

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 24, 2025 Jasmine Boss JARC Suite 100 6735 Telegraph Rd Bloomfield Hills, MI 48301

RE: License #: AS630012339

Medow

25020 Roycourt

Huntington Woods, MI 48070

Dear Ms. Boss:

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:

You are to submit documentation of compliance.

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) 972-9136.

Sincerely,

Sheena Worthy, Licensing Consultant

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Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License #: AS630012339

Licensee Name: JARC

Licensee Address: Suite 100

6735 Telegraph Rd

Bloomfield Hills, MI 48301

Licensee Telephone #: (248) 940-9617

Licensee/Licensee Designee: Jasmine Boss

Administrator: Jasmine Boss

Name of Facility: Medow

Facility Address: 25020 Roycourt

Huntington Woods, MI 48070

Facility Telephone #: (248) 547-6029

Original Issuance Date: 06/01/1982

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s): 06/24/2025
Date	of Bureau of Fire Services Inspection if applicable: N/a
Date	of Environmental/Health Inspection if applicable: N/a
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $igtimes$ No $igcap$ 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 onsite. Fire drills reviewed? Yes No If no, explain.
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcap$ 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 \boxtimes CAP date/s and rule/s: LSR CAP Approved 07/18/23; 803(3), 301(4), 301(10), 205(2), 318(5), 312(7), 315(6), 301(7), 315(3), 407(3) N/A \square Number of excluded employees followed-up? N/A \boxtimes
•	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 400.14205

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 07/18/23

The licensee designee Jasmine Boss did not complete an annual physical for 2024.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Amphet-Dextr in the morning however; the pill for 06/07/25 was still in the bubble packet.

Resident B is prescribed Ergocalciferol daily however; on 06/02/25 a staff member made a comment stating this medication was not given because it was held due to doctors orders. It was also documented that this staff member could not find this medication.

R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident B Calmoseptine ointment was discontinued on 05/14/25 however; a staff member initialed the MAR indicating this medication was administered from June 1st through June 4th.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The bathroom light in Resident M bedroom does not work.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

A pipe burst in the basement causing a significant leak and damage to the water heater.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The bathroom door inside of Resident M bedroom does not have non-locking against egress hardware.

R 400.14410 Bedroom furnishings.

- (1) The bedroom furnishings in each bedroom shall include all of the following:
- (b) Lighting that is sufficient for reading and other resident activities.

The light in Resident R bedroom does not work.

IV. RECOMMENDATION

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

Sheena Worthy Licensing Consultant

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06/24/25 Date