



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 6, 2024

Huma Shahid
Golden Grace LLC
6449 Rutledge Park Dr.
West Bloomfield, MI 48322

RE: Application #: AS630417897
Golden Grace, LLC
6449 Rutledge Park Dr.
West Bloomfield, MI 48322

Dear Huma Shahid:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630417897
Licensee Name:	Golden Grace LLC
Licensee Address:	3840 Manchester Ct. Bloomfield Hills, MI 48302
Licensee Telephone #:	(248) 431-8588
Administrator/Licensee Designee:	Huma Shahid
Name of Facility:	Golden Grace, LLC
Facility Address:	6449 Rutledge Park Dr. West Bloomfield, MI 48322
Facility Telephone #:	(248) 431-8588
Application Date:	09/27/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

09/27/2023	On-Line Enrollment
09/29/2023	PSOR on Address Completed
09/29/2023	Contact - Document Sent Forms sent
10/19/2023	Contact - Document Received 1326, RI030, IRS letter
10/31/2023	Application Incomplete Letter Sent Letter emailed to applicant Huma Shahid
01/03/2024	Application Complete/On-site Needed
01/03/2024	Inspection Completed On-site
01/03/2024	Inspection Completed-BCAL Sub. Compliance
01/29/2024	Inspection Completed-BCAL Full Compliance

A. Physical Description of Facility

Golden Grace, LLC is a large 2-story colonial located in a subdivision in the Township of West Bloomfield. There are 4-bedrooms and 3-full bathrooms on the main floor. There is a kitchen, plus 2-bedrooms and 1-full bathroom located upstairs that will NOT be utilized for residents. There is a breakfast nook attached to the kitchen, a large living room, dining room and an activity room. This home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This home utilizes public or water and sewage system.

The licensee designee Huma Shahid provided a letter stating that no resident will be living upstairs and Mrs. Shahid provided a letter stating that the wood burning fireplace will not be used in this home.

There are three gas furnaces in this home. The gas furnace located on the main floor and upstairs are both in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The third gas furnace and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke

detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'07" x 10'	106	1
2	13'02" x 10'06"	138	1
3	14'10" x 15'03"	226	2
4	16'8" x 12	200	2

Total Capacity 6

The living, dining, and sitting room areas measure a total of **728** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Golden Grace, LLC intends to provide 24-hour supervision, protection, and personal care to **six** male or female residents, aged 55+, whose diagnosis is aged, Alzheimer's (dementia) and physically handicapped. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities. The applicant intends to accept residents from Care Patrol Caring and Majestic Residence or private pay individuals as a referral source.

Golden Grace, LLC utilize local community resources for medical services, dental services, religious observance, and recreation. In-home activities include but not limited to religious services, yoga, and indoor/outdoor gardening. Also, each resident will have life alert alarms and there will be chimes on all the doors and windows. 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 Huma Shahid has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant is also self-employed.

The applicant is Golden Grace, LLC., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/07/2023. 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 members of Golden Grace, LLC have submitted documentation appointing Huma Shahid as Licensee Designee and the Administrator for this.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator Huma Shahid. 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/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. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff **will** be awake during sleeping hours.

Huma Shahid acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Huma Shahid acknowledges an understanding of the qualifications, suitability, and training 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.

Huma Shahid acknowledged 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Huma Shahid 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.

Huma Shahid acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Huma Shahid acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Huma Shahid acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Huma Shahid acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Huma Shahid acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Huma Shahid 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.

Huma Shahid 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.

Huma Shahid 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.

Huma Shahid acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Huma Shahid was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

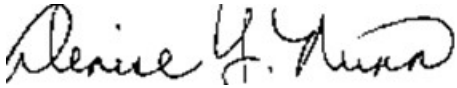
I recommend issuance of a six-month temporary license to Golden Grace, LLC an adult foster care small group home with the capacity of six **(6)**.



Frodet Dawisha
Licensing Consultant

02/05/2024
Date

Approved By:



Denise Y. Nunn
Area Manager

02/06/2024
Date