



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2025

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 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, 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 #: (269) 487-9468

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): 04/03/2025

Date of Bureau of Fire Services Inspection if applicable: 02/04/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: Licensee Designee

- 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.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
RNWL - 3/6/23: R 400.15205 (3) & R 400.15205 (4); SIR - 9/21/23: R 400.15312 (1). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

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



4/7/25

Rodney Gill
Licensing Consultant

Date