



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 1, 2024

Huma Shahid  
Nannies Inn By Golden Grace  
3050 Spring Street  
West Bloomfield Town, MI 48322

RE: Application #: AS630418556  
**Nannies Inn By Golden Grace**  
**3050 Spring Street**  
**West Bloomfield Town, MI 48322**

Dear Ms. 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 "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418556
<b>Licensee Name:</b>	Nannies Inn By Golden Grace
<b>Licensee Address:</b>	3050 Spring Street West Bloomfield Town, MI 48322
<b>Licensee Telephone #:</b>	(248) 431-8586
<b>Administrator/Licensee Designee:</b>	Huma Shahid
<b>Name of Facility:</b>	Nannies Inn By Golden Grace
<b>Facility Address:</b>	3050 Spring Street West Bloomfield Town, MI 48322
<b>Facility Telephone #:</b>	(248) 431-8586
<b>Application Date:</b>	06/05/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

06/05/2024	On-Line Enrollment
06/06/2024	PSOR on Address Completed
06/07/2024	Contact - Document Received -1326
06/10/2024	Application Incomplete Letter Sent
06/11/2024	Contact - Document Received Facility documentation received: proof of ownership, admission policy, program statement, refund policy, emergency repair list, financial statement, licensee trainings, physical, TB test and resume.
06/18/2024	Application Incomplete Letter Sent Additional documentation requested.
06/23/2024	Contact - Document Received Facility documentation received: job descriptions, personnel policies, and org chart.
06/24/2024	Application Incomplete Letter Sent Additional information requested.
07/01/2024	Inspection Completed On-site
07/01/2024	Inspection Completed-BCAL Sub. Compliance
07/03/2024	Application Complete/On-site Needed
07/03/2024	Inspection Completed On-site
07/03/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Act of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

## A. Physical Description of Facility

Nannies Inn by Golden Grace is located at 3050 Spring Street in West Bloomfield, MI and is owned by Huma Shahid. Proof of ownership and permission to inspect the property is contained in the facility file.

Nannies Inn by Golden Grace is a brick, ranch styled structure with 3,031 square feet of living space with an attached garage of 705 square feet. The home is situated on a residential street in the City of West Bloomfield. The home is near many resources for shopping, worship, and recreation. The home is serviced by municipal water and sewage systems through the City of West Bloomfield. The home consists of a living room, dining room, family room, kitchen, breakfast nook, four bedrooms, an office, first floor laundry room, two full bathrooms, one half bathroom and a basement. The home is wheelchair accessible with wheelchair ramps at the front and back entrance of the home.

The home is heated by a natural gas forced air furnace. The furnace and hot water heater are contained in the basement with an additional hot water heater located on the main level of the home near bedroom #4. The enclosures on both units are equipped with the required 1 3/4-inch solid core wood door that automatically closes. The facility is also equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational.

The bedrooms were neat, clean, and properly furnished. Each bedroom has an easily operable window, a mirror for grooming, and a chair. The bedrooms all have adequate closet space for storage and adequate lighting to provide for the need of the residents. Resident's bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 14'8"	146	1
2	10' x 12'8"	126	1
3*	8' x 10' x 14'		Not an approved bedroom.
4	12'8" x 16'7	210	2
5	17' X 21'	357	2

**Total Capacity: 6**

**\*Bedrooms are labeled in accordance with the floor plan provided. However, Bedroom # 3 is not an approved AFC bedroom as it does not have a window that is openable to the outside. This facility has 4 approved bedrooms with the total capacity of 6 residents.**

The indoor living and dining areas measure a total of 999 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the

above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written.

Nannies Inn By Golden Grace intends to provide 24-hour supervision, protection, and personal care to six (6) adults, male and/or female, who are 55 years of age or older, who are physically handicapped, have mental illness, Alzheimer's Disease, aged, and those who have a traumatic brain injury. Offering an age-in-place program assures they can care for all levels during the aging process. Residents can be ambulatory or non-ambulatory.

According to the program statement, supervision and personal care services will be provided to each resident based on his or her individual needs. Personal care services that may be provided include medication management, activities of daily living, bathing, and toileting.

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. Nannies Inn by Golden Grace intends to collaborate with healthcare providers, community organizations, and educational institutions to leverage their resources and reach a broader audience.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

## **C. Applicant and Administrator Qualities**

The applicant is Nannies Inn By Golden Grace, LLC which is a "Domestic Limited Liability Company," established in Michigan on 05/23/2024. 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.

Nannies Inn By Golden Grace, LLC appointed Huma Shahid as the licensee designee and administrator of the facility.

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 her good health and current TB-tine negative results. Huma Shahid has a Bachelor of Science in Physiotherapy. Ms. Shahid has experience

working in healthcare as a former physical therapist. Ms. Shahid is proficient in healthcare administration, including managing medical facilities, personnel, and compliance.

Huma Shahid 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](http://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.

#### **D. Rule/Statutory Violations**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted that Nannies in by Golden Grace was in a management agreement with Nannie's Inn while licensure was pending. At the time of licensure, the facility is currently providing services to six individuals.

#### IV. RECOMMENDATION

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



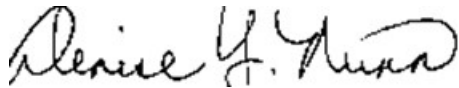
07/03/2024

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Johnna Cade  
Licensing Consultant

Date

Approved By:



08/01/2024

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Denise Y. Nunn  
Area Manager

Date