GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25, 2026

Jody Josephson
10111 Island Lake Road
Dexter, MI 48130

RE: License #: AF810289274
Investigation #: 2026A0575022
Clara's House

Dear Ms. Josephson:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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 (517) 284-9720.

Sincerely,

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AF810289274
Investigation #:	2026A0575022
Complaint Receipt Date:	03/20/2026
Investigation Initiation Date:	03/20/2026
Report Due Date:	04/19/2026
Licensee Name:	Jody Josephson
Licensee Address:	10111 Island Lake Road Dexter, MI 48130
Licensee Telephone #:	(734) 426-3733
Administrator:	N/A
Licensee Designee:	
Name of Facility:	Clara's House
Facility Address:	10111 Island Lake Rd Dexter, MI 48130
Facility Telephone #:	(734) 426-3733
Original Issuance Date:	08/28/2008
License **Status:**	REGULAR
Effective Date:	02/28/2025
Expiration Date:	02/27/2027
Capacity:	6
Program Type:	AGED; ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Home is licensed for 6 but they have double capacity of 12 or more residents.	Yes
Licensee does not reside in the facility.	Yes
Owners brother who has a guardian lives in the garage with no heat, kitchen or running water and receives adult foster care services.	No
Licensee physically and verbally abused residents.	No
Licensee restricts residents' use of their cell phones, family visiting rights and things that bring them joy. The facility phone is shut off.	No
Resident with impaired mobility with bedroom upstairs and has to walk up and down the stairs.	No
Staff did not document the medication record.	Yes
Staff are not trained.	Yes
There is one staff on duty and residents are not properly supervised.	Yes
Residents live in the basement and closets.	Yes
Additional Findings	Yes

Per R. 400.695 (2), All allegations referred did not violate a law or rule regulated by the department or did not provide specific information to allow the department to investigate the allegation.

III. METHODOLOGY

03/20/2026	Special Investigation Intake-2026A0575022
03/23/2026	Special Investigation Initiated - On Site- direct care staff, Michael O'Neal, and household member, Randy Josephson

03/23/2026	APS Referral
03/23/2026	Contact - Telephone call made- (a) licensee, Jody Josephson; (b) direct care staff, Rochelle Josephson
03/26/2026	Inspection Completed On-site-(a) direct care staff, Michael O'Neal; (b) licensee, Jody Josephson; (c) guardian, Dee Hall.
03/26/2026	Contact - Telephone call made- guardian, Dee Hall.
04/01/2026	Contact- Telephone call made- (a) direct care staff, Tasha Rudd; (b) direct care staff, Terry Leonard
04/02/2026	Inspection completed On-site- direct care staff, Cindy Wallin.
04/02/2026	Exit Conference with licensee, Jody Josephson
04/06/2026	Inspection Completed-BCAL Sub. Non-Compliance
04/06/2026	Recommend Modify to Provisional
06/17/2026	Inspection Completed On-Site- interviews with (a) Resident A; (b) Resident D; and (c) licensee, Jody Josephson
06/17/2026	Exit Conference with licensee, Jody Josephson

ALLEGATION:

Home is licensed for 6 but they have double capacity of 12 or more residents.

INVESTIGATION:

On 3/20/2026, I completed an onsite inspection and observed that there are 12 residents residing in this licensed 6-bed home.

On 3/23/2026, I interviewed licensee, Jody Josephson, by phone. Jody Josephson acknowledged that she has twice the facility licensed capacity. She stated that she was trying to help out residents who needed a place to stay.

On 3/26/2026, I completed an onsite inspection and interviewed direct care staff, Michael O'Neal. Michael O'Neal stated that the facility has had 12 or more residents since before Christmas 2025.

