



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 3, 2025

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

RE: License #: AL110073684
Investigation #: 2025A0790044
Woodland Terrace - Dogwood Court

Dear Mr. Dockerty:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please 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
gillr@michigan.gov
(517)980-1433

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL110073684
Investigation #:	2025A0790044
Complaint Receipt Date:	08/12/2025
Investigation Initiation Date:	08/14/2025
Report Due Date:	10/11/2025
Licensee Name:	Dockerty Health Care Services, Inc.
Licensee Address:	8850 Red Arrow Hwy. Bridgman, MI 49106
Licensee Telephone #:	(574) 261-1124
Administrator:	Tonya Margaritis
Licensee Designee:	Todd Dockerty
Name of Facility:	Woodland Terrace - Dogwood Court
Facility Address:	8850 Red Arrow Hwy Bridgman, MI 49106
Facility Telephone #:	(269) 465-7600
Original Issuance Date:	06/06/1997
License Status:	REGULAR
Effective Date:	05/07/2024
Expiration Date:	05/06/2026
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff members are not providing Resident A pain management.	No

III. METHODOLOGY

08/12/2025	Special Investigation Intake 2025A0790044
08/13/2025	APS Referral is not necessary because the allegations do not meet assignment criteria for Adult Protective Services. The allegations pertain to an alleged licensing rule violation and not abuse and/or neglect.
08/14/2025	Special Investigation Initiated - On Site I interviewed direct care staff members Teisha Sablan and Nick Tkel who functions as the home manager.
08/14/2025	Inspection Completed On-site
08/15/2025	Contact - Document Sent I received supporting documentation via email from the director of resident care Cynthia Froehlich.
08/20/2025	Contact - Telephone call made I interviewed Resident A.
08/26/2025	Exit Conference with licensee designee Todd Dockerty.
08/26/2025	Special Investigation Full Compliance

ALLEGATION:

Direct care staff members are not providing Resident A pain management.

INVESTIGATION:

On 8/13/25, I reviewed a Michigan Department of Licensing and Regulatory Affairs – Bureau of Community and Health Systems online complaint form dated 8/7/25. The complaint indicated that Resident A has resided at Woodland Terrace – Lilac Court a significant amount of time. The complaint indicated that Resident A expressed the reason for being at the facility was for pain management. The complaint indicated Resident A has been living at the facility for years and is still not receiving any pain management.

On 8/14/25, I conducted an unannounced onsite investigation. I interviewed direct care staff member (DCSM) Teisha Sablan. Ms. Sablan stated Resident A is not currently at the facility. She said Resident A left to spend time with relatives and should be back at around 5:00 p.m.

Ms. Sablan stated Resident A does often complain of pain. She said she has never witnessed Resident A upset or complaining about not getting the help she needs to control her pain. Ms. Sablan stated she specifically has never heard Resident A complain she is not receiving pain management.

Ms. Sablan stated Resident A's pain is treated with medication. She said Resident A does not go to or receive treatment from a pain clinic.

On 8/14/25, I interviewed DCSM Nick Tkel who functions as the home manager. Mr. Tkel provided me with requested documentation. Mr. Tkel stated Resident A complains of pain a lot. He said DCSMs give Resident A her pain medications as prescribed. Mr. Tkel said Resident A is often confused and will forget she just received her as needed (PRN) pain medication and will ask for it again. He stated Resident A will get agitated and upset when she is told she must wait a certain period to receive more pain medication per the label instructions.

Mr. Tkel said he has never witnessed Resident A upset or complaining about not getting the help she needs to control her pain. Mr. Tkel stated he specifically has never heard Resident A complain she is not receiving pain management. He said he has lonely witnessed Resident A upset because she must wait to receive her PRN pain medication per her doctor's orders.

On 8/20/25, I interviewed Resident A. Resident A stated at one point she was not satisfied her pain was being managed appropriately at the facility. She said all of that has changed and she is now satisfied with the pain management and overall care she has received. Resident A stated she previously did not feel her pain was being adequately or appropriately managed.

