



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 29, 2025  
Jasmine Boss  
JARC  
Suite 100  
6735 Telegraph Rd  
Bloomfield Hills, MI 48301

RE: License #: AS630085648

**Greenberg Shiffman Stein  
28773 Village Lane  
Farmington Hills, MI 48334**

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  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS630085648
<b>Licensee Name:</b>	JARC
<b>Licensee Address:</b>	Suite 100 6735 Telegraph Rd Bloomfield Hills, MI 48301
<b>Licensee Telephone #:</b>	(248) 940-9617
<b>Licensee/Licensee Designee:</b>	Jasmine Boss
<b>Administrator:</b>	Jasmine Bos
<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>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/29/2025

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 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.  
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
SIR CAP Approved 04/08/24; 403(5), 402(3), 410
- SIR CAP Approved 01/04/23; 307(2), 308(2)(b)
- LSR CAP Approved 06/15/23; 301(10), 312(4)(b), 403(1), 403(5), 509(1),  
301(2)(b) 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 400.14205      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.**

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

**R 400.14306      Use of assistive devices.**

**(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.**

Resident A is prescribed a wheelchair however; her assessment plan indicates she does not have an assistive device.

**R 400.14312      Resident medications.**

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

Resident A and Resident B are prescribed several PRN's that were not available in the AFC group home. The following medications that were not available in the home for Resident A and Resident B is listed below:

Resident A

- Ketoconazole cream
- Bisacodyl sup 10mg
- Stomach relief sus 525/30ml
- Fleet Bisaco Ene 10/30ml
- Lactulose Sol 10gm/15

Resident B

- Acetamin 325mg
- Bisacodyl sup 10mg
- Stomach relief sus 525/30ml
- Triple anti ointment

**R 400.14313      Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

The menu in the home was not dated at least one week in advance.

**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.

Resident A and Resident B funds part II was completed on a form for a different AFC group home. The licensee designee Jasmine Boss did not sign the funds part II forms for the monthly cost of care transactions.

**R 400.14407      Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

The two bathrooms that are designated for the residents do not have non-locking against egress hardware.

**R 400.14408 Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

The locks on every resident bedroom door is not equipped with non-locking against egress hardware.

**R 400.14408 Bedrooms generally.**

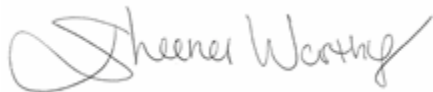
(7) Bedrooms shall have at least 1 easily openable window.

Resident T and Resident A bedroom windows could not be opened during the onsite.

A corrective action plan was requested and approved on 05/29/2025. 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**

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



Licensing Consultant

05/29/25  
Date