APPLICABLE RULE	
R 400.613	**Licensed capacity, occupants.**
	(1) The number of residents and number of resident beds must not be greater than the capacity authorized on the license.
ANALYSIS:	I observed the facility to have 12 residents, direct care staff, Michael O'Neal, stated the facility has had 12 residents since before Christmas 2025 and Jody Josephson admitted to having twice the facility licensed capacity. Therefore, the number of residents and number of resident beds was greater than the capacity authorized on the license.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Licensee does not reside in the facility.

On 3/23/2026, I conducted an onsite inspection and licensee, Jody Josephson, was not at the facility.

On 3/23/, 2026, I contacted direct care staff, Rochelle Josephson, by phone, to inquire about the licensee's residence. Rochelle Josephson stated that Jody Josephson does not live at the facility address.

On 3/26/2026, I completed an onsite inspection and interviewed licensee, Jody Josephson. Jody Josephson admitted that she does not reside at the facility, has no intent to live at the facility; however, did apply for a 7-12 bed facility license, see pending application AM810420481. She acknowledged that she needs to have a sprinkler system with pull stations installed, zoning approval and an inspection/approval by the Bureau of Fire Safety.

APPLICABLE RULE	
MCL 400.703	**Definitions; A.**
	(5) "Adult foster care family home" means a private residence with the approved capacity to receive at least 3 but not more than 6 adults to be provided with foster care. The adult foster care family home licensee must be a member of the household and an occupant of the residence.

ANALYSIS:	Since Jody Josephson admitted to not living at the facility, she is in noncompliance with the statutory definition of Adult Foster Care Family Home because the licensee must be a member of the household and an occupant of the residence.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Owners brother who has a guardian lives in the garage with no heat, kitchen or running water and receives adult foster care services.

INVESTIGATION:

On 3/23/2026, I completed an onsite inspection and interviewed direct care staff, Michael O'Neal and household member/licensee's brother, Randy Josephson.

Michael O'Neal stated that Randy Josephson is not a resident but is Jody Josephson's brother who resides in the garage.

I observed Randy Josephson residing in a room in the garage. Randy Josephson stated that he does not have a guardian, he is not a resident, and he does not require adult foster care services but does come over to the house to eat. He stated that he takes no medications. Although he did not open the door, I could see some type of portable space heater.

On 3/23/2026, I made an APS referral regarding Randy Josephson living in the garage.

On 3/26/2026, I completed an onsite inspection and interviewed Jody Josephson. Jody Josephson stated that her brother lives in the garage, does not take any medication, does not require and would not accept adult foster care services and only comes over to the facility to eat and use the bathroom.

On 6/17/2026, I completed an onsite inspection and interviewed Randy Josephson. Randy Josephson allowed me to look inside the room in the garage where he lives. There is a sofa bed, TV, dresser, small refrigerator, minimal furniture and the room wasn't particularly in great shape. He stated that he liked living in the garage and that he was not planning to live in the house.

APPLICABLE RULE	
R 400.613	**Licensed capacity, occupants.**
	(4) If an occupant subsequently requires foster care and therefore becomes a resident, which causes the licensee to exceed the licensed capacity, the licensee has no more than 30 calendar days to return to the licensed capacity.
ANALYSIS:	Since Jody Josephson and Randy Josephson both state that he does not have a guardian, does not take any medication and he only comes into the facility to use the bathroom and eat, then he is not a resident and at this time does not require foster care.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Licensee physically and verbally abused residents.

INVESTIGATION:

On 3/23/2026, I interviewed licensee, Jody Josephson, by phone. Jody Josephson denied verbally and/or physically abusing any resident.

On 3/26/2026, I completed an onsite inspection and interviewed direct care staff, Michael O'Neal. Michael O'Neal stated that he has never heard Jody Josephson verbally and/or physically abuse residents.

On 4/1/2026, I interviewed direct care staff Tasha Rudd and Terry Leonard, by phone. They stated that they never heard Jody Josephson verbally and/or physically abuse residents.

On 6/17/2026, I interviewed Resident A and Resident D. They both denied that Jody Josephson had been verbally and/or physically abusive to them or other residents.

