Pointe Assisted Living Unit 2
Facility Address:	8774 N. 32nd St. Richland, MI 49083
Facility Telephone #:	(269) 203-3773
Application Date:	07/26/2024
Capacity:	8
Program Type:	AGED

II. METHODOLOGY

07/26/2024	Enrollment
07/26/2024	PSOR on Address Completed
07/26/2024	Application Incomplete Letter Sent -1326/RI030
07/26/2024	Contact - Document Sent -Forms sent.
10/02/2024	Contact - Document Sent - 2nd app letter sent.
10/08/2024	Contact - Document Received – 1326
10/09/2024	Inspection Report Requested – Fire
10/18/2024	Inspection Completed – Fire Safety: A
11/06/2024	Contact - Document Received - 1326, RI030 and receipt.
11/12/2024	File Transferred To Field Office
11/15/2024	Application Incomplete Letter Sent - Sent via email
12/02/2024	Contact – Document Received - Received the following: TB test for LD, Zoning approval, Management agreement, Medical clearance for LD, Program statement, Admission/discharge/refund, Job descriptions, Electrical inspection final approval, dated 06/03/2024, HVAC final approval, dated 05/13/2024, Financial statement, Standard policies and procedures and Budget
12/03/2024	Contact – Document Sent - Sent 2nd app incomplete letter based on my review of documentation sent on 12/2/2024
12/08/2024	Contact – Document Received - Received the following: permission to inspect, certificate of occupancy, electrical inspection, mechanical inspection, emergency preparedness, emergency procedures, org chart, staffing pattern, personnel policies, and CPR/1st for LD
12/12/2024	Contact – Document Sent - Sent email documenting additional information needed. Requested onsite inspection for 1/9
01/10/2025	Inspection Completed On-site
01/10/2025	Inspection Completed-BCAL Sub. Compliance

01/10/2025	Inspection Completed-Env. Health : A - Due to public water/sewer AFC consultant conducted inspection.
01/13/2025	Confirming Letter Sent
01/17/2025	Contact – Document Received - Received verification of door handles for bathrooms and thermometers in fridge/freezers
01/17/2025	Application Complete/On-site Needed
02/05/2025	Contact – Document Received – Letter from the corporation appointing Todd Dockerty as the Licensee Designee and Administrator.
02/06/2025	Contact – Document Received – Email from BFS inspector, Ken Howe, containing BFS inspection report. Report doesn't reflect current facility number. Sent back for correction.
02/24/2025	Contact – Document Received – Email from BFS. Received corrected BFS report reflecting correct facility name and number.
02/24/2025	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly constructed building in Richland, Michigan, which was completed approximately early Summer 2024. Richland, Michigan is a village within Kalamazoo County about 9 miles Northeast of Kalamazoo. The facility is less than a five-minute drive to local restaurants, fast food, supermarkets, churches, gas stations, the Post Office, banks and credit unions. It is less than a 10-minute drive to local attractions such as Gull Lake, Gilmore Car Museum and Gull Meadows Farm. It is an approximate 10-minute drive to larger stores like Meijer and Walmart off Gull Road in Kalamazoo and an approximate 15-minute drive to both I-94 and 131 highways. Due to the facility's location, it utilizes both the public water supply and sewage disposal system.

The property is owned by KLHBLS AL, LLC with proof of ownership on file, as well as permission to inspect by KLHBLS AL, LLC's resident agent, Brant Shrimplin. There is an operations contract on file between KLHBLS AL, LLC and Dockerty Health Care Services whereas Dockerty Health Care Services agrees to perform all operations at the facility.

Zoning approval, dated 12/09/2024, was submitted by the applicant documenting Richland Township permitted the facility to operate as a “Residential care facility” via a “Special Exception Use Permit”. The zoning approval documented the facility’s property was originally issued a special exception use permit, dated 03/28/2018, and then issued approval for an amended site plan on 06/28/2023. The zoning approval documented the property at 8774 N 32nd Street was in compliance with both the special exception use permit and the approved amended site plan.

The facility is an addition to a preexisting building that was also constructed by the applicant. The preexisting building is not a licensed adult foster care facility (AFC); however, the applicant intends for the preexisting building to eventually become a separately licensed AFC. Since the preexisting building has a prominent entrance, the licensee has placed a sign at the entrance to the parking lot and on the left side of the building directing visitors to the facility’s front door, which is located on the left side of the building. A doorbell has been placed on the facility’s front door to alert staff of visitors.

