



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 15, 2021

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

RE: Application #: AL110407023
Woodland Terrace of St. Joseph
168 Peace Blvd.
St. Joseph, MI 49085

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW, 7th Floor- Unit 13
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL110407023
Applicant Name:	Dockerty Health Care Services, Inc.
Applicant Address:	8850 Red Arrow Hwy. Bridgman, MI 49106
Applicant Telephone #:	(269) 465-7600
Administrator	Roni Brown, Administrator
Licensee Designee:	Todd Dockerty, Designee
Name of Facility:	Woodland Terrace of St. Joseph
Facility Address:	168 Peace Blvd. St. Joseph, MI 49085
Facility Telephone #:	(574) 261-1124
Application Date:	01/13/2021
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

01/13/2021	Enrollment Online enrollment
01/15/2021	Contact - Document Sent Fire Safety String
01/15/2021	Application Incomplete Letter Sent IRS ltr; 1326, RI-030 & FPS for Todd; AFC100 for Admin
01/27/2021	Contact - Document Received IRS ltr; 1326, RI-030, & AFC100 for Todd (LD & Admin)
01/27/2021	File Transferred To Field Office Lans/GR
03/02/2021	Application Incomplete Letter Sent
04/22/2021	Contact- Face to Face Discussed physical plant status with Licensee Designee
04/23/2021	Contact- Document Sent E-mail with Licensee Designee
09/29/2021	Contact- Document Received Application Incomplete requested items received
10/04/2021	Contact- Document Sent E-mail with Licensee Designee regarding additional documentation
10/05/2021	Inspection Completed-BCAL Full Compliance
10/05/2021	Contact- Document Received Application Incomplete requested items received
10/15/2021	Contact- Document Received Application Incomplete requested items received
10/22/2021	Contact- Document Sent Emails with Licensee Designee

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Woodland Terrace of St. Joseph is a one-story, newly constructed building containing 13 one-bedroom units, 2 studio units and 4 two-bedroom suites. The unit arrangements allow for flexibility and resident choice for type of accommodations. The home is located in a mixed-purpose area of St. Joseph, MI, near shopping, restaurants, physician's offices, and a short distance from residential areas.

Each unit at Woodland Terrace of St. Joseph has a private bathroom. The showers and 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.

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. It 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 gas furnaces and electric water heaters are located in two separate mechanical rooms in this facility. The rooms are enclosed with 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. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, 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 facility also obtained zoning approval.

Bedroom Type	Total Square Footage	Total Resident Units
Studio	169	2 Studio Units
One Bedroom	402	13 One Bedroom Units
Two Bedroom	531	4 Two Bedroom Units

The living, smaller private dining room, and sitting room areas alone measure a total of 752 square feet of living space, not including the expansive (840 square foot) public dining area and recreational beauty room. 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, transportation, 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. Roni Brown is appointed 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. They have numerous years of experience as licensee designee/administrator of the other facilities operated by is Dockerty Health Care Services, Inc.

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) 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).

Cassandra Duursma

11/15/2021

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

11/15/2021

Jerry Hendrick
Area Manager

Date