



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 5, 2026

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

RE: License #: AS630016142
Katzman
5425 Pond Bluff Drive
West Bloomfield, MI 48323

Dear Ms. Boss:

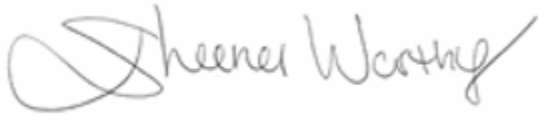
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in cursive script that reads "Sheena Worthy". The signature is written in a dark ink and is positioned above the printed contact information.

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Blvd
2nd Floor, Annex, Suite 2-730
Detroit, MI 48202
Phone: 248-310-5388
Fax: 517-763-0204

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

I. IDENTIFYING INFORMATION

License #:	AS630016142
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:	Katzman
Facility Address:	5425 Pond Bluff Drive West Bloomfield, MI 48323
Facility Telephone #:	(248) 940-2617
Original Issuance Date:	03/13/1995
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2026

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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 onsite.
- 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:
SIR CAP Approved 09/16/24; 681, SIR CAP Approved 08/02/24; 681, LSR CAP
Approved 08/22/24; 691, 685 (10), 685(4), 685(6), 675, 619,715,637,673 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 400.637 Handling of resident funds and valuables.

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

According to Resident A's resident care agreement, his payment for services in 2025 was listed as \$1,080.50. However, Resident A's Funds Part II shows that he was only charged \$613.62 for the months of April through June of 2025.

Therefore, the service fee listed in the resident care agreement does not coincide with the amount Resident A was charged on his Funds Part II form.

R 400.655 Bathrooms.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

Resident A's personal bathroom, located within his bedroom, has a pocket door that is not equipped with non-locking, against-egress hardware.

R 400.673 Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of the renewal, authorization for Resident A's wheelchair, gait belt, and shower chair were not available.

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

(v) Initials of the individual who administered the medication at the time given.

According to Resident A's MAR for the month of July and August, the following medications did not have staff initials documented:

- Bisacodyl Supp 10mg 7-1-26 through 7-5-26
- Valproic AC Sol 250/ML 7-1-26 and 7-3-26
- Nystatin Pow 7-7-26, 7-10-26, 7-22-26, 7-30-26,
- Clotrim/Beta Cre Dip Rop 7-30-26, 7-31-26
- Water-LIQD 8-1-26, 8-2-26

Furthermore, Resident A is prescribed to have Water-LIQD flush via enteral tube immediately following enteral feedings, before and after medication pass, and five times daily. There were missing staff initials for this medication throughout most of the month of July.

R 400.675

Resident medications.

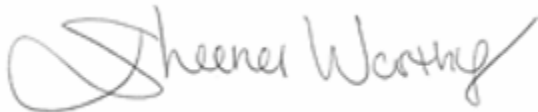
(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.

Resident A's MAR indicates that his Diphenhydram LIQ 12.5/5ML was discontinued. However, there is no documentation from a physician directing that the medication be discontinued. This medication has not been available in the home for the entirety of 2026, and it is unknown when or if a physician discontinued it.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

A handwritten signature in black ink, reading "Sheena Worthy". The signature is fluid and cursive, with a large loop at the beginning of the first name.

Sheena Worthy
Licensing Consultant

08/06/26
Date