GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 14, 2026

Angel Miller
Angel Manor LLC
11123 N. McKinley Rd.
Montrose, MI 48457

RE: License #: AM250355582
Angel Manor
9219 N. Elms Rd.
Clio, MI 48420

Dear Angel Miller:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance and/or
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

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

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

I. IDENTIFYING INFORMATION

License #:	AM250355582
Licensee Name:	Angel Manor LLC
Licensee Address:	11123 N. McKinley Rd. Montrose, MI 48457
Licensee Telephone #:	(810) 691-0085
Licensee/Licensee Designee:	Angel Miller, Designee
Administrator:	Sadie Badour
Name of Facility:	Angel Manor
Facility Address:	9219 N. Elms Rd. Clio, MI 48420
Facility Telephone #:	(810) 639-0222
Original Issuance Date:	04/10/2014
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/08/2026

Date of Bureau of Fire Services Inspection if applicable: 06/04/2026

Date of Health Authority Inspection if applicable: 06/17/2026

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 7
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.
- 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: 9/25/24--204(3), 205(4), 301(9), 306(3), 401(2), 201(3), and 203(1)9a)
- 12/4/24--206(2) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.627 Licensee and administrator training requirements.

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

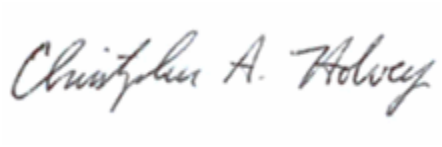
(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

The administrator did not have documentation available for review that the required 16 hours of annual training was completed for 2025.

A corrective action plan was requested and approved on 09/08/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



9/14/2026

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Christopher Holvey Date
Licensing Consultant