

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 18, 2024

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

RE: License #: AL110073685

**Woodland Terrace - Magnolia Court** 

8850 Red Arrow Hwy Bridgman, MI 49106

Dear Todd 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,

Cassardia Buisono

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 #:** AL110073685

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

**Licensee Address:** 8850 Red Arrow Hwy.

Bridgman, MI 49106

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

Licensee Designee: Todd Dockerty

**Administrator:** Tonya Margaritis

Name of Facility: Woodland Terrace - Magnolia Court

Facility Address: 8850 Red Arrow Hwy

Bridgman, MI 49106

**Facility Telephone #:** (269) 465-7600

Original Issuance Date: 07/15/1997

Capacity: 20

Program Type: AGED

**ALZHEIMERS** 

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 3/13/24
Date	e of Bureau of Fire Services Inspection if applicable: 9/25/23
Date	e of Health Authority Inspection if applicable: n/a
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 6 of others interviewed 2 Role: Administration
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain
	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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 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 regular license to this AFC adult large group home (capacity 13-20).

Cassardia Buusoma	3/18/24
Cassandra Duursma	Date
Licensing Consultant	