

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 11, 2025

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

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

Dear Ms. Shahid:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

Johner Cade

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

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

I. IDENTIFYING INFORMATION

License #:	AS630418556
Licensee Name:	Nannies Inn By Golden Grace
Licensee Address:	3050 Spring Street
	West Bloomfield Town, MI 48322
Licensee Telephone #:	(248) 431-8586
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Licensee Designee:	Huma Shahid
	Huma Shahid
Administrator:	Huma Shahid
Name of Facility:	Nannies Inn By Golden Grace
Facility Address:	3050 Spring Street
	West Bloomfield Town, MI 48322
Facility Telephone #:	(248) 562-7966
Original Issuance Date:	08/01/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	AGED TRAUMATICALLY BRAIN INJURED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/29/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed2No. of residents interviewed and/or observed5No. of others interviewed1Role:Licensee Designee

- Medication pass / simulated pass observed? Yes \boxtimes No \square 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.
- 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 K If no, explain.
 There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes □ CAP date/s and rule/s: N/A ⊠
- Number of excluded employees followed-up?
 N/A X
- Variances? Yes 🗌 (please explain) No 🖂 N/A 🗌

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult fostercare facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or

she is no longer exempt and shall be terminated from employment or denied employment.

During the onsite inspection completed on 01/29/25, direct care staff Uzair Shahid did not have a Michigan Workforce Background Check letter onsite and available for review.

R 400.14204	Direct care staff; qualifications and training.
	 (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights.
	(f) Safety and fire prevention.
	(g) Prevention and containment of communicable
	diseases.

During the onsite inspection completed on 01/29/25, direct care staff Uzair Shahid had not completed the following trainings: Reporting requirements, First aid, Cardiopulmonary resuscitation, Personal care, supervision, and protection, Resident rights, Safety and fire prevention and Prevention and containment of communicable diseases.

Direct care staff Renegio Lockwood had not completed the following trainings: Reporting requirements, First aid, Cardiopulmonary resuscitation and Resident Rights.

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee.
	The record shall contain all of the following employee information:
	(f) Verification of reference checks.
	(g) Beginning and ending dates of employment.
	(h) Medical information, as required.
	(i) Required verification of the receipt of personnel
	policies and job descriptions.
•	e inspection completed on 01/29/25, direct care staff Uzair Shahid's I not contain verification of references, verification of the receipt of

employee file did not contain verification of references, verification of the receipt of personnel policies and a job description, and/or medical information, as required (physical upon hire).

R 400.14401	Environmental health.	
	(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.	
	nspection completed on 01/29/25, I observed caustics that were nd being stored under the kitchen sink.	
R 400.14403	Maintenance of premises.	
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.	
During the onsite ir	spection completed on 01/29/25, I observed the following:	
The vent in	Resident J's bedroom was rusted and needs to be replaced	
	•	
	ne hallway bathroom is covered in thick dust and needs to be	
cleaned	any convols in the hallway bethreen window	
	any cobwebs in the hallway bathroom window e toilet seat in Resident S's bathroom.	
• Feces on the	e tollet seat in Resident 5's dathroom.	
R 400.14403	Maintenance of premises.	
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.	
-	hspection completed on 01/29/25, I observed that the faucet on vay bathroom is lose and in need of repair.	
R 400.14510	Heating equipment generally.	
	(5) Portable heating units shall not be permitted.	
During the onsite inspection completed on 01/29/25, I observed a space heater in Resident S's bedroom.		
R 400.14511	Flame-producing equipment; enclosures.	
	(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.	

During the onsite inspection completed on 01/29/25, I observed that the fire door does not close fully/ shut securely.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Johnse Cade

Johnna Cade Licensing Consultant 03/11/2025

Date