



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 15, 2025

Ali Madha
Insight Healing Center (dba Jawad A Shah MD PC)
Ste 1875
4800 S. Saginaw St.
Flint, MI 48507

RE: License #: AM250412971
Insight Healing Center III
Ste 1975
4800 S Saginaw
Flint, MI 48507

Dear Ali Madha:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #:	AM250412971
Licensee Name:	Insight Healing Center (dba Jawad A Shah MD PC)
Licensee Address:	Ste 1875 4800 S. Saginaw St. Flint, MI 48507
Licensee Telephone #:	(810) 732-8336
Licensee/Licensee Designee:	Ali Madha, Designee
Administrator:	Nancy Petzold
Name of Facility:	Insight Healing Center III
Facility Address:	Ste 1975 4800 S Saginaw Flint, MI 48507
Facility Telephone #:	(810) 732-8336
Original Issuance Date:	03/17/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/14/2025

Date of Bureau of Fire Services Inspection if applicable: 11/21/2024

Date of Health Authority Inspection if applicable: 08/14/2025

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ 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.
Facility was viewed to have an adequate supply of food.
- 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 ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



8/15/2025

Christopher Holvey
Licensing Consultant

Date