GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 14, 2025

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

RE: License #: AS390085644
Investigation #: 2025A1024041
Docate Manor

Dear Mr. 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,

Ondrea Johnson

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390085644
Investigation #:	2025A1024041
Complaint Receipt Date:	06/26/2025
Investigation Initiation Date:	06/26/2025
Report Due Date:	08/25/2025
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?
Resident A had a severe UTI infection and staff did not seek medical care in a timely manner.	No
Additional Findings	Yes

III. METHODOLOGY

06/26/2025	Special Investigation Intake 2025A1024041
06/26/2025	APS Referral already involved
06/26/2025	Special Investigation Initiated – Telephone left voicemail for APS Specialist Lauren Crock
06/27/2025	Contact - Telephone call received with APS Specialist Lauren Crock
07/01/2025	Contact - Telephone call made with administrator/licensee designee Adam Frazier
07/02/2025	Contact - Document Received-Resident A's *Assessment Plan for AFC Residents* (assessment plan), *Health Care Appraisal* (HCA), *AFC Resident Care Agreement* (care agreement), *Physician Visit Sheets, After Visit Summary*
07/03/2025	Inspection Completed On-site with direct cares staff member Brian Ogutu and Resident A
07/08/2025	Contact - Telephone call made with Witness A1
08/12/2025	Exit Conference with licensee designee Adam Frazier
08/12/2025	Inspection Completed-BCAL Sub. Compliance
08/12/2025	Corrective Action Plan Requested and Due on 08/27/2025

ALLEGATION: Resident A had a severe UTI infection and staff did not seek medical care in a timely manner.

INVESTIGATION:

On 6/26/2025, I received this complaint through the LARA-BCHS online complaint system. This complaint alleged Resident A had a severe UTI infection and staff did not seek medical care in a timely manner.

On 6/27/2025, I conducted an interview with APS Specialist Lauren Crock who stated that she also investigated this allegation and found no substantial evidence to support that Resident A was neglected by staff. Lauren Crock stated that Resident A takes care of his own medical care needs and has a friend that takes him to all his medical appointments. Lauren Crock stated that staff had no knowledge that Resident A had an UTI infection or symptoms of an infection prior to him going to a routine medical appointment when this infection was discovered.

On 7/1/2025, I conducted an interview with licensee designee Adam Frazier who stated that Resident A was taken to the doctor on 6/19/2025, transported by Witness A1, for a routine check-up as advised by his psychiatrist. Adam Frazier stated that Witness A1 is Resident A's close friend who regularly takes him out in the community and to appointments. Adam Frazier stated at Resident A's doctor's visit he was diagnosed with having a UTI infection. Adam Frazier stated that staff members were not aware of Resident A having any adverse illnesses prior to his routine doctor's appointment and Resident A handles all his medical appointments on his own with the help of Witness A1. Adam Frazier stated that staff members try to work with Witness A1 to keep track of when Resident A has medical appointments, so they are informed as much as possible as it pertains to Resident A's physical and mental health.

On 7/2/2025, I reviewed Resident A's written assessment plan dated 7/6/2023 which stated that Resident A performs his own personal care needs and moves dependently with a walker in the community.

I reviewed Resident A's care agreement dated 7/11/2023 which stated that Resident A agrees to pay a basic fee for services specified in his assessment and care agreement and transportation is not provided.

I also reviewed Resident A's health care appraisal (HCA) dated 9/30/2021 which stated that Resident A is diagnosed with major depressive disorder, with psychotic features.

I also reviewed Resident A's *Physician Visit Sheets* dated 6/13/2025 which stated that Resident A had a medication review visit, and it is requested that Resident A be seen by his primary care provider due to difficulty breathing, decreased pulse, leg pain, change in eye and urination issues. Resident A's Buspar medication was decreased from 15m to 10mg.

