



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 6, 2022

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

RE: License #: AM110407024
Woodland Terrace of St Joseph Unit 2
168 Peace Blvd.
St. Joseph, MI 49085

Dear Mr. Dockerty:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license will be renewed within 30 days of its expiration, so long as there are no open investigations at that time. Once received, the license 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW, 7th Floor-Unit 13
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AM110407024

Licensee Name: Dockerty Health Care Services, Inc.

Licensee Address: 8850 Red Arrow Hwy.
Bridgman, MI 49106

Licensee Telephone #: (269) 465-7600

Licensee Designee: Todd Dockerty

Administrator: Roni Brown

Name of Facility: Woodland Terrace of St Joseph Unit 2

Facility Address: 168 Peace Blvd.
St. Joseph, MI 49085

Facility Telephone #: (574) 261-1124

Original Issuance Date: 11/15/2021

Capacity: 7

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/05/2022

Date of Bureau of Fire Services Inspection if applicable: 11/10/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 2 Role: Administration

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

Cassandra Duursma

04/06/2022

Cassandra Duursma
Licensing Consultant

Date