



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2025

Ferra Young
NannieGales Inc
18915 Kenosha
Harper Woods, MI 48225

RE: Application #: AS630419556
NannieGales INC
27421 Marshall Street
Southfield, MI 48076

Dear Ms. Young:

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419556
Licensee Name:	NannieGales Inc
Licensee Address:	27421 Marshall Street Southfield, MI 48076
Licensee Telephone #:	(313) 704-4071
Administrator/Licensee Designee:	Ferra Young
Name of Facility:	NannieGales INC
Facility Address:	27421 Marshall Street Southfield, MI 48076
Facility Telephone #:	(313) 704-4071
Application Date:	05/18/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/18/2025	On-Line Enrollment
05/19/2025	PSOR on Address Completed
05/19/2025	Contact - Document Sent Forms sent.
05/27/2025	Contact - Document Received 1326/RI030 and AFC-100 x2.
05/27/2025	Comment Fingerprints sent to Ashley.
05/27/2025	File Transferred to Field Office
06/06/2025	Application Incomplete Letter Sent Emailed to LD
07/03/2025	Contact - Telephone call received Licensee wants to change the admin and the types in terms screen.
07/03/2025	Contact - Document Sent App sent
07/09/2025	Contact - Document Received Corrected app and SC app.
09/05/2025	Contact - Telephone call received Licensee wants to correct application.
09/05/2025	Contact - Document Sent Application emailed to licensee to update terms and information.
09/10/2025	Contact - Document Received Application to add aged to term/information has been received.
10/21/2025	Inspection Completed On-site
10/21/2025	Application Complete/On-site Needed
10/31/2025	Contact - Document Received Received additional documents.

11/11/2025	Contact - Document Received Received special cert app
11/11/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

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.

Nanniegales is located at 27421 Marshall Street in Southfield, MI 48076 and is owned by Ferra Young. Proof of ownership and permission to inspect the property is contained in the facility file.

Nanniegales is a single family ranch-styled brick home with a total of 1328 square feet of living space. The home consists of a living room, dining room, kitchen, three bedrooms (one with a bathroom and shower), 1 full bath, basement, and a 2 car attached garage. The home is not handicap accessible as there are no ramps at either means of egress.

Nanniegales is equipped with an interconnected, smoke detection system with battery back-up. The home is heated by a gas forced air furnace that is contained in the basement along with the hot water heater. The home utilizes the public water and sewage disposal system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'11" x 11'10"	164	2
2	11'7" x 9'1"	105	1
3	14'10" x 9'8"	143	2

Total capacity: 5

The indoor living and dining areas measure a total of 339 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 5 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Nanniegales Inc is the licensee and intends to provide 24-hour supervision, protection and personal care to four (5) male and/or female adults who are aged, mentally ill and/or developmentally disabled.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Admission and discharge policies, program statement, refund policy, personnel policies, and standard routine procedures for the facility were reviewed and accepted as written.

If required, behavior 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.

In addition to the above program elements, it is the intent of Ms. Young to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

Nanniegales Inc is a Domestic Profit Corporation that was established in Michigan on 1/21/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capacity to operate this adult foster care facility.

Ms. Young owns 100% of Nanniegales Inc and is appointed as the licensee designee and administrator.

A criminal history background check of Ferra Young was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Ferra submitted statements from a physician documenting her good health and current negative tuberculosis test result.

Ms. Young provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Young has a high school diploma and has worked for Supreme Home Care Agency as a direct caregiver

for the past three years. Ms. Young has also worked at Behavioral Health Associates, PLLC for over 10 years assisting individuals with mental illness, developmental disabilities and substance abuse.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. Ms. Young acknowledges that the staff to resident ratio may need to be increased 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. Ms. Young has indicated that direct care staff will be awake during sleeping hours.

Ms. Young acknowledged 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.

Ms. Young acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Young acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Young acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Young 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.

Ms. Young acknowledged the 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, Ms. Young acknowledged the 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.

Ms. Young acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Young acknowledged the 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.

Ms. Young acknowledged the 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.

Ms. Young acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Young acknowledged 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.

Ms. Young acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Johnson indicated the intent to respect and safeguard these residents' rights.

Ms. Young acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Young acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Young acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of five (5).

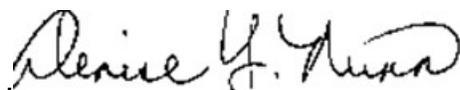


12/22/2025

Cindy Berry
Licensing Consultant

Date

Approved By:



12/23/2025

Denise Y. Nunn
Area Manager

Date