



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2025

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

RE: License #: AS390085644
Investigation #: 2025A1024022
Docate Manor

Dear Adam Frazier:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson". The signature is written in dark ink and is positioned above the printed name.

Ondrea Johnson, Licensing Consultant
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390085644
Investigation #:	2025A1024022
Complaint Receipt Date:	04/01/2025
Investigation Initiation Date:	04/02/2025
Report Due Date:	05/31/2025
Licensee Name:	Docate Homes, LLC
Licensee Address:	5297 Clato St Kalamazoo, MI 49004
Licensee Telephone #:	(269) 359-1511
Administrator:	Adam Frazier
Licensee Designee:	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
License Status:	REGULAR
Effective Date:	07/02/2024
Expiration Date:	07/01/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The facility did not have adequate staffing for Resident A as he requires 2 to 1 staff supervision.	Yes
The home is kept unclean with garbage everywhere and has an odor.	No

III. METHODOLOGY

04/01/2025	Special Investigation Intake 2025A1024022
04/02/2025	Special Investigation Initiated – Telephone with Office of Recipient Rights (ORR) Suzie Suchyta
04/02/2025	APS Referral-APS denied to investigate.
04/02/2025	Contact - Document Received-Resident A and Resident B's <i>Behavior Treatment Plan</i> (BTP) emailed from Suzie Suchyta
04/04/2025	Contact - Document Received-staff schedule and incident reports emailed by Adam Frazier
04/10/2025	Contact - Document Received-additional information regarding home not being clean.
04/11/2025	Inspection Completed On-site-with direct care staff members Magaret Clark, Prince Ihoraho, Brian Ogutu, Percy Misenga, Larry Bolo and Resident A.
04/16/2025	Contact - Telephone call made with administrator/licensee designee Adam Frazier
05/12/2025	Contact - Telephone call made-Resident A's case manager Emily McCollum.
05/12/2025	Exit Conference with licensee designee Adam Frazier.
05/13/2025	Contact - Document Received-Resident A and Resident B <i>Assessment Plan for AFC Residents</i> emailed by Adam Frazier
05/12/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: The facility did not provide adequate staffing for Resident A as he requires 2 to 1 staff supervision.

INVESTIGATION:

On 4/1/2025, I received this complaint through the LARA-BCHS online complaint system. This complaint alleged Resident A was not provided with adequate staffing as he requires 2 to 1 direct care staff supervision.

On 4/2/2025, I conducted an interview with ORR Suzie Suchyta who stated that she is also investigating this allegation and received a report from Resident A's case manager that she observed inadequate staffing in the home while she was visiting with Resident A. Suzie Suchyta stated since there are two residents in the home that require enhanced supervision, the home should be staffed with at least four direct care staff at all times to accommodate the supervision needs of the six residents who live in the home.

On 4/2/2025, I reviewed Resident A's *Behavior Treatment Plan* (BTP) dated 1/9/2025 which stated that Resident A has a history of engaging in property destruction, self-harm behaviors, elopement, physical and verbal aggression, and inappropriate boundaries therefore requires enhanced supervision. According to Resident A's BTP, this enhanced supervision is described as one direct care staff member being within arms-reach of Resident A and the other direct care staff within eye sight of Resident A and no less than 10 ft away.

I also reviewed Resident B's BTP dated 12/20/2024 which stated that Resident B has a history of self-harm behaviors, elopement, and physical aggression. The BTP documented that Resident B requires enhanced supervision described as direct care staff being within arms-reach of Resident A while she awake and in the hallway near bedroom when she is sleeping.

On 4/4/2025, I reviewed the facility's staff schedule for the month of March 2025 which stated that on 3/15/2025 direct care staff members Brian Ogutu, Larry Bolo, Percy Misenga and Margaret Clark were scheduled to work during the day shift.

On 4/11/2025, I conducted an onsite investigation at the facility with direct care staff members Margaret Clark, Prince Ihoraho, and Brian Ogutu who all stated they do not recall any time period of not working with an adequate number of staff to accommodate the supervision needs of the six residents. They also all stated there are at least four or five direct care staff working per shift because Resident A requires two direct care staff to be with him at all times and Resident B requires one direct care staff to be with her at all times.

DCS Percy Misenga stated she believes there are at least five direct care staff working at all times due to the enhanced supervision that is required for Resident A and Resident B. DCS Percy Misenga stated there was a time when she had to call off however she believes the manager was able to still secure adequate coverage for her.

DCS Larry Bolo stated that typically there are at least five direct care staff members that work in the home to accommodate Resident A's and Resident B's enhanced supervision requirements however on 3/15/2025 staff member Percy Misenga abruptly called off due to an emergency, and he had to run some important errands, which left only three direct care staff members to provide supervision to six residents. Larry Bolo stated Resident A's case manager came to the home and observed this inadequate staff to resident ratio. Larry Bolo stated that when he came back from running errands, he spoke to Resident A's case manager who questioned him about the level of staffing in the facility on 03/15/2025. Larry Bolo stated he tried to explain to Resident A's case manager that a staff member had called in and he could not find any additional coverage. Larry Bolo stated since that incident, he has not had any staffing issues, and he tries to have at least five or six direct care staff members scheduled to work to prevent any issues.

While at the facility I also observed Resident A who was not able to be interviewed due to his cognitive impairment.

