



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 17, 2024
Jasmine Boss
JARC
Suite 100
6735 Telegraph Rd
Bloomfield Hills, MI 48301

RE: License #: AS630012708

Laker
6078 Ledgeway
West Bloomfield, MI 48322

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) 975-5053.

Sincerely,

Sheena Worthy, 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 #:	AS630012708
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:	Laker
Facility Address:	6078 Ledgeway West Bloomfield, MI 48322
Facility Telephone #:	(248) 562-7666
Original Issuance Date:	03/11/1991
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2024

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 4

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.
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SIR CAP Approved 10/25/22; 312(6), 312(2)
- SIR CAP Approved 05/17/22; 312(2)
- LSR CAP Approved 10/13/22; 803(5), 315(3), 301(4), 301(7), 205(2), 312(2), 318(5), 507(5)
- LSR CAP Approved 11/10/20; 318(5), 203(1), 205(2), 208(1)(f), 315(3), 316(1)
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.

During the first, third, and fourth quarter of the 2023 fire drills, it was not documented whether or not if the fire drills were completed in the am or pm. The second quarter of the fire drills was missing a fire drill during sleeping hours.

During the first quarter of the 2022 fire drills, an evening fire drill was not completed. The third and fourth quarter of fire drills did not include whether or not if the fire drills were completed in the am or pm.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 11/10/20

Staff member Ruthie Levy start date was 05/17/24 however; there was no verification of reference checks in her employee file.

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.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 10/13/22 & 11/10/20

According to Resident A's resident care agreement dated 01/01/22, he was being charged \$954.50 for cost of care. However, on Resident A's funds part II he paid \$907.50 on 01/12/22. This payment does not coincide with the fee on the resident care agreement.

According to Resident B's 2023 resident care agreement, he was being charged \$1,240. However, on Resident B's funds part II he paid \$1,027.50 on 09/06/23. Resident B also paid \$1,292 from October 2023 through December 2023. These payments do not coincide with the fee on the resident care agreement.

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 10/13/22 & 11/10/20

During the first, third, and fourth quarter of the 2023 fire drills, it was not documented whether or not if the fire drills were completed in the am or pm. The second quarter of the fire drills was missing a fire drill during sleeping hours.

During the first quarter of the 2022 fire drills, an evening fire drill was not completed. The third and fourth quarter of fire drills did not include whether or not if the fire drills were completed in the am or pm.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 10/13/22

The main means of egress is not equipped with non-locking against egress hardware.

A corrective action plan was requested and approved on 10/17/2024. 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

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

A handwritten signature in cursive script, appearing to read "Sheena Worthing".

10/17/24
Date

Licensing Consultant