



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 22, 2023

Jawad Shah  
Insight Healing Center (dba Jawad A Shah MD PC)  
Ste 1875  
4800 S. Saginaw St.  
Flint, MI 48507

RE: License #: AM250412971  
**Insight Healing Center III**  
**Ste 1975**  
**4800 S Saginaw**  
**Flint, MI 48507**

Dear Dr. Shah:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

**License #:** AM250412971

**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) 275-9151

**Licensee/Licensee Designee:** Ali Madha

**Administrator:** Nancy Petzold

**Name of Facility:** Insight Healing Center III

**Facility Address:** Ste 1975  
4800 S Saginaw  
Flint, MI 48507

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

**Original Issuance Date:** 03/17/2023

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/22/2023

Date of Bureau of Fire Services Inspection if applicable: 02/14/2023

Date of Health Authority Inspection if applicable: 03/15/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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.  
Facility was observed to have an adequate supply of food.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license.

*Christopher A. Holvey*

8/22/2023

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Christopher Holvey  
Licensing Consultant

Date