

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 12, 2024

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 Todd Dockerty:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month regular license is effective until 7/31/2025. It is valid only at the address listed and is not transferable.

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 (517) 284-9730.

Sincerely,

Julie Viviano, Licensing Staff 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 #:	AH110353051	
Licensee Name:	Dockerty Health Care Services, Inc.	
Licensee Address:	8850 Red Arrow Hwy.	
	Bridgman, MI 49106	
Licensee Telephone #:	(269) 487-9468	
Authorized Representative/	Todd Dockerty	
Administrator/Lineaco Desimoso	Lie other Carindan	
Administrator/Licensee Designee:	Heather Carinder	
Name of Facility:	Woodland Terrace at Longmeadow	
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Facility Address:	13 Longmeadow Village Dr.	
	Niles Township, MI 49120	
Facility Telephone #:	(269) 683-7900	
Original Issuance Date:	01/22/2014	
Capacity:	90	
Program Type:	AGED ALZHEIMERS	
	ALZHEIWIERO	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/12/2024 - No On-site Inspection/Administrative Desk Review

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 1/30/2024

Insp	pection Type:	☐Interview and Observation ☐Combination	Worksheet	
Date of Exit Conference:				
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-u Corrective action plan	p? Yes 🗌 IR date/s: N compliance verified? Yes 🗌	/A 🗌 CAP date/s and rule/s:	
•	Number of excluded er	nployees 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 humano

8/12/2024

Date

Licensing Consultant