



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 21, 2024

Jasmine Boss  
JARC  
Suite 100  
6735 Telegraph Rd  
Bloomfield Hills, MI 48301

RE: License #: AS630085648  
Investigation #: 2024A0612017  
Greenberg Shiffman Stein

Dear Ms. Boss:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630085648
<b>Investigation #:</b>	2024A0612017
<b>Complaint Receipt Date:</b>	03/06/2024
<b>Investigation Initiation Date:</b>	03/06/2024
<b>Report Due Date:</b>	05/05/2024
<b>Licensee Name:</b>	JARC
<b>Licensee Address:</b>	Suite 100 6735 Telegraph Rd Bloomfield Hills, MI 48301
<b>Licensee Telephone #:</b>	(248) 940-2617
<b>Administrator:</b>	Jasmine Boss
<b>Licensee Designee:</b>	Jasmine Boss
<b>Name of Facility:</b>	Greenberg Shiffman Stein
<b>Facility Address:</b>	28773 Village Lane Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 539-1762
<b>Original Issuance Date:</b>	07/02/1999
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/04/2023
<b>Expiration Date:</b>	07/03/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff are not screened out as long as they pass a background check.	No
The residents are not being taken to their doctors' appointments.	No
Medications are not being passed according to the physician's orders.	No
There is old food in the home.	No
The home is dirty.	Yes
<b>Additional Findings</b>	Yes

## III. METHODOLOGY

03/06/2024	Special Investigation Intake 2024A0612017
03/06/2024	Special Investigation Initiated - Letter I made a referral to Oakland Community Health Network (OCHN) - Office of Recipient Rights (ORR) via email to ORR specialist, Amanda Clasman.
03/06/2024	APS Referral I made a referral to Adult Protective Services (APS) via electronic file.
03/07/2024	Inspection Completed On-site I completed an unsealed onsite investigation. I interviewed chief administrative officer Shula Kantrowitz, district manager Kahra-lyn Cobbler, home manager Theresa Saunders, assistant home manager Detrice McBride, Resident A, Resident B, Resident C, and Resident D.
03/13/2024	Contact - Document Sent I emailed chief administrative officer, Shula Kantrowitz to request facility documentation. Documentation received.

03/14/2024	Contact - Document Sent I emailed chief administrative officer, Shula Kantrowitz to request additional facility documentation. Documentation received.
03/15/2024	Contact – Telephone Call Made Telephone interview completed with JARC Nurse Case Manager, Christine McClue.
03/18/2024	Exit Conference Telephone call to licensee designee, Jasmine Boss to conduct an exit conference.

**ALLEGATION:**

**Staff are not screened out as long as they pass a background check.**

**INVESTIGATION:**

On 03/06/24, I received an anonymous complaint that states Jarc hires 100% of everyone that walks in the door. They do not screen out of applicants. As long as they pass the background check, have a negative tuberculosis (TB) test, and complete cardiopulmonary resuscitation (CPR) training they are hired. The home is dirty and there is old food. Staff are not taking residents to their doctor's appointments. Medication is not being passed according to the physician's orders. The complaint also states that if there is no one-on-one staff available, they are still billing for it. I confirmed that none of the residents at Greenberg Shiffman Stein have a one- on-one staff. Therefore, this allegation was not addressed in this report. On 03/06/24, I initiated my investigation by making a referral to Oakland Community Health Network (OCHN) – Office of Recipient Rights (ORR) via email and Adult Protective Services (APS) via electronic file.

On 03/07/24, in collaboration with APS worker, Kanati-Owl Davenport and Recipient Rights Specialist, Amanda Classman I completed an unsealed onsite investigation. I interviewed chief administrative officer Shula Kantrowitz, district manager Kahra-lyn Cobbler, home manager Theresa Saunders, assistant home manager Detrice McBride, Resident A, Resident B, Resident C, and Resident D.

