

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 18, 2024

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

> RE: License #: AL110081163 Woodland Terrace - Lilac Court 8850 Red Arrow Hwy Bridgman, MI 49106

Dear Todd 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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Castandra Dunsomo

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

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## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

# I. IDENTIFYING INFORMATION

License #:	AL110081163
Licensee Name:	Dockerty Health Care Services, Inc.
Licensee Address:	8850 Red Arrow Hwy. Bridgman, MI 49106
Licensee Telephone #:	(574) 529-2014
Licensee Designee:	Todd Dockerty
Administrator:	Tonya Margaritis
Name of Facility:	Woodland Terrace- Lilac Court
Name of Facility: Facility Address:	Woodland Terrace- Lilac Court 8850 Red Arrow Hwy Bridgman, MI 49106
-	8850 Red Arrow Hwy
Facility Address:	8850 Red Arrow Hwy Bridgman, MI 49106
Facility Address: Facility Telephone #:	8850 Red Arrow Hwy Bridgman, MI 49106 (269) 465-7600

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 3/13/24

Date of Bureau of Fire Services Inspection if applicable: 9/25/23

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed3 Role: Administration

- Medication pass / simulated pass observed? Yes  $\boxtimes$  No  $\square$  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.

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- 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  $\boxtimes$  No  $\square$  If no, explain.
- Fire safety equipment and practices observed? Yes  $\boxtimes$  No  $\square$  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: N/A ⊠
- Number of excluded employees followed-up? N/A  $\boxtimes$
- Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀

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

This facility was determined to be in substantial compliance with rules and requirements.

## **IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Cassandra Dunsomo

3/18/24

Cassandra Duursma Licensing Consultant

Date