APPLICABLE RULE	
R 400.641	**Resident behavior interventions.**
	(6) A licensee, staff, volunteers, or any person who lives in the facility shall not do any of the following: **(f) Subject a resident to any of the following:** **(ii) Verbal abuse.**

ANALYSIS:	Based upon my interviews with licensee, Jody Josephson, direct care staff, Michael O'Neal, Tasha Rudd and Terry Leonard, Resident A and Resident D, I found no evidence to support this allegation. Therefore, the licensee did not verbally abuse any residents.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Licensee restricts residents' use of their cell phones, family visiting rights and things that bring them joy. The facility phone is shut off.

INVESTIGATION:

On 3/23/2026, I interviewed licensee, Jody Josephson, by phone. Jody Josephson denied restricting residents' access to their cell phones, restricting family visiting rights and denied the facility phone was shut off.

On 4/1/2026, I interviewed direct care staff, Tasha Rudd and Terry Leonard, by phone. Tasha Rudd and Terry Leonard stated that they never witnessed Jody Josephson restricting residents' use of their cell phones, restricting family visiting rights and denied the facility phone was shut off.

On 4/2/2026, I completed an onsite inspection and interviewed direct care staff, Cindy Wallin. Cindy Wallin stated that she never witnessed Jody Josephson restricting residents' use of their cell phones, restricting family visiting rights and denied the facility phone was shut off.

On 6/17/2026, I completed an onsite inspection and interviewed Resident A and Resident D. Both residents denied that the facility phone was shut off and that their family visiting rights are restricted. Resident A stated that he uses his cell phone and Resident D stated that she could always use the facility phone.

I observed Jody Josephson's visitation policy, and it is in compliance with licensing rules and statues.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(3) A licensee and staff shall respect and safeguard all of the following resident rights to: **(e) Have reasonable access to a telephone for private communications, but a licensee may charge a resident for the cost of long-distance telephone calls.**
ANALYSIS:	Based upon my interviews with licensee, Jody Josephson, direct care staff, Tasha Rudd, Terry Leonard and Cindy Wallin, Resident A and Resident D, and my observation that the visitation policy is in compliance with licensing rules and statues; I found no evidence to support this allegation. Therefore, the licensee and staff shall respect and safeguard the residents' right to have reasonable access to a telephone for private communications.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident with impaired mobility with bedroom upstairs and has to walk up and down the stairs.

INVESTIGATION:

On 3/26/2026, I completed an onsite inspection and interviewed licensee, Jody Josephson and direct care staff, Michael O'Neal.

I walked upstairs with Michael O'Neal and observed Resident C, Resident J and Resident L in the two upstairs bedrooms. Neither resident exhibited any impaired mobility and could walk up and down the stairs without any assistance.

On 3/26/2026 and on 6/17/2026, I completed an onsite inspection and interviewed Jody Josephson. Jody Josephson denied housing residents with impaired mobility in upstairs bedrooms.

APPLICABLE RULE	
R 400.651	**Living space.**
	(4) A resident that has impaired mobility shall have access to the living, dining, bathroom, and the resident's bedroom. These areas must be located on the street floor level of the facility that contains the required means of egress.
ANALYSIS:	Based upon my observation, interviews with licensee, Jody Josephson and direct care staff, Michael O'Neal, there were no resident(s) with impaired mobility living on the second floor. Therefore, any resident that has impaired mobility has access to the living, dining, bathroom, and the resident's bedroom. These areas are located on the street floor level of the facility that contains the required means of egress.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff did not document the medication record.

INVESTIGATION:

On 4/2/2026, I completed an onsite inspection and interviewed direct care staff, Cindy Wallin. I reviewed the 1 available resident medication administration record (MAR) and found that for the previous full month, March 2026, only Cindy Wallin initialed/documented the MAR. She stated that other staff administered the residents' medications but did not document/initial the MAR. My review of the MARs for residents A-L for March 2026 showed that only Cindy Wallin initialed the resident MARs for the 3-4 days she worked that month.

