



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 22, 2026

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

RE: License #: AS630012603
Investigation #: 2026A0602008
Milan

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) 972-9136.

Sincerely,

A handwritten signature in black ink that reads "Cindy Berry". The signature is written in a cursive style with a large, looping "C" and "B".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Blvd
2nd Floor Annex, Suite 2-730
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630012603
Investigation #:	2026A0602008
Complaint Receipt Date:	04/22/2026
Investigation Initiation Date:	04/22/2026
Report Due Date:	06/21/2026
Licensee Name:	JARC
Licensee Address:	6735 Telegraph Rd, Suite 100 Bloomfield Hills, MI 48301
Licensee Telephone #:	(248) 940-9617
Administrator/Licensee Designee:	Jasmine Boss
Name of Facility:	Milan
Facility Address:	24245 Broadview Farmington Hills, MI 48336
Facility Telephone #:	(248) 477-7211
Original Issuance Date:	08/28/1990
License Status:	REGULAR
Effective Date:	07/07/2025
Expiration Date:	07/06/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

ALLEGATION(S)

	Violation Established?
Staff Janeka Matthews allegedly slapped Resident A and yelled at her during a shower after Resident A refused care.	Yes
Additional Findings	Yes

II. METHODOLOGY

04/22/2026	Special Investigation Intake 2026A0602008
04/22/2026	Special Investigation Initiated - Telephone Call made to the Office of Recipient Rights.
04/30/2026	Inspection Completed On-site I interviewed the home manager, Michelle Smith, Resident A and the licensee designee, Jasmine Boss.
05/04/2026	Contact – Telephone call made Message left for staff member Janeka Matthews.
05/13/2026	Contact – Telephone call made Spoke with the District Manager, Brandie Whelan.
05/13/2026	Contact – Telephone call made Message left for staff member Kaila Reese.
05/15/2026	Contact – Telephone call received Spoke with staff member Kaila Reese.
05/18/2026	Contact – Telephone call made Call made to Ms. Matthews, no answer.
05/21/2026	Contact – Document received Email received from Rachel Moore, assigned Office of Recipient Rights worker.
05/21/2026	Exit conference Held with the licensee designee, Jasmine Boss by telephone.

ALLEGATION:

Staff member Janeka Matthews allegedly slapped Resident A and yelled at her during a shower after Resident A refused care.

INVESTIGATION:

On 4/22/2026 a complaint was received and assigned for investigation alleging that staff member Janeka Matthews allegedly slapped Resident A and yelled at her during a shower after Resident A refused care.

On 4/30/2026 I conducted an unannounced on-site investigation at which time I interviewed the home manager, Michelle Smith, Resident A and the licensee designee, Jasmine Boss. Ms. Smith stated she did not have firsthand knowledge of the incident that occurred on 4/19/2026 as she was not on shift at the time. She said she was informed that on 4/19/2026 staff member Kaila Reese called the on-call staff and informed her that staff member Janeka Matthews hit Resident A. Ms. Smith stated Resident A is verbal and able to communicate her wants and needs. She is very interactive with staff and will tell you if she does not like something you said or did.

On 4/30/2026 Resident A stated, "I did not want to take a shower but staff with the baby in her stomach hit me. I only wanted the baby to come out." Resident A hit herself on the chin and buttocks to show where staff hit her. I asked Resident A if she bit Ms. Matthews and she said no. I did not observe any unusual marks or bruises on Resident A.

On 4/30/2026 Ms. Boss stated she was aware of the incident that occurred on 4/19/2026 and Ms. Matthews was terminated on 4/20/2026.

During the on-site I reviewed two incident reports dated 4/20/2026. One report was signed by the District Manager Brandie Whelan and the other was signed by staff member Kaila Reese. The incident reports document Ms. Whelan and Ms. Reese's account of the incident that occurred on 4/19/2026 which is detailed in this report below. I also reviewed Resident A's individual plan of service (IPOS) dated 6/19/2025. According to the plan, Resident A is able to speak her mind when upset to caregivers who listen and will advocate on her behalf if necessary.

