



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

October 30, 2014

Todd Dockerty  
Dockerty Health Care Services, Inc.  
Bridgman, MI 49016

RE: Application #: AL110341658  
Woodland Terrace of Paw Paw Lake  
6786 Red Arrow Highway  
Coloma, MI 49038

Dear Mr. Dockerty:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Karen Hodge, Licensing Consultant  
Bureau of Children and Adult Licensing  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL110341658

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

**Applicant Address:** 8850 Red Arrow Hwy.  
Bridgman, MI 49106

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

**Administrator/Licensee Designee:** Todd Dockerty

**Name of Facility:** Woodland Terrace of Paw Paw Lake

**Facility Address:** 6786 Red Arrow Highway  
Coloma, MI 49038

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

**Application Date:** 05/28/2013

**Capacity:** 20

**Program Type:** AGED

## II. METHODOLOGY

05/28/2013	Enrollment
06/03/2013	Contact - Document Sent Rules & Act booklets
06/03/2013	Inspection Report Requested - Health Inv. #1021621
06/03/2013	Inspection Report Requested - Fire
06/03/2013	Application Incomplete Letter Sent Finger prints for Todd D.
07/30/2013	Comment Finger prints for Todd D.
08/01/2013	Contact - Document Received Received clearance for Todd D.
08/01/2013	Licensing Unit file referred for criminal history review Todd D.
08/13/2013	Application Complete/On-site Needed
08/15/2013	Comment application received in Grand Rapids/ file forward to Karen Hodge
08/23/2013	Application Incomplete Letter Sent
06/11/2014	Inspection Completed-Environmental Health : A
10/24/2014	Inspection Completed – Fire Safety: A
10/30/2014	Temporary License Issued

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Woodland Terrace of Paw Paw Lake is a one-story, newly constructed building containing 14 one-bedroom units, 4 studio units and 2 two-bedroom suites. The apartment arrangements allow for flexibility and resident choice for type of accommodations. Each unit has a private bathroom. The individual bathrooms have a low-entry shower for easy accessibility. Two rooms have roll-in showers for wheelchair accessibility. All the sinks are wheelchair accessible. There is an additional bathing room for assisted showers that also has a therapeutic whirlpool tub. The home has a guest bathroom for visitors. Each bathroom has grab bars within reach of the shower and toilet. Each bathroom and bedroom has a pull-cord call system so residents can alert a guest assistant if assistance is needed. The resident may also obtain a pendant or bracelet to call for a guest assistant. All staff will wear pagers that alert them to the resident who has called for assistance and their location. The home is located in a mixed-purpose area of Coloma Township, near shopping and restaurants but surrounded by open land and residential areas. There is no basement; all rooms and utilities are situated on the main floor. The home has a very large, fully equipped commercial kitchen and an ample dining area that will easily accommodate all residents and additional guests at the same time. The home is wheelchair accessible and has five approved means of egress which are all wheelchair accessible as they exit to a level, concrete walkway. The home utilizes public water and sewage systems and has municipal trash service.

The rooms have individually-controlled electric "PTAC" heating and cooling systems. The main areas of the home are gas-forced-air heat. The gas heating system is located in a separate mechanical room which has the separation as required and approved by the Bureau of Fire Services - constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. There are two separate electric water heaters, and ample on-site laundry facilities. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout. This facility was new construction, built specifically for Adult Foster Care. The plans have gone through the Bureau of Fire Services and received plan approval, Alarm system and Fire Suppression system approval. The facility also had an on-site inspection by the Fire Marshal and received full approval. The home was inspected by the local Health Department and received full approval for environmental factors.

Resident bedrooms and have the following dimensions:

Bedroom Type	Total Square Footage	Total Resident Beds
One bedroom Apartment	517 SF each	14
Studio Apartment	349 SF each	4
Two Bedroom Apartment	643 SF each	2

The living, dining, and sitting room areas measure a total of 6000 square feet of living space. This complies with the 35 square feet/per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male or female adults who are aged. The program statement indicates the facility will also provide 24-hour/day nursing consultation, daily activity and socialization programs, spiritual programs, transportation arrangements, day excursions, and assistance with community service. The applicant intends to accept private pay individuals from any referral source. The home is non-smoking and emphasizes health and wellbeing of each resident.

The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. The home can arrange for a variety of in-home services at separate cost to the resident including visiting physician, nursing, physical or occupational therapy, podiatry, barber or beautician, etc.

### **C. Applicant and Administrator Qualifications**

The applicant is Dockerty Health Care Services, Inc., which is a For Profit Corporation established in Michigan on 02/20/1996. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The corporation owns and operates several other adult foster care facilities and a home for the aged in the local area and is in good standing.

The Board of Directors of Dockerty Health Care Services, Inc. has submitted documentation appointing Todd Dockerty as Licensee Designee for this facility and as the Administrator.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/ administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this twenty bed facility is adequate and includes a minimum of two staff-to-twenty residents during first and second shift (7:00am-11:00pm) and one staff-to-twenty residents during sleeping hours. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours. In addition to direct care staff, there will be an on-site manager, separate nutrition/dietary staff, separate facilities/maintenance staff, and an activities coordinator which are all in addition to the direct care staffing ratio.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

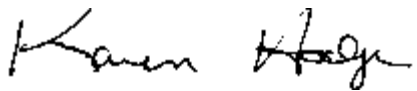
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license for this Adult Foster Care Large Facility with a capacity of twenty (20).



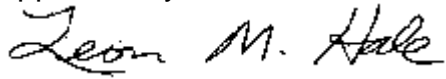
10/30/2014

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Karen Hodge  
Licensing Consultant

Date

Approved By:



10/30/2014

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Leon M. Hale  
Area Manager

Date