On 03/07/24, I interviewed chief administrative officer Shula Kantrowitz and district manager Kahra-lyn Cobbler. Ms. Kantrowitz and Ms. Cobbler consistently stated that staff complete their required trainings using the Oakland Community Health Network (OCHN) online training system, Docebo. When a staff is hired, they work in the main office for one week to complete their online trainings. If they have not completed all their required trainings in one week they can work at the home while they continue completing their trainings however, they cannot work alone, and they are not included in the staffing ratio.

On 03/07/24, I interviewed home manager, Theresa Saunders. Ms. Saunders stated she worked for JARC from 2016 – 2021. She ended her employment and returned in January 2024. She was prompted to home manager in March 2024. Ms. Saunders works day shift 7:00 am – 3:00 pm. Ms. Saunders stated all staff who work in the home are fully trained. If a staff is not trained, they cannot work by themselves or be counted in the staffing ratio.

On 03/07/24, I interviewed assistant home manager, Detrice McBride. Ms. McBride stated she started on 02/12/24, she works day shift 7:00 am – 3:00 pm. Ms. McBride stated if a staff is not fully trained, they cannot work alone.

On 03/07/24, I interviewed Resident A. Resident A was diagnosed with influenza she was observed sitting on the couch in the living room. She was appropriately dressed and well groomed. Resident A was wearing a mask, she declined to be interviewed.

On 03/07/24, I interviewed Resident B. Resident B stated the staff treat her well and she enjoys living in this house. Resident B stated if there is ever anything that she does not like she tells staff, and they fix it.

On 03/07/24, I interviewed Resident C. Resident C was observed unpacking boxes of clothing in her bedroom. She reported satisfaction with the staff.

On 03/07/24, I interviewed Resident D. Resident D was observed sitting at the kitchen table coloring a picture. She was appropriately dressed and well groomed. Resident D stated she has no complaints.

I reviewed the Greenberg Shiffman Stein staff schedule for February 2024 and March 2024. The following 11 staff worked at the home during February 2024 and March 2024: Dorthy Harris, Takyiah Anderson, Tangie Calcaterra, Andrea Whaley, Dominique Smith, Tameka Hamm, Ebony White, Theresa Saunders, Ciera Bevelle, Detrice McBride and Lisa Rutland. I reviewed the training records for each staff who worked at the home during February 2024 and March 2024. 10 of the 11 staff have completed all the direct care staff trainings includes, Reporting requirements, First aid, CPR, Personal care, supervision, and protection, Resident rights, Safety and fire prevention, and Prevention and containment of communicable diseases. Direct care staff, Ciera Bevelle completed all the trainings except for Safety and fire prevention. I reviewed the staff schedule and confirmed that Ms. Bevelle has never been scheduled to work alone on shift.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing

	<p>assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul>
<b>ANALYSIS:</b>	<p>Based on the information gathered through my investigation there is insufficient information to conclude that direct care staff are not trained in the required competencies. I reviewed the Greenberg Shiffman Stein staff training records. Ten of the eleven staff have completed all the direct care staff trainings includes, Reporting requirements, First aid, CPR, Personal care, supervision, and protection, Resident rights, Safety and fire prevention, and Prevention and containment of communicable diseases. Direct care staff, Ciera Bevelle completed all the trainings except for Safety and fire prevention. I reviewed the staff schedule and confirmed that Ms. Bevelle has never been scheduled to work alone on shift. There is no concern that staff are not screened and/or adequately trained.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:**

**The residents are not being taken to their doctors' appointments.**

**INVESTIGATION:**

On 03/07/24, I interviewed chief administrative officer Shula Kantrowitz and district manager Kahra-lyn Cobbler. Ms. Kantrowitz and Ms. Cobbler consistently stated that to their knowledge no resident has missed any medical appointments. When a resident leaves an appointment staff scheduled the next appointment at the end of the visit. Resident A had a dentist appointment scheduled for 03/11/24, however the dentist office called to reschedule. The appointment was moved to 03/19/24. This is the only recent appointment change the home has had.

