



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 15, 2022

Michelle Helmuth-Charles  
LADD, Inc.  
300 Whitney Dr.  
Dowagiac, MI 49047

RE: License #: AS130393619  
**Verona**  
**15700 Verona Road**  
**Marshall, MI 49068**

Dear Ms. Helmuth-Charles:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704



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

**I. IDENTIFYING INFORMATION**

**License #:** AS130393619

**Licensee Name:** LADD, Inc.

**Licensee Address:** 300 Whitney Dr.  
Dowagiac, MI 49047

**Licensee Telephone #:** (269) 240-1473

**Licensee Designee:** Julia Jeffreys

**Administrator:** Michelle Helmuth-Charles

**Name of Facility:** Verona

**Facility Address:** 15700 Verona Road  
Marshall, MI 49068

**Facility Telephone #:** (269) 782-0654

**Original Issuance Date:** 06/28/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/14/2022

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

Date of Health Authority Inspection if applicable: 09/06/2022

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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.  
no meals serviced at the time if inspection
- 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:  
CAP 12/14/2022, 401 (2) and 408 (4). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14401            Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

At the time of the inspection, hot water temperatures were checked various places in the home and found to measure 126.3 degrees which is higher than required and potentially a hazard for residents.

**R 400.14408            Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

At the time of the inspection, resident bedroom door handles were not equipped with positive-latching, non-locking-against-egress hardware with continuous motion.

A corrective action plan was requested and approved on 12/14/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Kevin L. Sellers*

12/15/2022

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Kevin Sellers  
Licensing Consultant

Date

Approved:

*Dawn Timm*

12/15/2022

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Dawn Timm  
Area Manager

Date