



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

October 28, 2015

Deidrea Sanders  
My Angel Adult Foster Care, LLC  
2127 Maplewood Avenue  
Saginaw, MI 48601

RE: Application #: AM730373246  
My Angel Adult Foster Care  
3561 S. Washington Road  
Saginaw, MI 48601

Dear Ms. Sanders:

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 12 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM730373246

**Applicant Name:** My Angel Adult Foster Care, LLC

**Applicant Address:** 2127 Maplewood Avenue  
Saginaw, MI 48601

**Applicant Telephone #:** (678) 755-1101

**Administrator/Licensee Designee:** Deidrea Sanders, Designee

**Name of Facility:** My Angel Adult Foster Care

**Facility Address:** 3561 S. Washington Road  
Saginaw, MI 48601

**Facility Telephone #:** (989) 327-7565

**Application Date:** 01/30/2015

**Capacity:** 12

**Program Type:** MENTALLY ILL  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

01/30/2015	Enrollment
02/13/2015	Contact - Document Sent Act & Rules.
02/13/2015	Application Incomplete Letter Sent
03/06/2015	Lic. Unit file referred for review
03/17/2015	Contact - Document Sent FireSafety ltr,979,1712,DLEGINstruction.
03/17/2015	Lic. Unit file referred for review
03/17/2015	Inspection Report Requested - Health 1024045.
03/17/2015	Inspection Report Requested - Fire
03/18/2015	File Transferred To Field Office Saginaw.
03/18/2015	Application Complete/On-site Needed
04/03/2015	Application Incomplete Letter Sent Field letter - proof of right to occupy, etc.
05/19/2015	Contact - Telephone call received PC from M. Dan Stasa, BFS. Applicant called him to request inspection. He advised her to contact licensing.
05/20/2015	Contact - Telephone call received Applicant called to request help with getting BFS inspection, etc.
05/20/2015	Contact - Document Sent Email to CN in LU, to request assistance with BFS inspection documents
05/21/2015	Contact - Document Received RESENDING application incomplete letter and BFS forms/instructions.
06/10/2015	Contact - Document Received Definitive email from BFS - only inspection needed. Dan Stasa will do.
06/11/2015	Contact - Document Received

	Email from applicant requesting inspection asap.
06/12/2015	Contact - Document Sent Email requesting proof of right to occupy; tentative date for inspection
06/19/2015	Inspection Completed On-site Initial inspection
07/17/2015	Contact - Document Sent Information about hanging racks vs. closet/wardrobe; TA on Personnel Policies
10/08/2015	Inspection Completed On-site
10/08/2015	Contact – Document Sent Confirming letter re: inspection left with applicant at inspection
10/23/2015	Inspection Completed On-site Final inspection
10/26/2015	Contact – Document Received Environmental Health Inspection Report – Approval
10/27/2015	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

My Angel Adult Foster Care, at 3561 S. Washington, Saginaw, is located in a residential area of Spaulding Township. The facility has been previously licensed both as a large group home (AL730293274 Vertis P. Smith Manor, 2008) and a medium group home (AM730348490 Serenity Place, 2014). The property is owned by Vertis Smith and Donald Pippins, and the licensing file contains a copy of a document leasing the facility to Deidrea Sanders, licensee designee for the applicant My Angel Adult Foster Care, LLC. The lease includes the provision that the property will be used as an Adult Foster Care. The facility sits on a large lot on the corner of Washington and Austin, and has two detached multiple-car garages, in addition to another smaller outbuilding. The facility essentially has two wings joined by a long inclined hallway, off of which are the office, laundry and mechanical room. The south wing has a brown wood exterior and partial basement which houses the heating plant. This south wing has the kitchen, living/dining room, sunroom, two non-resident bedrooms to be made available to visiting families, a full bathroom, and the medication dispensary area with counter. An exit from

the west end of this wing has a ramp. An exit from the kitchen opens south onto a large deck. There is also an exit from the sun room off the dining room. The north end of the building [with brick exterior and on a concrete slab foundation] has six resident bedrooms, two full bathrooms, a storage room and linen closet. There are exits at ground level at each end of the east-west bedroom corridor on this end of the building.

The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility also has a fire-suppression system in place, and pull-stations are located in the building as required. The facility was inspected by the Fire Marshal Division of the Bureau of Fire Services on 7/30/15 and received full approval. The home is heated with natural gas and is air-conditioned. The facility utilizes water and sewer services provided by the City of Saginaw. The facility was inspected by a sanitarian from the Saginaw County Department of Public Health on 10/6/15 and was found to be in substantial compliance with applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18.8' x 11.9'	223.7 sq. ft.	2
2	18.8' x 11.9'	223.7 sq. ft.	2
3	12' x 11.9'	142.8 sq. ft.	2
4	12.5' x 11.9'	148.8 sq. ft.	2
5	18.7' x 11.9'	222.5 sq. ft.	2
6	18' x 11.9'	214.2 sq. ft.	2

The living, dining, and sitting/sun room areas measure a total of 825 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The facility can accommodate residents in wheelchairs.

Emergency medical and social services are readily available within the City of Saginaw. These include mental health services, activity centers, programs for the aged, medical clinics and hospitals, and shopping and recreation.

## **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. The applicant intends to provide 24-hour supervision, protection and personal care to **twelve (12)** male or female adults aged 18 years or over, who require foster care due to

advanced age, mental impairment or physical disability, in the least restrictive environment possible. The home is wheelchair accessible and may accept residents who require a wheelchair. Referrals will be accepted from local agencies and from private placement.

The licensee will provide all transportation for program and medical needs. 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.

### **C. Applicant and Administrator Qualifications**

The applicant is My Angel Adult Foster Care, L.L.C., which is a “Domestic Limited Liability Company” and which was established in Michigan, on 11/19/2013. 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.

The Board of Directors of My Angel Adult Foster Care, L.L.C. has submitted documentation appointing Deidrea Sanders as both Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded **or** licensee designee and the administrator. Ms. Sanders submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Sanders 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 12-bed facility is adequate and includes a minimum of one staff –to- twelve residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant 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)),

L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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.

The applicant acknowledges the responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant 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.

The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

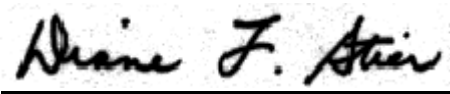
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care large group home (capacity 1 - 12).

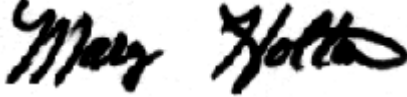


Diane L Stier  
Licensing Consultant

October 28, 2015

Date

Approved By:



October 28, 2015

Mary E Holton  
Area Manager

Date