



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 4, 2025

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

RE: Application #: AL110419239
Woodland Terrace Of St. Joseph Unit 2
168 Peace Blvd
Saint 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) 356-0100.

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
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL110419239

Applicant Name: Dockerty Health Care Services, Inc.

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

Applicant Telephone #: (574) 261-1124

Administrator/Licensee Designee: Todd Dockerty

Name of Facility: Woodland Terrace Of St. Joseph Unit 2

Facility Address: 168 Peace Blvd
Saint Joseph, MI 49085

Facility Telephone #: (269) 932-0595
02/18/2025

Application Date:

Capacity: 20

Program Type: AGED

II. METHODOLOGY

02/18/2025	Enrollment
02/18/2025	Inspection Report Requested - Fire
02/18/2025	File Transferred To Field Office
02/19/2025	Application Incomplete Letter Sent
05/12/2025	Comment Licensee designee Todd Dockerty emailed asking for consultation and technical assistance regarding documentation needed for this enrollment.
05/13/2025	Comment I emailed Mr. Dockerty providing the requested consultation and technical assistance.
05/19/2025	Comment Administrative assistant Beth Stefanech emailed requesting consultation and technical assistance regarding documentation relating to this enrollment.
05/28/2025	Contact - Telephone call made to Ms. Stefanech to provide additional consultation and technical assistance.
06/02/2025	Contact - Document Received Ms. Stefanech emailed me a copy of a zoning approval letter for Woodland Terrace of St. Joseph Units 2 & 3. Ms. Stefanech requested consultation and technical assistance regarding the letter asking whether it meets licensing rule requirements.
06/02/2025	Comment

I reviewed the zoning approval letter and emailed Ms. Stefanech informing her the letter meets licensing rule requirements.

06/18/2025

Comment

I emailed Ms. Stefanech requesting additional documentation for this enrollment.

06/19/2025

Comment

Ms. Stefanich emailed me the additional documentation.

08/12/2025

Comment

Ms. Stefanech emailed stating that construction is still in progress, and they are not yet at the point where they can provide the additional documentation for this application just yet. She said they will send everything over as soon as possible after the construction is at the point where they are able.

11/14/2025

Contact - Document Received

Ms. Stefanech emailed additional documentation.

11/17/2025

Comment

I emailed Ms. Stefanech informing her of documentation I cannot locate.

11/17/2025

Comment

I emailed Ms. Stefanech and scheduled an onsite Original inspection for 11/24/25 at 1:30 p.m. after receiving all required documentation.

11/24/2025

Contact - Face to Face

I completed an initial inspection of the facility.

11/25/2025	Contact - Document Received
	Final requested documentation received via email from licensee designee Todd Dockerty.
11/25/2025	Application Complete/On-site Needed
11/26/2025	Inspection Completed On-site
11/26/2025	Recommend License Issuance
12/04/2025	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Woodland Terrace of St. Joseph Unit 2 is a one-story building with new construction adding twelve standard one-bedroom units and increasing the capacity of the facility from eight (8) to twenty (20) residents.

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. The home contains twenty standard one-bedroom units.

Each unit at Woodland Terrace of St. Joseph Unit 2 has a private bathroom. The showers and sinks are wheelchair accessible. There is an additional bathing room. The home has a guest bathroom for visitors.

There is no basement; all rooms and utilities are situated on the main floor. The facility has access to a very large, fully equipped commercial kitchen and an ample dining area that will easily accommodate all residents and additional guests simultaneously.

The home is wheelchair accessible. It has two approved means of egress which are 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 furnace and electric water heater are located in a separate mechanical room in this facility. The room is enclosed and 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 has previous and 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
One Bedroom	371	8
One Bedroom	448	12

The community room, activity room, and dining area measure a total of 3,060 square feet of living space. This complies with the 35-square-feet/per occupant requirement. Based on the information above, 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 and suffering from memory issues. 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 and administrator for this facility. 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 his good health and current TB-tine negative results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He has numerous years of experience as licensee designee/administrator of other facilities operated by Dockerty Health Care Services, Inc.

The staffing pattern for the original license of this twenty-bed facility is adequate and includes a minimum of three staff-to-twenty residents during first and second shift (7:00 a.m. -11:00 p.m.) and two staff-to-twenty residents during sleeping hours (11:00 p.m. – 7:00 a.m.). 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 members will be awake during sleeping hours. In addition to direct care staff members, 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 member 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 members 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 members 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 electronic 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 member 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, licensee designee, administrator, direct care staff member, and 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

