



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 16, 2025

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

RE: License #: AM730373246
Investigation #: 2025A0576051
My Angel Adult Foster Care

Dear Deidrea Sanders:

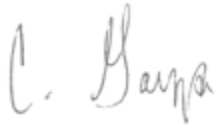
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Be signed and dated.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730373246
Investigation #:	2025A0576051
Complaint Receipt Date:	08/22/2025
Investigation Initiation Date:	08/26/2025
Report Due Date:	10/21/2025
Licensee Name:	My Angel Adult Foster Care, LLC
Licensee Address:	2127 Maplewood Avenue, Saginaw, MI 48601
Licensee Telephone #:	(989) 401-8598
Administrator:	Deidrea Sanders
Licensee Designee:	Deidrea Sanders
Name of Facility:	My Angel Adult Foster Care
Facility Address:	3561 S. Washington Road, Saginaw, MI 48601
Facility Telephone #:	(989) 401-8598
Original Issuance Date:	10/28/2015
License Status:	REGULAR
Effective Date:	04/28/2024
Expiration Date:	04/27/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, ALZHEIMERS, TRAUMATICALLY BRAIN INJURED, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is a stroke survivor and needs help with hygiene. Resident A is unclean and smells like urine.	Yes
The home smells like urine.	Yes

III. METHODOLOGY

08/22/2025	Special Investigation Intake 2025A0576051
08/22/2025	APS Referral
08/26/2025	Special Investigation Initiated - Letter Sent email to Erica Paltrow, APS
08/26/2025	Contact - Document Received Received email from Erica Partlow
09/30/2025	Inspection Completed On-site Interviewed Resident A, Resident B, Resident C, and Resident D and Staff Kyomonique Berry
10/16/2025	Exit Conference

ALLEGATION:

Resident A is a stroke survivor and needs help with hygiene. Resident A is unclean and smells like urine.

INVESTIGATION:

On September 30, 2025, I conducted an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident C who reported he is familiar with Resident A. Resident C reported Resident A requires the use of a wheelchair and he smells sometimes. Resident A will sometimes smell like urine and feces. Staff are to help Resident A shower, and he cooperates with their assistance.

On September 30, 2025, I interviewed Resident A at his home. Resident A's speech was somewhat difficult to comprehend. Resident A confirmed that he smells like urine. Resident A showers and staff help him with showering. Resident A can dress himself

and he has clean clothes to wear. Resident A had no complaints other than he wanted to live with his daughter. While speaking with Resident A he was noted to have a wet spot on the front of his pants. Resident A and the living room where he was sitting had a strong odor of urine.

On September 30, 2025, I reviewed Resident A's AFC Assessment Plan which revealed Resident A is 72 years old and incontinent. Staff are to assist Resident A with toileting, bathing, grooming, dressing, and personal hygiene.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>It was alleged that Resident A is unclean and smells like urine. Upon conclusion of an unannounced on-site inspection and investigative interviews, there is a preponderance of evidence to conclude a rule violation.</p> <p>Resident A was interviewed at his home and he was found to be odorous and his pants were wet from urine. Resident C reported that there are times that Resident A smells like urine and feces. I reviewed Resident A's AFC Assessment Plan which revealed Resident A requires staff assistance with personal hygiene and showering.</p> <p>There is a preponderance of evidence to conclude that Resident A personal needs were not attended to at all times.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The home smells like urine.

INVESTIGATION:

On August 26, 2025, I sent an email to Erica Partlow, Saginaw County Adult Protective Services (APS) Investigator who reported she visited the home on August 19, 2025. According to Investigator Partlow the home had a slight odor of urine detected.

On September 30, 2025, I conducted an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident B who reported that he has lived at his home for over a year and sometimes his home smells like urine.

On September 30, 2025, I conducted an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident C who reported that he has lived at his home for a few years. Resident C confirmed that sometimes his home smells like urine. Some of the residents urinate on themselves, causing the home to smell.

On September 30, 2025, I conducted an unannounced on-site inspection of the home and found the facility to have a smell of urine. The home had a urine odor in the hallway where resident bedrooms are located. Additionally, the home had a very strong urine smell in the living room where Resident A was sitting.

On September 30, 2025, I interviewed Staff Kyomonique Berry who reported that there is carpet in the hallway where resident bedrooms are located and the carpet smells like urine. Some carpet by the bathrooms has been pulled up due to it being odorous. Stanley Carpet Cleaners came to clean the carpets in June 2025 and explained that the carpet is “rotted”. The carpet is soiled by residents having accidents on the floor.

On October 16, 2025, I conducted an exit conference with Licensee Designee Deidrea Sanders and advised her of the findings of my investigation. I advised Licensee Designee Sanders I would be requesting a corrective action plan for the cited rule violations. Licensee Designee Sanders reported that the carpet in the home is in the process of being changed.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	<p>It was alleged that the home smells like urine. Upon an unannounced on-site inspection of the home and resident interviews there is a preponderance of evidence to conclude a rule violation.</p> <p>On September 30, 2025, I conducted 2 residents who confirmed the home smells like urine. Upon entering the home, I found the home to have a urine odor in the living room and in the hallway where there are residents’ bedrooms. I interviewed Staff, Kyomonique Berry who reported that the carpets are odorous due to residents having accidents on them.</p>

	There is a preponderance of evidence to conclude housekeeping standards do not present a clean and comfortable appearance.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On September 30, 2025, I conducted an unannounced on-site inspection at the facility and viewed the back door at the home. At the bottom of the door a metal and rubber strip were broken and pulled back away from the door. The medal strip had sharp corners and was sticking out from the door.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
ANALYSIS:	On September 30, 2025, I conducted an unannounced on-site inspection at the facility and viewed the back door at the home. At the bottom of the door a metal and rubber strip were broken and pulled back away from the door. The medal strip had sharp corners and was sticking out from the door.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On September 30, 2025, I conducted an unannounced on-site inspection at the facility and viewed the kitchen of the home. The stove and oven surfaces were unclean and had what appeared to be grease on the surface of the stove and stove dials. The area above and behind the stove had what appeared to be a significant amount of grease spots.

APPLICABLE RULE	
R 400.14402	Food service.
	(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.
ANALYSIS:	On September 30, 2025, I conducted an unannounced on-site inspection at the facility and viewed the kitchen of the home. The stove and oven surfaces were unclean and had what appeared to be grease on the surface of the stove and stove dials. The area above and behind the stove had what appeared to be a significant amount of grease spots.
CONCLUSION:	VIOLATION ESTABLISHED

On October 16, 2025, I conducted an exit conference with Licensee Designee Deidrea Sanders and advised her of the findings of my investigation. I advised Licensee Designee Sanders I would be requesting a corrective action plan for the cited rule violations. Licensee Designee Sanders reported that the carpet in the home is in the process of being changed.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.

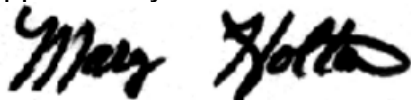


Christina Garza
Licensing Consultant

10/16/2025

Date

Approved By:



Mary E. Holton
Area Manager

10/16/2025

Date