GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

Todd Dockerty
Woodland Terrace Otsego
700 Eley Street
Otsego, MI 49078

RE: License #: AH030413477
Investigation #: 2026A1028058
Woodland Terrace Otsego

Dear Todd Dockerty:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano

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
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH030413477
Investigation #:	2026A1028058
Complaint Receipt Date:	06/24/2026
Investigation Initiation Date:	06/29/2026
Report Due Date:	08/24/2026
Licensee Name:	Otsego AL Operator LLC
Licensee Address:	111 W Ferry Street Berrien Springs, MI 49103
Licensee Telephone #:	Unknown
Authorized Representative/Administrator:	Todd Dockerty
Name of Facility:	Woodland Terrace Otsego
Facility Address:	700 Eley Street Otsego, MI 49078
Facility Telephone #:	(269) 694-1621
Original Issuance Date:	05/18/2023
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Employee A verbally abused and mistreated Resident A on 4/24/2026 and Supervisor 1 did nothing about it after being notified about the incident. Resident A is now afraid of facility staff due to this incident.	No
Additional Findings	Yes

III. METHODOLOGY

06/24/2026	Special Investigation Intake 2026A1028058
06/29/2026	Special Investigation Initiated - Letter
06/29/2026	APS Referral
07/01/2026	Contact - Face to Face Interviewed Director of Clinical Services at the facility.
07/01/2026	Contact - Face to Face Interviewed Employee 1 at the facility.
07/01/2026	Contact - Face to Face Interviewed Employee 2 at the facility.
07/01/2026	Contact - Face to Face Interviewed Resident A at the facility.
07/01/2026	Contact - Face to Face Interviewed Resident B at the facility.
07/01/2026	Contact - Face to Face Interviewed Resident C at the facility.
07/01/2026	Contact - Document Received Received the requested documentation from the Director of Clinical Services while at the facility.

This investigation will only address allegations pertaining to potential violations of the rules and regulations for Homes for the Aged (HFA). The complainant was anonymous with no identifying information or contact information provided to the department. Due to this, the complainant could not be interviewed for this special investigation, and additional identifying and/or further information could not be obtained.

ALLEGATION:

Employee A verbally abused and mistreated Resident A on 4/24/2026 and Supervisor 1 did nothing about it after being notified about the incident. Resident A is now afraid of facility staff due to this incident.

INVESTIGATION:

On 6/24/2026, the Bureau received the allegation(s) anonymously through the online complaint system.

On 7/1/2026, I interviewed the director of clinical services (DOCS) who reported no knowledge of Employee A verbally abusing or mistreating Resident A on 4/24/2026 or at any other time. The DOCS reported that any form of abuse, neglect, or mistreatment towards any resident is not tolerated at the facility. The DOCS reported there have been no complaints from residents, residents' families, or staff pertaining to Employee A. The DOCS also reported that Resident A is very vocal and would inform management and/or other staff if there is an issue with [their] care. The DOCS reported to [their] knowledge Resident A is not afraid of facility staff either. Supervisor 1 is no longer employed at the facility, but the DOCS reported that Supervisor 1 handled complaints or issues pertaining to staff effectively and professionally during [their] employment at the facility. The DOCS reported that to [their] knowledge, Supervisor 1 did not receive any form of complaint about Employee A from other staff members, residents, or residents' families.

On 7/1/2026, Employee 1 confirmed that Resident A is very vocal and will express any concerns to management and staff as necessary. Employee 1 confirmed that abuse, neglect, or mistreatment towards any resident is not tolerated at the facility. Employee 1 reported no knowledge of Employee A verbally abusing or mistreating Resident A or any other resident. Employee 1 reported Employee A is efficient when completing care with residents, and that *[Resident A] has vocalized this as being "pushy or rushed" but not as "rude or mistreatment."* Resident A often requires 2-person assistance with care and mobility needs and that Resident A will become frustrated and agitated when care staff use the physician ordered Hoyer lift during transfers. Employee 1 reported Resident A has become agitated with [them] and Employee A when using the Hoyer lift, but it is not due to any verbal abuse or mistreatment by staff.

On 7/1/2026, I interviewed Employee 2 at the facility whose statement was consistent with the DOCS statement and Employee 1's statement.

On 7/1/2026, I interviewed Resident A at the facility who did not substantiate the allegation that Employee A verbally abused and/or mistreated [them] on 4/24/2026 or on any other day or that Employee A is "pushy" during care routines. Resident A reported [they] do not like when [Employee A] or when any other staff member uses the Hoyer lift with [them]. Resident A reported [they] "*are not afraid of any staff member, but I do not like the [Hoyer] lift and I sometimes become scared when being transferred in the [Hoyer] lift. I know I am not going to fall out, but I have this fear I will. I don't even want the [Hoyer] lift in my room."* Resident A reported that [they] felt management would take care of any concern that [they] expressed about the facility or staff, but [they] do not have any current concerns pertaining to staff.

On 7/1/2026, I interviewed Resident B at the facility who reported no issues with Employee A during the provision of care and no knowledge of any resident being abused or mistreated by Employee A. Resident B also expressed that [they] felt that management takes care of any concern or issue effectively.

On 7/1/2026, I interviewed Resident C at the facility whose statement was consistent with Resident A's statement and Resident B's statement.

On 7/1/2026, I completed an inspection of the facility due to this special investigation and observed staff assisting residents appropriately. No concerns were noted during the inspection.

On 7/1/2026, I reviewed the requested documentation which revealed the following:
Review of Resident A's service plan:

- Resident A requires assistance with bathing, dressing, grooming, and toileting.
- Resident A requires set up with oral care and eating.
- Resident A requires 2-person hands on assistance with mobility and transferring.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(a) Assume full legal responsibility for the overall conduct and operation of the home.** **(b) Assure that the home maintains an organized program to provide room and board, protection,**

	supervision, assistance, and supervised personal care for its residents.
ANALYSIS:	It was alleged that Employee A verbally abused and mistreated Resident A on 4/24/2026 and Supervisor 1 did nothing about it after being notified about the incident. It was also alleged that Resident A is now afraid of facility staff due to this incident. Interviews, onsite investigation, and review of documentation reveal there is no evidence to support this allegation. The facility demonstrates an appropriately organized program to assist and protect all residents. No violation found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

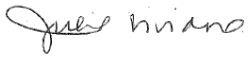
On 7/7/2026, upon reviewing Resident A's service plan, it was noted that the service plan levels for mobility and transferring do not currently match Resident A's demonstrated functional level. Staff are using a Hoyer lift to transfer Resident A, but the service plan does not list the Hoyer lift under the mobility and transfer section. Instead, the service plan reads:

- Independent with mobility/ambulation. Mobility – independent.
- Transferring – 2-person hands-on assistance; 3x Every Day.
- 2 resident care staff are to transfer resident from lying to sitting and/or sitting to standing using a gait belt.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan not less than annually or if there is a significant change in the resident's care needs. Changes must be communicated to the resident and the resident's authorized representative, if any.
ANALYSIS:	Resident A is not independent with mobility and requires use of a Hoyer lift. The use of the Hoyer lift is also not listed in Resident A's service plan. Resident's A service plan does not reflect Resident A's current level of care. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, I recommend the status of this license remains the same.



7/7/2026

Julie Viviano Date
Licensing Staff

Approved By:

07/31/2026

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section