GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 12, 2024

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

RE: License #: AS630418556
Investigation #: 2025A0612007
Nannies Inn By Golden Grace

Dear Ms. Shahid:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

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

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS630418556
Investigation #:	2025A0612007
Complaint Receipt Date:	12/09/2024
Investigation Initiation Date:	12/09/2024
Report Due Date:	02/07/2025
Licensee Name:	Nannies Inn By Golden Grace
Licensee Address:	3050 Spring Street West Bloomfield Town, MI 48322
Licensee Telephone #:	(248) 431-8586
Administrator:	Huma Shahid
Licensee Designee:	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
License Status:	TEMPORARY
Effective Date:	08/01/2024
Expiration Date:	01/31/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL ALZHEIMERS; AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Direct care staff Shanita Vanzant hit Resident A.	No
Additional Findings	Yes

III. METHODOLOGY

12/09/2024	Special Investigation Intake 2025A0612007
12/09/2024	APS Referral Referral received from Adult Protective Services (APS). Assigned APS worker, Donna Dennis.
12/09/2024	Special Investigation Initiated - Letter I emailed APS worker, Donna Dennis to coordinate.
12/09/2024	Contact - Telephone call made Telephone call to reporting source. No answer left voicemail requesting a return call.
12/10/2024	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed direct care staff Shanita Vanzant, Resident A, Resident B, Resident C, and Resident D.
12/10/2024	Contact - Telephone call made Telephone call to reporting source. No answer left voicemail requesting a return call.
12/10/2024	Contact - Telephone call made Telephone call to APS worker, Donna Dennis.
12/10/2024	Exit Conference I placed a telephone call to licensee designee, Huma Shahid to conduct an exit conference.
12/11/2024	Contact - Telephone call received Return call received from reporting source, reporting source left a voicemail requesting a return call.

12/11/2024	Contact - Telephone call made Telephone call to reporting source. No answer left voicemail requesting a return call.
12/12/2024	Contact - Telephone call made Telephone call to reporting source. No answer left voicemail requesting a return call.

ALLEGATION:

Direct care staff Shanita Vanzant hit Resident A.

INVESTIGATION:

On 12/09/24, I received a referral from Adult Protective Services (APS) that indicated on an unknown date, within the past month, direct care staff Shanita Vanzant hit Resident A. It is unknown where Ms. Vanzant hit Resident A or what she used to hit him. It is also unknown if Resident A sustained any bruises or injury from being hit by Ms. Vanzant.

On 12/09/24, I initiated my investigation with an email to the assigned APS worker, Donna Dennis. Ms. Dennis stated she completed an onsite interview with Resident A on 12/07/24, he denied the allegation and said he was shocked someone would make this allegation. Ms. Dennis also interviewed direct care staff Shamara Muford who denied the allegation and expressed no concerns with the care Ms. Vanzant provides to the residents. Ms. Muford further stated Resident A is alert and oriented and would report if a staff hit him. I spoke to APS worker Ms. Dennis again on 12/10/24, she stated that she is not substantiating her investigation.

On 12/10/24, I completed an unscheduled onsite investigation. I interviewed direct care staff Shanita Vanzant, Resident A, Resident B, Resident C, and Resident D.

On 12/10/24, I interviewed Resident A. Resident A is alert and oriented. He can appropriately communicate his thoughts and feelings with a clear speaking voice. Resident A has a personal cellphone which he can use independently. Prior to the interview I observed Resident A interacting with direct care staff Shanita Vanzant, they appeared to have a good rapport. Resident A stated the allegation is not true. Resident A remarked, Ms. Vanzant is nice to him, and she even shares her food with him sometimes. Resident A denied having any injuries or bruises. Resident A stated he has lived at this home for one year and he has never had any issues with staff. Resident A remarked if a staff hit him, he would use his cellphone to call and report it. Resident A suspects maybe a staff was terminated, and they are upset with Ms. Vanzant which is why they made this allegation against her.

On 12/10/24, I interviewed Resident B. Resident B was sitting at the dinning room table eating lunch. Resident B said hello, but she was unable to answer open ended interview questions.