The facility is “L” shaped whereas there is a short and long hallway. The facility’s front door opens to the short hallway, which is lined with three resident bedrooms. The long hallway consists of a bathroom (with a stand-up shower, toilet and sink) for staff, visitors and residents, a storage room, utility room, four resident bedrooms, kitchen (with stove, oven, sink, refrigerator/freezer), and the living/dining room. Each resident bedroom has an en-suite private bathroom, consisting of a toilet, sink and stand-up shower. There is an exit door at the end of the long hallway and another exit door off the living/dining room. There is an outdoor patio off the living/dining room. At the end of the short hallway is a door leading to the preexisting building. The applicant has acknowledged this door will only be utilized by direct care staff to access the commercial kitchen and laundry, which are located in the preexisting building. The applicant intends to prepare food in the commercial kitchen and transport it to the facility where direct care staff will serve it. It should also be noted all three exit doors in the facility, including the door joining the facility to the preexisting building, have 15 second delayed egress, which has been approved by Bureau of Fire Services. The facility’s three means of egress all have wheelchair accessibility at grade.

The gas furnace and hot water heater are located on the main floor in the facility’s utility room. The utility room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Additionally, the facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility. The Bureau of Fire Services conducted an inspection of the facility on 10/18/2024 and determined the facility to be in substantial compliance with fire safety standards. The applicant received final approval for the facility’s mechanical and electrical Kalamazoo Area Building Authority, dated 05/13/2024 and 06/03/2024, respectively. Each resident bedroom consists of an electric packaged terminal air

conditioner (PTAC), which is a ductless, self-contained air conditioning unit that heats and cools the resident's bedroom allowing the resident to control the air temperature.

The resident bedroom numbers correlate to the submitted layout by the applicant. Though there are only seven resident bedrooms the applicant has enough space for eight residents in the event a couple is admitted to the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'5" x 10'8"	164 sq ft	1
2	16'6" x 11'	181 sq ft	1
3	16'6" x 11'	181 sq ft	1
4	8'7"x9' + 10'10" x 14'8"	235 sq ft	1
5	8'7"x9' + 10'10" x 14'8"	235 sq ft	1
6	8'7"x9' + 10'10" x 14'8"	235 sq ft	1
7	8'7"x9' + 10'10" x 14'8"	235 sq ft	1

The living, dining, and sitting room areas measure a total of 578 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **eight (8)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **eight (8)** male or female ambulatory or non-ambulatory adults whose diagnosis is aged (aged 60 years or older), in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, physical exercise, and public safety skills. The applicant intends to accept residents that are primarily private pay individuals.

If applicable, a personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency. The

licensee will provide all transportation for program and medical needs, as agreed upon in the Resident Care Agreement. Emergency transportation will be available by dialing 911.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources for recreational activities including local churches, grocery stores, restaurants, and parks. These resources provide an environment to enhance the quality of life and increase resident's independence.

C. Applicant and Administrator Qualifications

The applicant Dockerty Health Care Services, Inc., which is a "For Profit Corporation", was established in Michigan, on 02/20/1996. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Dockerty Health Care Services, Inc., submitted documentation appointing Todd Dockerty as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for Todd Dockerty. Todd Dockerty submitted a medical clearance with a statement from his physician documenting his good health, dated 07/22/2024, and negative TB test, dated 12/04/2023.

Todd Dockerty, the licensee designee and administrator, provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Todd Dockerty currently owns and operates a multitude of adult foster care facilities and a home for the aged across two counties in the State of Michigan. For at least the last 15 years, Todd Dockerty, has provided care to the physically handicapped, aged, and Alzheimer's populations. He has assisted the licensee with all operational components of new builds and acquisitions. He has developed marketing strategies for the licensee and the licensee's individual facilities. Todd Dockerty has acted in the capacity of executive director for the licensee's 92 unit Senior Living Community, along with two assisted living facilities, a memory care facility and an independent living facility. He assisted in developing and implementing service plan reviews per State of Michigan requirements. He hired and trained new staff and oversaw all areas of compliance with the State of Michigan and local governments. He also worked at least five years as the licensee's dietary manager whereas he created menu cycles for all the licensee's facilities and created standardized recipes for consistency.

The staffing pattern for the original license of this 8 bed facility is adequate and includes a minimum of 1 staff to 8 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant

acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home with a capacity of 8 residents.



02/24/2025

Cathy Cushman
Licensing Consultant

Date

Approved By:



02/25/2025

Dawn N. Timm
Area Manager

Date