On 03/07/24, I interviewed home manager, Theresa Saunders. Ms. Saunders stated no doctor's appointments have been missed, cancelled, or rescheduled. When she became the home manager, approximately two weeks ago, some of the resident's doctor contact information was missing such as the phone numbers. Since becoming

the home manager, she has been able to locate all the information. They are aware of all the upcoming appointments and all necessary appointments are scheduled.

On 03/07/24, I interviewed assistant home manager, Detrice McBride. Ms. McBride stated no appointments have been canceled or rescheduled. Home manager, Ms. Saunders takes the residents on most of their appointments. All appointments are logged in the resident's appointment book.

On 03/07/24, I interviewed Resident A. Resident A was diagnosed with influenza she was observed sitting on the couch in the living room. She was appropriately dressed and well groomed. Resident A was wearing a mask, she declined to be interviewed.

On 03/07/24, I interviewed Resident B. Resident B stated she attends all her doctor appointments.

On 03/07/24, I interviewed Resident C. Resident C was observed unpacking boxes of clothes in her bedroom. She reported satisfaction with the care that she receives.

On 03/07/24, I interviewed Resident D. Resident D stated she attends all her medical appointments.

On 03/15/24, I completed a telephone interview with JARC Nurse Case Manager, Christine McClue. Ms. McClue stated JARC uses an electronic medication record. When a resident is taken to the doctor's, the appointment record is uploaded directly into the system. When a physician prescribes medication, they enter the order electronically into the system. The order is filled at the pharmacy, and automatically delivered to the home. Ms. McClue stated the only appointment that has been changed recently is for Resident A. Resident A had a dentist appointment scheduled for 03/11/24, however the dentist office called to reschedule. The appointment was moved to 03/19/24. There have been no other changes to appointments. Residents A, B, C, and E's primary care physician is Dr. Nosanchuk. They were all seen on 05/30/23, at which time they completed their annual physicals. Resident D's primary care physician is Dr. Yanshinski. Her last appointment was on 03/07/24. Resident D has an appointment scheduled on 04/12/24, for an annual physical. Ms. McClue stated Resident B has a history of kidney stones. She regularly follows up with her specialist for ongoing care. The other residents do not have any ongoing medical issues that require routine care. Ms. McClue completed a home visit on 03/14/24, she stated all the residents were doing well, she observed no concerning medical issues.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.



<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that the residents are not being taken to their doctors' appointments. Residents A, B, C, and E had annual physicals on 05/30/23. Resident D seen her primary care physician on 03/07/24. Resident D has an appointment scheduled on 04/12/24, for an annual physical. JARC Nurse Case Manager, Christine McClue stated Resident B has a history of kidney stones. She regularly follows up with her specialist for ongoing care. The other residents do not have any ongoing medical issues that require routine care. Resident B and Resident D stated they attend their medication appointments as they are scheduled. There were no reports of residents not being taken to their scheduled appointments.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:**

**Medications are not being passed according to the physician's orders.**

**INVESTIGATION:**

On 03/07/24, I interviewed chief administrative officer Shula Kantrowitz and district manager Kahra-lyn Cobbler. Ms. Kantrowitz and Ms. Cobbler consistently stated any staff who passes medication must be trained. The home uses an electronic medication administered records. There have been no observed medication errors.

On 03/07/24, I interviewed home manager, Theresa Saunders. Ms. Saunders stated all medication is administered as it is prescribed. The home uses an electronic medication system. There have been no issues or concerns with medication being administered inaccurately.

On 03/07/24, I interviewed assistant home manager, Detrice McBride. Ms. McBride stated she does not pass medication as she is not trained to do so. However, to her knowledge there have been no medication errors. Medications are administered as they are prescribed.

