

RICK SNYDER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

June 7, 2018

Jawad Shah Insight Healing Center (dba Jawad A Shah MD PC) Ste. 1898 4800 S Saginaw St STE 1898, MI 48507

RE: Application #: AM250389863

**Insight Healing Center** 

STE 1875

4800 S Saginaw St. Flint, MI 48507

Dear Mr., MD Shah:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

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,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

Novia McGonan

4809 Clio Road Flint, MI 48504 (810) 835-1019

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS LICENSING STUDY REPORT

#### I. IDENTIFYING INFORMATION

License Application #: AM250389863

Licensee Name: Insight Healing Center (dba Jawad A Shah

MD PC)

Licensee Address: Ste 1875

4800 S. Saginaw St. Flint, MI 48507

**Licensee Telephone #:** (810) 732-8336

Administrator/Licensee Designee: Jawad Shah

Name of Facility: Insight Healing Center

Facility Address: STE 1875

4800 S Saginaw St. Flint, MI 48507

**Facility Telephone #:** (810) 732-8336

08/11/2017

**Application Date:** 

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

### II. METHODOLOGY

08/11/2017	On-Line Enrollment
08/15/2017	Inspection Report Requested - Fire
08/15/2017	Contact - Document Sent Rule & Act books + Fire Safety String
09/12/2017	Contact - Document Received 1326 for Jawad & Charlotte, RI-030
09/13/2017	File Transferred To Field Office Flint
10/24/2017	Application Incomplete Letter Sent
01/18/2018	Inspection Report Requested - Fire
05/11/2018	Inspection Completed-Fire Safety : A
05/25/2018	Inspection Completed-BCAL Sub. Compliance
06/01/2018	Application Incomplete Letter Sent
06/05/2018	Application Complete/On-site Needed
06/05/2018	Inspection Completed-BCAL Full Compliance
06/05/2018	Recommend License Issuance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Insight Healing Center is located at 4800 S. Saginaw Street, Flint, MI 48507, in Genesee County. The physical plant is a 2-story brick structure, which houses other services offered by IINN, Inc. The AFC will occupy the first floor, entry level of the building. Upon entering the facility, one would be in the main lobby. Entry into the AFC is accessed by the hallway to the left. There is a reception counter located in the middle of the open area lay-out. The facility consists of a living room, dining room, kitchen, a medication room, a food pantry storage room, an office, and 12 single-occupancy resident bedrooms. There are also three additional rooms reserved for activities and other project for residents. There are two separate public restrooms. There are also two additional bathrooms, complete with a sink and toilet, as well as two shower rooms, reserved for the use of the residents. The parking lot has adequate parking for staff and visitors. The facility is wheelchair accessible.

There are three furnaces located on the side roof of the facility. The hot water heater is located on the main floor in a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The laundry room is located on the second floor of the building. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has public water and sewer system provided by the City of Flint. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16 x 14	224	1
2	16 x 14	224	1
3	16 x 14	224	1
4	16 x 14	224	1
5	16 x 14	224	1
6	16 x 14	224	1
7	16 x 15	240	1
8	16 x 15	240	1
9	16 x 15	240	1
10	16 x 15	240	1
11	16 x 14	224	1

12	16 x16	256	1
			1

The living, dining, and sitting room areas measure a total of 1950 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate **twelve** (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### **B. Program Description**

The applicant, Insight Healing Center (dba Jawad A Shah, PC) submitted a copy of the required documentation. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twenty (12) male or female ambulatory adults who are diagnosed with Traumatic Brain Injuries and/or are physically handicapped.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian and the responsible agency.

Insight Healing Center (dba Jawad A Shah, PC) will ensure that the resident's transportation and medical needs are met. Insight Healing Center has contracted with Tender Care Transportation to transport residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

#### C. Applicant and Administrator Qualifications

The applicant is Insight Healing Center (dba Jawad A Shah MD PC), which is a Domestic Limited Liability Company, was established in Michigan. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Insight Healing Center (dba Jawad A Shah MD PC). has submitted documentation appointing Dr. Jawad Shah as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff-to-12 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (<u>www.miltcpartnership.org</u>), L-1 Identity Solutions<sup>TM</sup> (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer

working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### D. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

Sabria	H. Gonan	June 5, 2018
Sabrina McGowan		Date

Approved By:

**Licensing Consultant** 

June 7, 2018

Mary E Holton Date
Area Manager