On 5/13/2026 I spoke with the District Manager, Brandie Whelan by telephone. Ms. Whelan stated on 4/19/2026 she received a call from the office asking her to make a visit to the Milan home as it was alleged that Ms. Matthews hit Resident A. Ms. Whelan said she resides about 15 minutes from the Milan home and agreed to make the visit as she could get there the quickest. Upon her arrival (exact time unknown), Ms. Matthews and Ms. Reese were doing chores around the house and Resident A was in her bedroom. Ms. Whelan interviewed Resident A and was informed that she did not want to take a shower and the staff with the baby in her stomach hit her. Ms. Whelan did not

interview Ms. Matthews or Ms. Reese but remained at the home until Ms. Matthews shift ended at 8 pm. Once the oncoming staff arrived, Ms. Whelan left the home and reported what Resident A reported to her. Ms. Whelan went on to state that Resident A is verbal and communicates her needs appropriately. She does not have a history of making false statements.

On 5/15/2026 I interviewed staff member Kaila Reese by telephone. Ms. Reese stated on 4/19/2026 she was working the afternoon shift (3 pm – 11 pm) with staff member Janeka Matthews. They assisted Resident A to the bathroom and to the toilet in preparation for a shower. Ms. Matthews stood on the right side of Resident A while Ms. Reese stood on the left side of her. Resident A stated she did not want to take a shower. Ms. Reese began explaining to her the importance of showering when Ms. Matthews interrupted her saying, “You’re going to take a shower! You’re not going to be around here stinking.” At that point, Ms. Matthews had her hand on top of Resident A’s right arm. Resident A attempted to pull her arm away when Ms. Matthews grabbed it and pulled it closer to her as she continued talking to her. Ms. Matthews slapped Resident A on her shoulder claiming that she bit her. She began yelling at Resident A threatening to report her for biting her as she left the bathroom. Ms. Reese remained in the bathroom with Resident A, closed the door and called the on call staff to report what had happened. Resident A agreed to take a shower and Ms. Matthews returned to the bathroom and assisted with transferring her to and from the shower chair. Ms. Reese stated she did not observe Resident A bite Ms. Matthews. She asked Ms. Matthews if she could see the bite marks but she refused. Ms. Whelan arrived at the home soon after and remained until Ms. Matthews’ shift was over and she left the home. According to Ms. Reese, there were no other incidents during the remainder of the shift.

On 5/21/2026 I received an email from the assigned ORR worker Rachel Moore stating her investigation has been completed. She said a complaint was made to adult protective services; however, she was unaware of who was assigned to investigate the complaint.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.

ANALYSIS:	<p>Based on the information obtained during the investigation, there is sufficient information to determine that on 4/19/2026, staff member, Janeka Matthews hit Resident A.</p> <p>Although the exact location of where Resident A was hit is unclear, Resident A and Ms. Reese both indicated that Ms. Matthews did in fact hit Resident A.</p> <p>According to Ms. Reese, Ms. Matthews also yelled at Resident A and threatened to report that she bit her.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION:

On 4/30/2026 during the unannounced on-site investigation, I attempted to sit down on the couch in the front room of the home and the couch leaned forward. I observed one of the legs missing from the front of the couch.

On 5/21/2026 I conducted an exit conference with the licensee designee, Jasmine Boss by telephone. I informed Ms. Boss of the allegations and recommendation documented in this report. Ms. Boss agreed to provide a corrective action plan upon receipt of this report.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	<p>Based on my own observation, the home furnishings (front room couch) do not represent a comfortable and orderly appearance.</p> <p>The couch in the front room of the home only had three legs resulting in the couch being unsafe for resident use.</p>
CONCLUSION:	VIOLATION ESTABLISHED

III. RECOMMENDATION

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

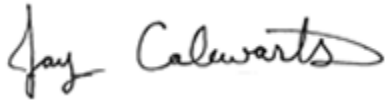


5/22/2026

Cindy Berry
Licensing Consultant

Date

Approved By:



For

05/22/2026

Denise Y. Nunn
Area Manager

Date