



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 15, 2019

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

RE: Application #: AS730397955  
Kneaded Angels Home IV  
3824 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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730397955
<b>Licensee Name:</b>	Kneaded Angels Inc.
<b>Licensee Address:</b>	2 Five Oaks Drive Saginaw, MI 48638
<b>Licensee Telephone #:</b>	(989) 245-2089
<b>Administrator/Licensee Designee:</b>	Virtrina Johnson, Designee
<b>Name of Facility:</b>	Kneaded Angels Home IV
<b>Facility Address:</b>	3824 King Rd Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 245-2089
<b>Application Date:</b>	01/13/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

01/13/2019	On-Line Enrollment
01/15/2019	Contact - Document Sent Rule and Act books
01/24/2019	Contact - Document Received 1326 for LD and AFC 100 for Admin
01/24/2019	File Transferred To Field Office Saginaw
01/24/2019	Application Complete/On-site Needed
02/08/2019	Application Incomplete Letter Sent
03/11/2019	Inspection Completed On-site
03/11/2019	Inspection Completed-BCAL Full Compliance
04/11/2019	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Kneaded Angels Home IV is located at 3824 King Road in Bridgeport Township off of Dixie Hwy in Saginaw, Michigan. This home can be found in an urban residential area within a wooded area where several businesses are located nearby on Dixie Hwy. Kneaded Angels Adult Living IV is owned by Kneaded Angels Inc. This facility utilizes the public water and sewer system.

This home was built in 1967 and is a single-story brick home with an attached 2-car garage that was built on a basement. This 1,453 square foot facility features a Kitchen, Dining Room, Living Room, Family Room, six bedrooms, three full bathrooms and a basement.

The home can be cooled with multiple air conditioners located in the resident's bedrooms and the common areas of the home. 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 02/12/2019. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and 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	9'6.5" X 10'	95.42	1
2 NE	9'6.5" X 10.5'	95.81	1
3 SE	10'10" X 13'10"	149.86	1
4 NW	9'9.5" X 9'4.5"	91.80	1
5 NW	9' X 10'10"	97.50	1
6 SW	12'10" X 9'9.5"	125.66	1

The Living Room, Dining Room, and Family Room areas measure a total of 738.51 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 75 years old, whose diagnosis is developmentally disabled or mentally impaired, physically handicapped and/or aged, in the least restrictive environment possible. The facility is not wheelchair accessible and wheelchair users will not 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 and 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.

Kneaded Angels Inc. has named Ms. Virtrina Johnson as both the Licensee Designee and the Administrator. 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](http://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).



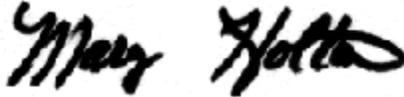
04/11/2019

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



04/15/2019

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Mary E Holton  
Area Manager

Date