



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 10, 2018

Julia Jeffreys  
LADD, Inc.  
300 Whitney Dr.  
Dowagiac, MI 49047

RE: License #: AS110295942  
**Oak Grove Home**  
**8514 M-62**  
**Berrien Center, MI 49102**

Dear Ms. Jeffreys:

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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110295942
<b>Licensee Name:</b>	LADD, Inc.
<b>Licensee Address:</b>	8054 Ortonville Rd Clarkston, MI 48348
<b>Licensee Telephone #:</b>	(517) 795-4010
<b>Licensee Designee:</b>	Julia Jeffreys
<b>Administrator:</b>	Julia Jeffreys
<b>Name of Facility:</b>	Oak Grove Home
<b>Facility Address:</b>	8514 M-62 Berrien Center, MI 49102
<b>Facility Telephone #:</b>	(269) 461-6751
<b>Original Issuance Date:</b>	06/30/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/07/2018

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 09/17/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 5  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- 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  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  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? 3 N/A
- Variances? Yes  (please explain) No  N/A   
Licensee received a Substitute Form Request to replace multiple licensing forms: Resident Funds I - BCAL 2318, Resident Funds II - BCAL 2319, Resident Care Agreement - BCAL 3266, Resident Health Care Appraisal - BCAL 3947, and AFC Incident/Accident Report - BCAL 4607. Approval granted on 05/07/2009

### 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 2 year regular adult foster care license.



12/10/2018

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Cathy Cushman  
Licensing Consultant

Date