



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 12, 2017

Virtrina Johnson
2 Five Oaks Drive
Saginaw, MI 48638

RE: License #: AS730278067
Kneaded Angels Adult Living
3902 Hiland Street
Saginaw, MI 48601

Dear Ms. Johnson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 240-2478

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

I. IDENTIFYING INFORMATION

License #: AS730278067

Licensee Name: Virtrina Johnson

Licensee Address: 2 Five Oaks Drive
Saginaw, MI 48638

Licensee Telephone #: (989) 793-2935

Licensee/Licensee Designee: Virtrina Johnson

Administrator: Virtrina Johnson

Name of Facility: Kneaded Angels Adult Living

Facility Address: 3902 Hiland Street
Saginaw, MI 48601

Facility Telephone #: (989) 245-2089

Original Issuance Date: 05/16/2006

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/05/2017

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee

- 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: 3/26/15; 4/10/13 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 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At time of inspection, Resident A medication, Debrox 6.5% Ear Drops, were ordered to be given every other day but resident is receiving medication every third day per documentation and medication sheets.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At time of inspection, hot water temperature was found to be 122 degrees Fahrenheit per thermometer check.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At time of inspection, dryer vent was broken and in need of repair. Floor trim in living room was loose posing a trip hazard and in need of repair.

R 400.14511 Flame-producing equipment; enclosures.

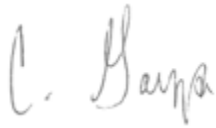
(2) Heating plants and other flame-producing equipment located

on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

At time of inspection, the door enclosing the heating plant did not self-close.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/12/2017

Christina Garza
Licensing Consultant

Date