On 12/10/24, I interviewed Resident C. Resident C stated he has no issues of any kind with any of the staff at this home. If any issues were to come up Resident C stated, the homeowners hold a monthly meeting with each resident where they can discuss any concerns. Resident C denied any knowledge of Ms. Vanzant hitting Resident A.

On 12/10/24, I interviewed Resident D. Resident D stated she has no issues with Ms. Vanzant, and she likes living in this home. Resident D stated she has heard Ms. Vanzant yell at Resident E telling him to slow down when he eats or pick up his feet when he walks. Resident D remarked, Ms. Vanzant is helpful to her, Resident D denied that Ms. Vanzant has ever hit her or any other resident.

On 12/10/24, I observed Resident E at home. At the time of my onsite investigation Resident E was being assisted by his hospice staff with showering and therefore, he was unable to be interviewed.

On 12/10/24, I interviewed direct care staff Shanita Vanzant. Ms. Vanzant stated she has worked at this home for 12 years, she is the home manager and she works on all shifts. Ms. Vanzant denied hitting Resident A. Ms. Vanzant stated she has a good relationship with Resident A she assists him with his activities of daily living and transfers him in and out of bed. Ms. Vanzant denied that any incidents or issues have occurred between her and Resident A.

APPLICABLE RULE	
R 400.14308	**Resident behavior interventions prohibitions.**
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: **(b) Use any form of physical force other than physical restraint as defined in these rules.**
ANALYSIS:	Based on the information gathered during this investigation there is insufficient information to determine that direct care staff Shanita Vanzant hit Resident A. Resident A appears to be a good source of information and a good historian. Ms. Vanzant and Resident A denied the allegation. Resident A reported no bruises or injures. Resident C and Resident D reported no issues or concerns with Ms. Vanzant. In an interview with APS, direct care staff Shamara Muford denied the allegation and expressed no concerns with the care Ms. Vanzant provides to

	the residents. Licensee designee, Huma Shahid stated Ms. Vanzant is the best employee and she has no issues or concerns with the care that she provides.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 12/10/24, I completed an unscheduled onsite investigation. I observed that this facility has four approved bedrooms with the total capacity of six residents. There is an additional room (bedroom # 3) that is not an approved AFC bedroom as it does not have a window that is openable to the outside. During the unscheduled onsite inspection, I observed that Resident C was living in bedroom # 3.

On 12/10/24, I interviewed licensee designee, Huma Shahid. Ms. Shahid stated recently a resident died and they wanted to disinfect and fix up the bedroom that person was living in. As such, that bedroom is currently vacant and Resident C was moved into bedroom # 3. Ms. Shahid stated Resident C has only been living in bedroom # 3 for "a day or so."

On 12/10/24, I placed a telephone call to licensee designee, Huma Shahid to conduct an exit conference and review my findings. Ms. Shahid stated Ms. Vanzant is the best employee, she has no issues or concerns with the care that she provides. Ms. Shahid was surprised by this allegation. Ms. Shahid stated Resident A is very talkative and she believes he would not stay quiet if someone hit him. Ms. Shahid stated recently several staff were terminated and it is possible this allegation was a form of retaliation. Ms. Shahid acknowledged the rule violation regarding Resident C's bedroom, and I informed her that a corrective action plan is required.

APPLICABLE RULE	
R 400.14508	**Means of egress; sleeping areas.**
	(1) A resident bedroom shall have 1 outside window for emergency rescue. The window for emergency rescue is not required if a room opens onto a corridor with 2 means of egress and the corridor has a door that leads directly to the outside.
ANALYSIS:	On 12/10/24, during an unscheduled onsite investigation, I observed that Resident C was living in bedroom # 3 which is not an approved AFC bedroom as it does not have a window that is openable to the outside.
CONCLUSION:	**VIOLATION ESTABLISHED**

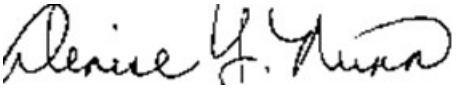
IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

12/12/2024

Johnna Cade — Date
Licensing Consultant

Approved By:



12/12/2024

Denise Y. Nunn — Date
Area Manager