



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 3, 2024

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

RE: License #: AM110381281
Woodland Terrace of Paw Paw Lake Unit 2
6786 Red Arrow Highway
Coloma, MI 49038

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. It 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 (517) 284-9730.

Sincerely,

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

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
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 #: AM110381281

Licensee Name: Dockerty Health Care Services, Inc.

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

Licensee Telephone #: (269) 487-9468

Licensee Designee: Todd Dockerty

Administrator: Todd Dockerty

Name of Facility: Woodland Terrace of Paw Paw Lake Unit 2

Facility Address: 6786 Red Arrow Highway
Coloma, MI 49038

Facility Telephone #: (269) 468-5800

Original Issuance Date: 03/21/2016

Capacity: 8

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/1/24

Date of Bureau of Fire Services Inspection if applicable: 3/28/24

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed n/a Role: n/a

- 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.
Inspection did not occur during mealtime.
- 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.

On 5/1/24, I completed an exit conference with Mr. Dockerty who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Cassandra Duursma

5/3/24

Cassandra Duursma
Licensing Consultant

Date