



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 12, 2022

Todd Dockerty  
Woodland Terrace at Longmeadow  
13 Longmeadow Village Dr.  
Niles Township, MI 49120

RE: License #: AH110353051  
Woodland Terrace at Longmeadow  
13 Longmeadow Village Dr.  
Niles Township, MI 49120

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 is renewed until 8/10/2023. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH110353051
<b>Licensee Name:</b>	Dockerty Health Care Services, Inc.
<b>Licensee Address:</b>	8850 Red Arrow Hwy. Bridgman, MI 49106
<b>Licensee Telephone #:</b>	(574) 529-2014
<b>Authorized Representative:</b>	Todd Dockerty
<b>Administrator/Licensee Designee:</b>	Gina Huebner
<b>Name of Facility:</b>	Woodland Terrace at Longmeadow
<b>Facility Address:</b>	13 Longmeadow Village Dr. Niles Township, MI 49120
<b>Facility Telephone #:</b>	(269) 683-7900
<b>Original Issuance Date:</b>	01/22/2014
<b>Capacity:</b>	90
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/12/2022 – No On-site Renewal

Date of Bureau of Fire Services Inspection if applicable: BFS – A 1/20/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 7/12/2022

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed  Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(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.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

Renewal of the license is recommended.

*Julie Hinds*

7/12/2022

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Licensing Consultant Date