



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2022
Sonia McKeown
JARC
Suite 100
6735 Telegraph Rd
Bloomfield Hills, MI 48301

RE: License #: AS630085648
Greenberg Shiffman Stein
28773 Village Lane
Farmington Hills, MI 48334

Dear Ms. McKeown:

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#: AS630085648

Licensee Name: JARC

Licensee Address: Suite 100
6735 Telegraph Rd
Bloomfield Hills, MI 48301

Licensee Telephone #: (248) 403-6013

Licensee/Licensee Designee: Sonia McKeown

Administrator: Sonia McKeown

Name of Facility: Greenberg Shiffman Stein

Facility Address: 28773 Village Lane
Farmington Hills, MI 48334

Facility Telephone #: (248) 539-1762

Original Issuance Date: 07/02/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/22

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

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.
It was not meal time during the renewal.
- 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:
SI CAP Approved 2/16/22; 206(1), 305(3), SI CAP Approved 3/9/21; 312(1), 312(2), 312(4)(b), SI CAP Approved 10/25/21; 307(2) 308(2)(b)
- LSR CAP Approved 9/15/20; 301(10), 803(3), 301(4), 310(3), 315(3), 318(5), 205(2), 203(1)
- LSR CAP Approved 10/15/18; 316(1)(a), 301(4), 301(10), 310(3), 312(4), 403(2), 407(2), 403(5), 411(1), 410(5), 402(6), 505(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 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED; 9/15/20

A third fire drill was not completed during the timeframe of April through June 2020 and; a third fire drill was not completed during the timeframe of January through March 2020. During the timeframe of July through September 2020, only evening fire drills were completed.

During the timeframe of April through June 2021, a third fire drill was not completed.

R 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

A F-1A E-score form was not completed for Resident I for 2021.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(2) A licensee shall have on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED; 9/15/20

The licensee designee, Sonia McKeown did not complete a physical for 2021.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED; 10/15/18

The licensee designee, Sonia McKeown did not sign the assessment plan for Resident B for 2021 or the 2021 assessment plan for Resident A. Resident A's guardian did not sign the 2020 assessment plan.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(7) A department resident care agreement form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

The resident care agreement for Resident B for 2021 was not completed on the required department form.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident B's funds part II form was not completed on the required department form.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED; 9/15/20

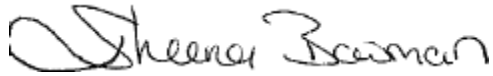
A third fire drill was not completed during the timeframe of April through June 2020 and; a third fire drill was not completed during the timeframe of January through March 2020. During the timeframe of July through September 2020, only evening fire drills were completed.

During the timeframe of April through June 2021, a third fire drill was not completed.

A corrective action plan was requested and approved on 08/25/2022. 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.



8/25/22
Date

Licensing Consultant