



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 8, 2023

Ali Madha  
JAWAD A SHAH MD PC  
Ste 1775  
4800 S Saginaw,  
Flint, MI 48507

RE: Application #: AS250413492  
Insight Healing Center IV  
Ste 1975  
4800 S Saginaw  
Flint, MI 48507

Dear Mr. Madha:

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 6 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250413492
<b>Licensee Name:</b>	JAWAD A SHAH MD PC
<b>Licensee Address:</b>	Ste 1775 4800 S Saginaw, Flint, MI 48507
<b>Licensee Telephone #:</b>	(810) 732-8336
<b>Licensee Designee:</b>	Alhi Madhi
<b>Administrator:</b>	Nancy Petzold
<b>Name of Facility:</b>	Insight Healing Center IV
<b>Facility Address:</b>	Ste 2075 4800 S Saginaw Flint, MI 48507
<b>Facility Telephone #:</b>	(989) 239-9304
<b>Application Date:</b>	07/22/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

07/22/2022	On-Line Enrollment
07/26/2022	Contact - Document Sent Incomplete App ltr, 1326, AFC-100, & RI-030 emailed
07/29/2022	Contact - Document Received 1326, AFC-100 and RI-030
08/18/2022	Comment Replied to email from licensee re status delayed.
09/06/2022	Application Incomplete Letter Sent
03/07/2023	Application Completed Onsite Needed
03/07/2023	Inspection Completed On-site
04/26/2023	Contact - Document Received Final docs received.
05/02/2023	Inspection Completed On-site
05/08/2023	Inspection Completed-BCAL Full Compliance
05/08/2023	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Insight Healing Center IV is located on the first floor at 4800 S. Saginaw St., Suite 2075, within the city limits of Flint, MI, Genesee County. The property is owned by Insight Institute of Neurosurgery and Neuroscience, Inc. The applicant has provided a copy of the lease agreement, allowing Insight IV to operate as an AFC at this property.

This 6-bed facility has 2 bedrooms that have private ½ bathrooms while the other 4 rooms will share jack and jill ½ bathrooms. Each resident room is equipped with a window view to the outside, telephone service, internet & basic cable service. The facility has a common living and 6-person dining area that will allow for residents to socialize, spend time outside of their rooms and participate in extracurricular events with other residents.

There is nurses' station, from which all rooms are visible. In addition, there are 2 full bathrooms complete with showers, a linen closet area, an industrial kitchen and pantry storage room. There is also parking lot located on the premises with ample parking for visitors.

The facility is equipped with hard-wired smoke detectors. Fire extinguishers are also placed throughout the facility. There are three furnaces located on the side roof of the building. On September 26, 2022, the furnace was inspected by licensed professionals, Goyette Mechanical. The furnace was found to be in safe operational condition. The hot water heater is located behind a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device.

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

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	14'4" x 13'5"	192.3 sq. ft	1
#2	14'4" x 13'5"	192.3 sq. ft	1
#3	14'4" x 13'5"	192.3 sq. ft	1
#4	14'4" x 13'5"	192.3 sq. ft	1
#5	14'4" x 13'5"	192.3 sq. ft	1

#6	20 x 20	400 sq. ft	1
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The living measures 25 x 22, totaling 550 sq. ft., while the dining room measures 21 x 30, totaling 630 sq. ft., for a total of 1180 sq. feet. This exceeds the minimum of 35 square feet per resident requirement.

The facility has 3 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. This facility is wheelchair accessible.

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

**B. Program Description**

The program is designed to provide support, reduce disability, maximize independence, and achieve the maximum possible quality of life for our residents and their families in a home-like atmosphere. The program is also dedicated to serving those residents who are victims of spinal cord injuries, traumatic brain injuries, multiple traumas, as well as post-operative patients who may require short term care.

The program is dedicated to maximizing a resident's rehabilitation through a robust clinical program across the continuum of care, including but not limited to: Multidisciplinary team of professionals on site, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Recreational Therapy, Cognitive Therapy, and Community integration.

The applicant intends to provide 24-hour supervision, protection, and personal care to six male or female adults whose diagnosis Developmentally Disabled, Mentally Ill, Aged, Physically Handicapped or Traumatic Brain Injury, in the least restrictive environment possible.

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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums,

and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Administrator Qualifications**

The applicant, Insight Healing Center (dba Jawad A Shah MD PC), 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. Insight Healing Center has named Ali Madha as the licensee designee and Nancy Petzold as the administrator.

A licensing record clearance request was completed with no LEIN convictions recorded for both the licensee/designee and the administrator. Both the licensee/designee and the administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6 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 acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “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 ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employee’s 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**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

*Sabrina McGowan* May 8, 2023

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Sabrina McGowan Date  
Licensing Consultant

Approved By:

*Mary Holton* May 8, 2023

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Mary E. Holton Date  
Area Manager