On 6/17/2026, I completed an onsite inspection and interviewed Jody Josephson. Jody Josephson admitted that the staff did not initial/document medication administration for MAR of 2026. She stated that although she told them to document the MAR, they ignored her directive.

APPLICABLE RULE	
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.**
ANALYSIS:	Based upon my interviews, licensee, Jody Josephson, admitted that the staff did not initial/document medication administration for March 2026, direct care staff, Cindy Wallin, stated other staff administered resident medication but did not initial/document the MAR and my observation that the facility medication record found only Cindy Wallin to have properly documented the medication record, then the other direct care staff did not 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.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

There is one staff on duty and residents are not properly supervised.

INVESTIGATION:

On 3/26/2026 and on 4/2/2026, I completed an onsite inspection. I observed only one direct care staff, Michael O'Neal and Cindy Wallin respectively, on duty. They both confirmed that they were the only staff on duty for the 12 residents.

On 3/26/2026 and on 4/2/2026, I was unable to review the residents' assessment plans because they were either unavailable in the facility or the two assessment plans that were available for review were outdated.

On 4/2/2026, I completed an exit conference with licensee, Jody Josephson, by phone. Jody Josephson stated that she had the resident files and would not make them available for my review.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(b) 12 residents for small group and family homes.**
ANALYSIS:	I was unable to determine sufficient staffing since the licensee, Jody Josephson, did not make the assessment plans available for review. Therefore, the preponderance of the evidence is that the licensee did not have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plans.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Direct care staff are untrained.

INVESTIGATION:

On 4/2/2026, I completed an onsite inspection and interviewed direct care staff, Cindy Wallin. I requested to review direct care staff training records, but there were none in the facility for review. Cindy Wallin stated that she did not have access to any staff training and since this facility is licensed as a Family Home, she had no specific training beyond CPR/First Aid.

On 6/17/2026, I completed an onsite inspection and interviewed licensee, Jody Josephson. Jody Josephson stated that all of the staff were trained, but she had no staff training records available for review to support her claim. She stated that her daughter, direct care staff, Rochelle Josephson, had taken the records and would not return them.

APPLICABLE RULE	
R 400.629	**Direct care staff; qualifications and training.**
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: **(a) Reporting requirements.** **(b) First aid.** **(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.** **(d) Personal care, supervision, and protection.** **(e) Resident rights.** **(f) Safety and fire prevention.** **(g) Prevention and containment of communicable diseases including recognizing signs of illness.** **(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.** **(i) Nutrition and special diets.**
ANALYSIS:	Although the previous licensing rules for Family Homes did not require direct care staff to be trained, the new single ruleset known as the "Licensing Adult Foster Care Facilities" Administrative Rules effective 11/3/2025 requires the above listed direct care staff training. Based upon my interviews with direct care staff, Cindy Wallen and licensee, Jody Josephson, there were no staff training records available for department review. Therefore, since there are no records of direct care staff training then the preponderance of the evidence is that direct care staff have not been trained as required by this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Residents live in the basement and closets.

INVESTIGATION:

On 3/23/20/2026, I completed an onsite inspection, and I observed Resident E residing in the basement. Resident E stated that she could not remember how long she had been living in the basement. Also, on 3/23/2026, I did not observe any residents living in any of the closets and the closets are not large enough to accommodate a resident.

On 3/26/2026, I completed an onsite inspection and interviewed direct care staff, Michael O'Neal. Michael O'Neal stated that Resident E had been living in the basement since before Christmas 2025.

On 4/1/2026, I interviewed direct care staff, Tasha Rudd and Terry Leonard, by phone. Tasha Rudd and Terry Leonard stated that Resident E had been living in the basement since Christmas 2025.

On 4/2/2026, I completed an onsite inspection and interviewed Cindy Wallin. Cindy Wallin acknowledged that Resident E lives in the basement but stated she could not remember when Resident E began living in the basement.

