



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 20, 2021

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification 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) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read '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**

<b>License #:</b>	AS730278067
<b>Licensee Name:</b>	Virtrina Johnson
<b>Licensee Address:</b>	2 Five Oaks Drive Saginaw, MI 48638
<b>Licensee Telephone #:</b>	(989) 793-2935
<b>Licensee/Licensee Designee:</b>	Virtrina Johnson
<b>Administrator:</b>	Virtrina Johnson
<b>Name of Facility:</b>	Kneaded Angels Adult Living
<b>Facility Address:</b>	3902 Hiland Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 245-2089
<b>Original Issuance Date:</b>	05/16/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/20/2021

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.  
Virtual inspection completed. Licensee Designee advised that water temperature is checked monthly to ensure range between 105-120 degrees Fahrenheit.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
4/24/19 N/A ☐
- Number of excluded employees followed-up? 3 N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

### **IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license and special certification.



4/20/2021

---

Christina Garza  
Licensing Consultant

Date