On 03/07/24, I interviewed Resident A. Resident A was diagnosed with influenza she was observed sitting on the couch in the living room. She was appropriately dressed and well groomed. Resident A was wearing a mask, she declined to be interviewed.

On 03/07/24, I interviewed Resident B. Resident B stated her medications are administered to her as they are prescribed.

On 03/07/24, I interviewed Resident C. Resident C was observed unpacking boxes of clothes in her bedroom. She reported satisfaction with the care that she receives.

On 03/07/24, I interviewed Resident D. Resident D stated she is given her medication as it is prescribed.

On 03/07/24, I completed an unscheduled onsite investigation. I inspected the medication cart. The cart was locked. The contents of the cart were organized and medications were stored properly. I reviewed the physical medications and the medication administration record. There were no observed discrepancies between the medication administration record, the physical medications, and the physician order. The bubble packs of medication were in good condition. I observed district manager, Kahra-lyn Cobbler completed a simulated medication pass. Ms. Cobbler appropriately and accurately administered the medication following the five rights of medication administration.

On 03/15/24, I completed a telephone interview with JARC Nurse Case Manager, Christine McClue. Ms. McClue stated JARC uses an electronic medication record. When a physician prescribes medication, they enter the order electronically into the system. The order is filled at the pharmacy, and automatically delivered to the home. Ms. McClue stated she regularly access to the electronic medication record, and she has not observed any medication issues including missed medication, or medication not being administered as it is prescribed.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
<b>ANALYSIS:</b>	Based on the information gathered through my investigation, there is insufficient information to conclude that medications are not being passed according to the physician's order. On 03/07/24, I reviewed the physical medications and the medication administration record. There were no observed discrepancies between the medication administration record, the physical medications, and the physician's order. Resident C reported no concerns. Resident B and Resident D stated that their medications are administered as they are prescribed.

	JARC Nurse Case Manager, Christine McClue stated she regularly accesses the electronic medication record, and she has not observed any medication issues including missed medication, or medication not being administered as it is prescribed.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:**

**There is old food in the home.**

**INVESTIGATION:**

On 03/07/24, I completed an unscheduled onsite investigation. I inspected the food in the pantry, the refrigerator, and the freezer. I checked expiration dates and observed no expired food in the home. Canned goods in the pantry were dated with the date that they were purchased. The home was adequately stocked with a variety of food and beverages including fresh fruits and vegetables. A menu was posted on the refrigerator that included meals for breakfast, lunch, and dinner.

On 03/07/24, I interviewed chief administrative officer Shula Kantrowitz and district manager Kahra-lyn Cobbler. Ms. Kantrowitz and Ms. Cobbler consistently stated that meal planning is done with the residents weekly. Groceries are ordered online from Kroger. When nonperishable items are brought into the home they are dated with the date that they were purchased to ensure that they get used. Ms. Kantrowitz and Ms. Cobbler consistently stated that they have never observed any old food in the home.

On 03/07/24, I interviewed home manager, Theresa Saunders. Ms. Saunders stated grocery shopping is completed weekly. She plans a weekly menu with the residents and groceries are purchased online at Kroger. Ms. Saunders stated the residents were living in another home within the providers' network. While they were packing to move into the Greenberg Shiffman Stein home, they cleaned out the kitchen cabinets and while doing so there was expired items that were thrown away. The expired foods were not moved into Greenberg Shiffman Stein.

On 03/07/24, I interviewed assistant home manager, Detrice McBride. Ms. McBride stated after meal planning with the residents, home manager, Ms. Saunders does the grocery shopping online once a week. Ms. McBride stated she works the day shift, and she regularly prepares breakfast and lunch for the residents. She has never observed old or expired food in the home.

On 03/07/24, I interviewed Resident A. Resident A declined to be interviewed.

On 03/07/24, I interviewed Resident B. Resident B stated the food that is served taste good, and she always has enough to eat.

