



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 1, 2017

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

RE: Application #: AS730386360
Kneaded Angels Adult Living Home III
231 S. 10th Street
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) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730386360
Applicant Name:	Kneaded Angels Inc.
Applicant Address:	2 Five Oaks Drive Saginaw, MI 48638
Applicant Telephone #:	989-245-2089
Administrator/Licensee Designee:	Virtrina Johnson
Name of Facility:	Kneaded Angels Adult Living Home III
Facility Address:	231 S. 10th Street Saginaw, MI 48601
Facility Telephone #:	(989) 245-2089
Application Date:	01/10/2017
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

01/10/2017	Enrollment
01/12/2017	File Transferred To Field Office Flint/Saginaw.
01/12/2017	Contact - Document Sent Act & Rules.
01/30/2017	Application Incomplete Letter Sent
01/31/2017	Application Complete/On-site Needed
01/31/2017	Inspection Completed On-site
02/01/2017	Contact - Document Received Received Med. Clearance for Licensee Virtrina Johnson, budget
02/01/2017	Inspection Completed-BCAL Full Compliance
02/01/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kneaded Angels Adult Living III is located in the City of Saginaw on the east side north of Janes Street and on the west side of tenth Street near downtown Saginaw. This is an urban residential area with businesses nearby on Janes Street. Kneaded Angels Adult Living III is owned by Saginaw County Community Mental Health Authority and is being leased to Kneaded Angels Inc. Kneaded Angels Adult Living III was previously licensed continually from June 22, 2016 until the issuance of this license as Philip's AFC (AS730381385). Kneaded Angels Adult Living III was previously licensed continually from January 8, 1996 through May 30, 2014 as Cedar Crest (AS730069152).

The home is a single story brick home with an attached garage that was built on a basement. The facility contains a kitchen, dining and living areas, four bedrooms, and two full bathrooms and has central air conditioning.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The furnace was inspected by a licensed contractor and determined to be in full operating condition on April 14, 2016. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed buy a licensed electrician and is fully operational. The facility also has a sprinkler system that is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 NE	10'10" X 14'10"	160 sq. feet	2
#2 NW	10'9" X 15'4"	164 sq. feet	2
#3 SE	10'10" X 14'10"	160 sq. feet	1
#4 SW	10'9" X 15'4"	164 sq. feet	1

The living, dining, and sitting room areas measure a total of 469.9 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 **six (6)** male or female adults, ages 18 to 85 years old, whose diagnosis is developmentally disabled or mentally impaired, physically handicapped and/or aged, in the least restrictive environment possible. The facility is wheelchair accessible and wheelchair users will be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Saginaw County Mental Health Authority.

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. 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/Administrator Qualifications

The applicant Kneaded Angels Inc., which is a Domestic Profit Corporation was established in Michigan, on 06/15/2010. 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.

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

The licensee designee/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 six-bed facility is adequate and includes a minimum of two staff to six 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), 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 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

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).




02/01/2017

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



02/01/2017

Mary E Holton
Area Manager

Date