



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 25, 2019

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. 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.

OR

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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) 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 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:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/24/2019

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- 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. it was not meal time at time of inspection.
- 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: 4/10/2017 N/A
- Number of excluded employees followed-up? 2 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.**

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**  
**(c) Record the reason for each administration of medication that is prescribed on an as needed basis.**

At time of inspection, the reason for each administration of as needed medication was not recorded.

**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, there was an extension cord being used to operate the washer and dryer.

**R 400.14403 Maintenance of premises.**

- (11) Handrails and nonskid surfacing shall be installed in showers and bath areas.**

At time of inspection, resident bathroom did not have nonskid surfacing installed in the shower/bath area.

**R 400.14407 Bathrooms.**

- (1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.**

At time of inspection, resident bathroom forced ventilation (fan) was not operable.

A corrective action plan was requested and approved on 04/24/2019. 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 and special certification.

#### IV. RECOMMENDATION

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



4/25/19

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Christina Garza  
Licensing Consultant

Date