On 6/17/2026, I completed an onsite inspection and interviewed licensee, Jody Josephson. Jody Josephson stated that Resident E likes living in the basement and she has very little money to afford living elsewhere.

APPLICABLE RULE	
R 400.657	**Bedrooms.**
	(1) A room must not be used as a resident bedroom if more than 1/2 of the room height is below grade. This subrule does not apply to basement bedrooms previously approved before the promulgation of these rules.
ANALYSIS:	Based upon my interviews with direct care staff, Michael O'Neal, Tasha Rudd, Terry Leonard, Cindy Wallin, licensee, Jody Josephson and my observation, Resident E's bedroom is in the basement and more than ½ of the room height is below grade, then the basement cannot be used as a resident bedroom.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 4/2/2026, I completed an onsite inspection and 10 of the 12 resident records were unavailable for review. The records that were available in the facility for Resident F and Resident G, the resident care agreements were not completed for 2025 and 2026.

On 4/2/2026, I completed an exit conference with licensee, Jody Josephson, by phone and she admitted the resident care agreements were not completed for 2025 and 2026.

APPLICABLE RULE	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.
ANALYSIS:	Since the licensee, Jody Josephson, admitted that the resident care agreements were not completed for 2025 and 2026, then the licensee did not review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 4/2/2026, I completed an onsite inspection and 10 of the 12 resident records were unavailable for review. The records that were available in the facility for Resident F and Resident G, the resident assessment plans were not completed for 2025 and 2026.

On date 4/2/2026, I completed an exit conference with Jody Josephson, by phone. Jody Josephson admitted the resident assessment plans were not completed for 2025 and 2026.

APPLICABLE RULE	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent

	assessment plan on file at the facility for up to 2 years after discharge.
ANALYSIS:	Since the licensee, Jody Josephson, admitted that the resident assessment plans were not completed for 2025 and 2026, then the licensee did not complete written assessment plans with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 3/26/2026, I completed an onsite inspection and interviewed licensee, Jody Josephson. During my onsite investigation, I requested to see the facility resident register, written visitation policy and written emergency preparedness plan. Jody Josephson stated that she does not keep a resident register, does not have a written visitation policy or have a written emergency preparedness plan since the Family Home rules did not require it.

On date 4/2/2026, I completed an exit conference with Jody Josephson, by phone. Jody Josephson admitted that she does not maintain a resident register, written visitation policy or written emergency preparedness plan.

APPLICABLE RULE	
R 400.615	**Resident register.**
	A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident: **(a) Resident full name.** **(b) Resident date of birth.** **(c) Date of admission.** **(d) Date of discharge and location, if known, where the resident moved.**
ANALYSIS:	Since the new administrative rules were published in November 2025, the licensee, Jody Josephson, admitted that she does not maintain a resident register.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.687	**Resident admission and discharge policy; house rules; change of residency; provision of resident records.**
	(3) A licensee shall have a written policy on visitation that includes if overnight visitors are allowed. A roommate shall consent to have an overnight visitor spend the night if in a resident semi-private room. An overnight visitor is considered an occupant. The facility cannot exceed the occupant capacity in accordance with R 400.613(3).
ANALYSIS:	Since the new administrative rules were published in November 2025, the licensee, Jody Josephson, admitted that she does not have a visitation policy.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.619	**Emergency preparedness plan.**
	(1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable.
ANALYSIS:	Since the new administrative rules were published in November 2025, the licensee, Jody Josephson, admitted that she does not have an emergency preparedness plan.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 3/26/2026, I completed an onsite inspection and interviewed direct care staff, Michael O'Neal and on 4/2/2026 I interviewed direct care staff, Cindy Wallin. I requested to review staff records. They both stated that they don't have access to or know where the staff records are kept.

