



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 10, 2023

Virtrina Johnson  
Kneaded Angels Inc.  
2 Five Oaks Drive  
Saginaw, MI 48638

RE: Application #: AS730415006  
Kneaded Angels Home V  
3367 King Rd  
Saginaw, MI 48601

Dear Ms. Johnson:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS730415006

**Applicant Name:** Kneaded Angels Inc.

**Applicant Address:** 2 Five Oaks Drive  
Saginaw, MI 48638

**Applicant Telephone #:** (989) 245-2089

**Administrator/Licensee Designee:** Virtrina Johnson, Designee

**Name of Facility:** Kneaded Angels Home V

**Facility Address:** 3367 King Rd  
Saginaw, MI 48601

**Facility Telephone #:** (989) 245-2089  
11/29/2022

**Application Date:**

**Capacity:** 6

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

## II. METHODOLOGY

11/29/2022	Enrollment
11/29/2022	Application Incomplete Letter Sent emailed w/1326, AFC-100, and RI-030
12/03/2022	Contact - Document Received 1326, RI-030, & bcal-3704
12/13/2022	Comment request sent to have fingerprints uploaded.
01/05/2023	Application Incomplete Letter Sent
01/20/2023	Contact - Document Received Original documents received.
02/22/2023	Application Complete/On-site Needed.
03/02/2023	Inspection Completed On-site
03/02/2023	Contact - Document Received Additional documents received.
03/02/2023	SC-Application Received - Original
03/09/2023	Inspection Completed-BCAL Full Compliance
03/09/2023	SC-Inspection Full Compliance
03/10/2023	Recommend License Issuance
03/10/2023	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a newly built, one level structure, with vinyl siding. It is located on a main road in the township of Bridgeport, in a neighborhood with similar style dwellings. It has a large wooden front porch entry, a spacious front and back yard and adequate parking spaces for staff and visitors. The property is owned by the licensee designee.

The home has an open floor plan living room, dining room and kitchen, visible upon entering the home. There is a patio exit door located off the dining room. A wooden patio is available for backyard seating. The home consists of four (4) single occupancy resident bedrooms and one (1) double occupancy room. The double occupancy room has a full bathroom complete with a bathtub/shower stall and double sinks. There is an additional full bath in the home for the remaining occupants use. There is also an additional room in the home that will be utilized as an office.

The separate laundry room and furnace rooms are located in the hall on the west side of the home. The furnace is enclosed in a 1-3/4-inch solid core door, constructed of material that has a 1-hour-fire resistance rating, equipped with an automatic self-closing device and positive latching hardware. On 02/25/2023, the furnace was inspected by licensed professionals, Fries Heating and Cooling, deemed to be in safe operational condition. Also on the west side of the home is a storage room which also contains the homes hot water heater.

The facility is equipped with hard-wired smoke detectors and fire extinguishers throughout the facility.

The facility has a public water and sewer system. The home was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health, per the inspection completion date of 03/02/2023.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'3" x 10'9"	185.4 square feet	2
2	12'6" x 9'9"	121.8 square feet	1
3	13'9" x 10'2"	139.7 square feet	1
4	10'6" x 9'2"	96 square feet	1
5	12'4" x 9'2"	113 square feet	1

The living and dining rooms contain a combined total of 427 square feet of indoor living space, and this exceeds the requirements for 6 residents. This exceeds the minimum of 35 square feet per resident requirement.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. This home is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Kneaded Angels Home V is designed to accommodate access and assure each individual's full participation and receipt of maximum benefit from services being offered.

It is the policy of Kneaded Angels Home V to ensure that consumers receive any necessary and appropriate accommodations in order to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the home.

The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male or female adults whose diagnosis is mentally impaired, aged, and/or developmentally disabled, in the least restrictive environment possible.

If required, behavioral 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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

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

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

The applicant, Kneaded Angels Inc, has provided documentation to appoint Ms. Vitrina Johnson as the licensee designee and administrator. Kneaded Angels Inc 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee/administrator. The licensee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee/administrator have 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6 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 employee's 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 their 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**

Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6) and temporary issuance for special certification for the mentally ill and developmentally disabled.

*Sabrina McGowan*

March 10, 2023

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:

*Mary Holton*

March 10, 2023

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Mary E. Holton  
Area Manager

Date