Resident A stated on 8/15/25, she met with Family Member A1, administrator Tonya Margaritis, and the director of resident care Cynthia Froehlich. Resident A stated

they had a meeting regarding her concerns related to the management of her pain. Resident A stated that they had an excellent talk.

Resident A stated she told them her symptoms and that she was not going to live the rest of her life in pain. Resident A stated she told them changes needed to be made to ensure her pain is properly managed. Resident A stated she felt like she was heard, and changes have been made since the meeting that have greatly decreased her level of pain.

Resident A stated that her primary care physician (PCP) prescribed new medications that are working to decrease her pain levels. Resident A said she has no current concerns regarding the care she is receiving at the facility. She said one of the new medications was a muscle relaxer that has been very helpful, and they are continuing to give her Tramadol. Resident A stated that the Tramadol has also been helpful in decreasing her level of pain.

Resident A explained that the pain she has experienced stems from a seven to eight-hour back surgery she previously underwent.

Resident A indicated that all her issues and concerns have been resolved by Ms. Margaritis, Ms. Froehlich, and/or DCSMs.

On 8/26/25, I reviewed Resident A's *Assessment Plan for AFC Residents*. I found under Health Care Assessment / Taking Medication / Medication Management that Resident A is allergic to specified medications and DCSMs will ensure Resident A does not receive medications that she is allergic to. I found that Resident A needs assistance administering her medications and is to receive assistance administering her medications from DCSMs authorized to do so.

On 8/26/25, I reviewed staff notes concerning a care conference held on 8/15/25 at the facility to discuss Resident A's pain management. The care conference was attended by the director of resident care Cynthia Froehlich (LPN), administrator Tonya Margaritis who functions as the executive director, Relative A1 who is Resident A's health care power of attorney (POA), and Resident A. The staff notes indicated that at the meeting it was agreed to continue the medication changes that had been added by the nurse practitioner (NP) for her primary medical group. The medication changes were as follows: Meloxicam 7.5 mg scheduled each a.m. (Anti-inflammatory) and a PRN Baclofen (muscle relaxant).

It was noted that at the meeting, Resident A disclosed that her pain level had been much better. It was also noted that Resident A's primary care physician (PCP) does

not want to prescribe Resident A scheduled Tramadol due to a fall history, lab values and mental cognitive changes that Resident A has experienced in the past.

The notes indicated other things discussed were encouraging Resident A to come out of her room and move around. It was discussed that Resident A should come out to exercise class and Resident A agreed she would try it.

The notes finally indicated that during the meeting, Resident A said she was having more pain after sitting for extended periods.

On 8/26/25, I reviewed additional staff notes provided by Ms. Margaritas. A staff note titled Observation this week indicated Resident A had not come out to exercise yet this week. Resident A was only out of her room when Family Member A1 visited. Resident A had not complained of pain beyond what had been normal.

On 8/26/25, I reviewed Resident A's *Medication Administration Records (MARs)* from 6/14/25 through 8/14/25. I found that DCSMs trained in medication administration have been administering Resident A's medications as prescribed. I specifically found that Resident A has been receiving her prescription PRN pain medication Tramadol 50 Mg tablets as prescribed.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.
ANALYSIS:	Based on the information gathered during this special investigation through review of documentation and interviews with Ms. Sablan, Mr. Tkel, and Resident A there was a lack of evidence found indicating that direct care staff members are not providing Resident A pain management. The information demonstrated that the care and services DCSMs have been providing to Resident A were designed to maintain and improve her physical and intellectual functioning and independence.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	The information gathered during this special investigation through review of documentation and interviews with Ms. Sablan, Mr. Tkel, and Resident A demonstrated that Resident A has been receiving her prescribed medications, specifically pain medications, pursuant to label instructions.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 8/26/25, I conducted an exit conference / interview via phone with licensee designee Todd Dockerty. Mr. Dockerty did not have any information to add to the special investigation and did not dispute the findings.

IV. RECOMMENDATION

I recommend that the status of the license remains the same.

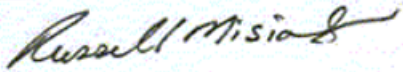


8/26/25

Rodney Gill
Licensing Consultant

Date

Approved By:



9/3/25

Russell B. Misiak
Area Manager

Date