On 4/2/2026, I completed an exit conference with the licensee, Jody Josephson, by phone. Jody Josephson admitted that she does not have the staff records in the

facility. She stated that her daughter, direct care staff, Rochelle Josephson, had taken the records and would not return them.

APPLICABLE RULE	
R 400.639	**Staff records.**
	(1) A licensee shall maintain a record for each staff that contains all of the following: **(a) Name, address, telephone number, and Social Security number.** **(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.** **(c) Copy of a driver's license if staff provide transportation services.** **(d) Verification of age.** **(e) Verification of experience, highest level of education completed, and training.** **(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.** **(g) Beginning and ending dates of employment on separation.** **(h) Health information as required by these rules.** **(i) Verification of the receipt by the staff of personnel policies and job descriptions.**
ANALYSIS:	Since the direct care staff records were unavailable for review, then the licensee, Jody Josephson, did not maintain a record for each staff.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 4/2/2026, I completed an onsite inspection and interviewed direct care staff, Cindy Wallen. I reviewed the facility fire drill records and observed that licensee, Jody Josephson, is not conducting fire drills at least once a quarter per calendar year during each shift, 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m.

On 4/2/2026, I completed an exit conference with the licensee, Jody Josephson, by phone. Jody Josephson admitted that she did not conduct fire drills once per quarter

during day, evening and overnight shifts. She reiterated that the Family Home rules only required 4 fire drills per year.

APPLICABLE RULE	
R 400.619	**Emergency preparedness plan.**
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
ANALYSIS:	Licensee, Jody Josephson, admitted that she did not practice an emergency preparedness plan, including the fire safety plan, as required in the new administrative rules promulgated in November 2025, at least once per quarter per calendar year during each shift, 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. or keep record of the practices for 2 years.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 3/23/2026, I completed an onsite inspection and interviewed direct care staff, Michael O'Neal and demonstrated that neither of the two required means of egress are equipped with positive-latching, non-locking-against-egress hardware.

On 4/2/2026, I completed an exit conference with licensee, Jody Josephson by phone. I informed her that the two required means of egress are not equipped with positive-latching, non-locking-against-egress hardware as part of the new administrative rules promulgated in November 2025.

APPLICABLE RULE	
R 400.725	**Means of egress.**
	(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

ANALYSIS:	I observed that that neither of the two required means of egress were equipped with positive-latching, non-locking-against-egress hardware. As I explained to the licensee, Jody Josephson, she acknowledged, the doors that form a part of the required means of egress are not equipped with positive-latching, non-locking-against-egress hardware.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 3/26/2026, I completed an onsite inspection and interviewed licensee, Jody Josephson. Jody Josephson refused my request for the residents' guardian's names and telephone numbers as part of my investigation other than Dee Hall who is the guardian for several residents in the home.

On 3/26/2026, I completed an interview with guardian, Dee Hall, by phone. Dee Hall is the guardian for multiple residents in the facility. Dee Hall expressed a lack of awareness that the facility was overcapacity and stated that she may have to move her wards.

On 4/2/2026, I conducted an exit conference with Jody Josephson, by phone. Jody Josephson stated that she would not provide the other guardian's names and telephone numbers at this time.

APPLICABLE RULE	
R 400.605	**Rule compliance; cooperation by applicant or licensee.**
	(2) An applicant or licensee shall cooperate with the department to determine compliance with the act and these rules during the review of an application and during an inspection or investigation.
ANALYSIS:	Since licensee, Jody Josephson refused to provide resident guardians names and phone numbers, she failed to cooperate with the department to determine compliance with the act and these rules during the review of an application and during an inspection or investigation.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 6/17/2026, I conducted an exit conference with Jody Josephson. At times she was angry about the complaints against her, but we discussed her options and the living space requirements for pursuing the 7-12 bed license.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend modification of the current status of the license to provisional.

Jeffrey J. Bozsik
Licensing Consultant
Date: 6/25/2026

Approved By:

Ardra Hunter
Area Manager
Date: 06/25/2026