On 5/12/2025, I conducted an interview with Resident A's case manager Emily McCollum who stated she visits the home quite often to see multiple residents who receive mental health services. Emily McCollum stated on or about 3/15/2025 she went to the home to visit Resident A and while she was with him, she did not observe any direct care staff members around to always meet Resident A's staffing requirements of two direct care staff with him. Emily McCollum stated she created the plan and specifically wrote in the plan what 2:1 staffing should look like as it pertains to the proximity of where the staff members should be in relation to Resident A. Emily McCollum further stated she observed only three direct care staff members in the home therefore she questioned the house manager about the inadequate staffing and reminded the staff to follow Resident A's BTP at all times.

On 9/18/2025, I reviewed Resident A's *Assessment Plan for AFC Residents* dated 1/23/2025 which stated that Resident A requires supervision from staff members as described in his BTP.

I also reviewed Resident B's *Assessment Plan for AFC Residents* dated 1/23/2025 which stated that Resident demonstrates self-harm such as head butting and requires supervision.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on my investigation which included interviews with direct care staff members Magaret Clark, Prince Ihoraho, Brian Ogutu, Percy Misenga, Larry Bolo, ORR Suzie Suchyta, Resident A's case manager Emily McCollum along with my review of the facility's staff schedule, Resident A and Resident B's written Assessment Plan for AFC Residents and Behavior Treatment Plans, there was evidence that Resident A was not provided with his required staffing level on 03/15/2025. Resident A's case manager Emily McCollum stated while visiting with Resident A on 3/15/25, she observed only three direct care staff providing supervision for six residents which did not meet the specific supervision requirements for Resident A or Resident B. Resident A requires 2:1 staff and Resident B requires 1:1 staffing at all times. Larry Bolo also confirmed that there was insufficient staffing on 03/15/2025 when Emily McCollum was present because a staff member called off and Larry Bolo had to leave the facility to run errands. Since there are six residents in the home, to meet the enhanced supervision requirements of Resident A and Resident B along with providing care, supervision and protection to the other four residents, there needs to be at least four direct staff in the home at all times. Consequently, there was not enough direct care staff on 3/15/2025.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The home is kept unclean with garbage everywhere and has an odor.

INVESTIGATION:

On 4/10/2025, I received additional allegations that the home is kept unclean with garbage everywhere and has an odor.

On 4/11/2025, I conducted an onsite investigation at the facility with direct care staff members Magaret Clark, Prince Ihoraho, Brian Ogutu, Percy Misenga, and Larry Bolo who all stated they have not had any issues with keeping the home clean and there has not been any garbage loose throughout the home. These staff members also further

stated that all staff members clean as needed during their shift and there is a staff person who comes in specifically to clean the home routinely during the week.

While at the facility, I also observed the facility to be clean with no odor. It should be noted I observed Resident A's bedroom window and living room window boarded up with a tarp covering.

On 4/16/2025, I conducted an interview with administrator/licensee designee Adam Frazier who stated that they have not had any issue with the home being unclean and all repairs are addressed promptly so the home is well maintained. Adam Frazier stated that Resident A has significant behaviors of aggression which includes property destruction and Resident A busted out his bedroom on the morning of 4/11/2025. Adam Frazier stated since Resident A's admission he has broken windows in the facility at least 6 times. Adam Frazier stated the new windows are ordered quickly, however there is sometimes a wait in the shipping time for the windows to arrive. Adam Frazier stated he has now started to order additional windows to be put in storage so the new windows can be installed more rapidly.

On 4/16/2025, I reviewed Resident A's *Incident Report* dated 4/11/2025 at 4:21am. This report alleged Resident A began to display signs of emotional agitation by kicking his bedroom door and window multiple times. Resident A was able to cause damage. No injuries observed on Resident A.

On 5/12/2025, I conducted an interview with Resident A's case manager Emily McCollum who stated that she visits the home often to see multiple residents who reside in the facility and has not seen any issues with the home being unclean. Emily McCollum stated there are also other case workers that visit the home regularly and have not mentioned any concerns about the cleanliness of the home. Emily McCollum stated she has seen facility windows boarded up in the past because Resident A has an issue with property destruction and will break out windows in the home however staff members do a good job repairing the windows right away and keeps the home well maintained.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	Based on my investigation, which included interviews with direct care staff members Margaret Clark, Prince Ihoraho, Brian Ogutu, Percy Misenga, Larry Bolo, administrator/licensee designee Adam Frazier, Resident A's case manager Emily McCollum and inspection of the facility there was no evidence that the home is unclean with garbage everywhere and has an odor. According to Margaret Clark, Prince Ihoraho, Brian Ogutu, Percy Misenga, and Larry Bolo, they have not had any issues with keeping the home clean and there has not been any garbage loose throughout the home. These staff members also further stated that all staff members clean as needed during their shift and there is a staff person who comes in specifically to clean the home routinely during the week. While at the facility, I found the home to be clean with no odor. It should be noted while at the facility, I observed the facility to be clean with no odor however I observed Resident A's bedroom window and living room window boarded up with a tarp covering. Both Adam Frazier and Emily McCollum stated that Resident A has issues with property destruction and breaks out facility windows however staff does a good job repairing the windows promptly while also keeping the home clean and well maintained. The facility is arranged and maintained to provide adequately for the health, safety and well-being of the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 5/12/2025, I conducted an exit conference with licensee designee Adam Frazier. I informed Adam Frazier of my findings and allowed him an opportunity to ask questions and make suggestions.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

5/14/2025
Date

Approved By:



05/14/2025

Dawn N. Timm
Area Manager

Date