



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 7, 2023

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

RE: License #: AL110341658  
Woodland Terrace of Paw Paw Lake  
6786 Red Arrow Highway  
Coloma, MI 49038

Dear Mr. Dockerty:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AL110341658

**Licensee Name:** Dockerty Health Care Services, Inc.

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

**Licensee Telephone #:** (574) 529-2014

**Licensee/Licensee Designee:** Todd Dockerty

**Administrator:** Roni Brown

  

**Name of Facility:** Woodland Terrace of Paw Paw Lake

**Facility Address:** 6786 Red Arrow Highway  
Coloma, MI 49038

**Facility Telephone #:** (269) 468-5800

**Original Issuance Date:** 10/30/2014

**Capacity:** 20

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 2/21/2023

Date of Bureau of Fire Services Inspection if applicable: 1/10/23 C-Rating  
Temp. Until 6/29/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Licensee

- 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.  
The water temperature was measured to be 106 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.  
There were not any incident reports requiring follow-up.
- 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 found to be in non-compliance with the following rules:

**R 400.15205** Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

One employee did not have their medical statement completed within 30 days of employment and another employee file did not have an initial medical statement available for review.

**R 400.15205** Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

**(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.**

One employee did not have their tuberculosis screening completed within 30 days of employment. Two employee files did not have tuberculosis screenings/results available for review.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



2/22/2023

Date

Licensing Consultant