I reviewed Resident A's Bronson Family Medicine *After Visit Summary* dated 6/19/2025 which stated that issues addressed for this visit were: Atrial fibrillation with RVR (heart failure) and Urinary tract infection without hematuria.

On 7/3/2025, I conducted an onsite investigation at the facility with direct care staff member Brian Ogutu who stated that Witness A1 took Resident A to see his mental health provider for a routine visit and blood work was completed which prompted his psychiatrist to advise for Resident A to see his primary care provider for further evaluation at which time he was diagnosed with having a UTI infection. Brian Ogutu stated that Resident A completes his own personal care needs and takes care of his own medical appointments. Brian Ogutu stated that staff were not aware that Resident A had a UTI or symptoms of an UTI infection prior to his medical appointment.

While at the facility, I also conducted an interview with Resident A who stated that he handles all his personal care needs and medical needs on his own. Resident A stated he has help from Witness A1 who takes him to all his appointments. Resident A stated he had no idea he had a UTI prior to going to his medical appointments, however, knew something was going on with his health because he started having more incontinent issues. Resident A stated he did not address his health issues with staff members because he has help from Witness A1 and feels more comfortable talking to her.

On 7/11/2025, I conducted an interview with Witness A1 who stated that she is a family friend of Resident A and has known him for many years. Witness A1 stated that she takes Resident A to all medical appointments which include psychiatric appointments. Witness A1 stated recently during a psychiatric medication review appointment, Resident A was advised to see his primary care physician due to abnormal blood work discovered at this visit. Witness A1 stated Resident A was then seen by his medical provider at Bronson Family Practice who diagnosed him with heart failure and a UTI.

APPLICABLE RULE	
R 400.14310	**Resident health care.**
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.

ANALYSIS:	Based on my investigation which included interviews with APS Specialist Lauren Crock, direct care staff member Brian Ogutu, administrator/licensee designee Adam Frazier, Witness A1, review of Resident A's care agreement, assessment plan, health care appraisal, *After Visit Summary* and *Physician Visit Sheets,* there is no evidence to support the allegation Resident A had a severe UTI infection and staff did not seek medical care in a timely manner. Adam Frazier and Brian Ogutu both stated that staff members were not aware of Resident A having any adverse illnesses prior to his routine doctor's appointment and Resident A handles all his medical appointments on his own with the help of Witness A1. Witness A1 and Resident A also stated that during a routine psychiatric medication review appointment, Resident A was advised to see his primary care physician and at that medical appointment, he was diagnosed with a UTI infection. Resident A stated he did not disclose symptoms of being ill to staff members prior to his medical appointment. Therefore, staff had no reason to seek medical attention for Resident A.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION: .

I reviewed Resident A's HCA dated 9/30/2021. I was unable to verify if Resident A"s written health care appraisal was completed at least annually with the licensee designee.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency

	admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	I reviewed Resident A's HCA dated 9/30/2021. I was unable to verify if Resident A's written health care appraisal was completed at least annually.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

I reviewed Resident A"s written assessment plan dated 9/06/2023. I was unable to verify if Resident A"s written health care appraisal was completed at least annually as required.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	I reviewed Resident A's written assessment plan dated 9/06/2023. I was unable to verify if Resident A's written assessment plan was completed at least annually with licensee designee Adam Frazier as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

I reviewed Resident A's written care agreement dated 7/11/2023. I was unable to verify if Resident A"s written resident care agreement was completed at least annually as required.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	I reviewed Resident A's written care agreement dated 7/11/2023. I was unable to verify if Resident A's written resident care agreement was completed at least annually with licensee designee Adam Frazier as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 8/12/2025, I conducted an exit conference with licensee designee Adam Frazier. I informed Mr. Frazier of my findings and allowed him an opportunity to ask questions and make comments.

IV. RECOMMENDATION

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

Ondrea Johnson 8/13/2025

Ondrea Johnson
Licensing Consultant
Date

Approved By:

Dawn Timm 08/14/2025

Dawn N. Timm
Area Manager
Date