On 03/07/24, I interviewed Resident C. Resident C reported satisfaction with the care that she receives.

On 03/07/24, I interviewed Resident D. Resident D stated the food that is served is good, she has no complaints.

<b>APPLICABLE RULE</b>	
<b>R 400.14402</b>	<b>Food service.</b>
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is insufficient information to conclude that there is old food in the home. On 03/07/24, I completed an unscheduled onsite investigation. I inspected the food in the pantry, the refrigerator, and the freezer. I checked expiration dates and observed no expired food in the home. Resident B, Resident C, and Resident D reported no concerns regarding the food that they are served.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The home is dirty.**

**INVESTIGATION:**

On 03/07/24, I interviewed chief administrative officer Shula Kantrowitz and district manager Kahra-lyn Cobbler. Ms. Kantrowitz and Ms. Cobbler consistently stated that Residents A, B, C, D, and E moved into this home on 02/27/24. Some of them are still unpacking their belongings and getting settled in.

On 03/07/24, I interviewed Resident A. Resident A declined to be interviewed.

On 03/07/24, I interviewed Resident B. Resident B reported no concerns with the condition of the home she stated that she enjoys living here. She likes it better than her previous house.

On 03/07/24, I interviewed Resident C. Resident C reported satisfaction with the house.

On 03/07/24, I interviewed Resident D. Resident D stated that she has no complaints with the condition of the home.

On 03/07/24, I completed an unscheduled onsite investigation. I completed a walkthrough of the facility. I observed that the floor in the kitchen had food debris, the outside of the kitchen garbage can was visibly dirty with dried food. The wood and the paint on the doorframe between the kitchen and dining room was chipped and needs to be repaired and repainted. The wall in the front room, to the left of the kitchen doorway has several holes and requires repair. I observed several walls in resident bedrooms that had small holes where items such as TVs were previously hung. The holes need to be patched and repainted. The doorknob on the French doors in the dining room is loose and in need of repair.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is sufficient information to conclude that the home is not clean and in good repair. On 03/07/24, I observed that the floor in the kitchen had food debris, the outside of the kitchen garbage can was visibly dirty with dried food. The wood and the paint on the doorframe between the kitchen and dining room is chipped and needs to be repaired/repainted. The wall in the front room, to the left of the kitchen doorway has several holes and requires repair. I observed several walls in resident bedrooms that had small holes where items such as TVs were previously hung. The doorknob on the French doors in the dining room is loose and in need of repair.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 03/07/24, I completed an unscheduled onsite investigation. While completing a walkthrough of the home. I observed that there was no chair in Resident E and Resident B's bedroom. Resident C's bedroom did not have a mirror and there was no thermometer in the kitchen freezer.

On 03/18/24, I placed a telephone call to licensee designee, Jasmine Boss to conduct an exit conference and review my findings. Ms. Boss had no additional information to provide. Ms. Boss acknowledged her understanding of the investigation and verbally agreed to complete a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14402</b>	<b>Food service.</b>
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is sufficient information to conclude that the kitchen freezer was not equipped with an approved thermometer. On 03/07/24, I observed that there was no thermometer in the freezer.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	(1) The bedroom furnishings in each bedroom shall include all of the following: (d) At least 1 chair.  (2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.
<b>ANALYSIS:</b>	Based on the information gathered through my investigation there is sufficient information to conclude that each bedroom did not include at least one chair and a mirror. On 03/07/24, I completed an unscheduled onsite investigation. I observed that there was no chair in Resident E and Resident B's bedroom. Resident C's bedroom did not have a mirror.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of this license.



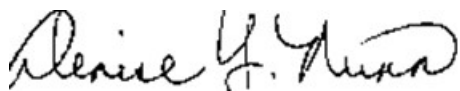
03/19/2024

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Johnna Cade  
Licensing Consultant

Date

Approved By:



03/21/2024

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Denise Y. Nunn  
Area Manager

Date