



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 10, 2023

Deidrea Sanders
My Angel Adult Foster Care, LLC
2127 Maplewood Avenue
Saginaw, MI 48601

RE: License #: AM730373246
Investigation #: 2023A0576017
My Angel Adult Foster Care

Dear Ms. Sanders:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 643-7960.

Sincerely,

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

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730373246
Investigation #:	2023A0576017
Complaint Receipt Date:	01/10/2023
Investigation Initiation Date:	01/10/2023
Report Due Date:	03/11/2023
Licensee Name:	My Angel Adult Foster Care, LLC
Licensee Address:	2127 Maplewood Avenue, Saginaw, MI 48601
Licensee Telephone #:	(989) 401-8598
Administrator:	Deidrea Sanders
Licensee Designee:	Deidrea Sanders
Name of Facility:	My Angel Adult Foster Care
Facility Address:	3561 S. Washington Road, Saginaw, MI 48601
Facility Telephone #:	(989) 401-8598
Original Issuance Date:	10/28/2015
License Status:	REGULAR
Effective Date:	04/28/2022
Expiration Date:	04/27/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, ALZHEIMERS, TRAUMATICALLY BRAIN INJURED, AGED

II. ALLEGATION(S)

	Violation Established?
Licensee Designee, Deidra Sanders and Staff, Janice Burns are verbally abusive and rude toward the residents.	No
Residents are starving and only allowed to eat when staff allows.	No
Licensee Designee, Deidra Sanders is taking residents money.	No
The residents are taking cold showers.	No
The residents do not have heat and it is extremely cold in the facility.	No
Additional Findings	Yes

III. METHODOLOGY

01/10/2023	Special Investigation Intake 2023A0576017
01/10/2023	APS Referral
01/10/2023	Special Investigation Initiated - On Site Interviewed Resident A, Resident B, Resident C, and Staff, Janice Burns
02/08/2023	Contact - Telephone call received Interviewed Relative A1
03/09/2023	Contact - Face to Face Interviewed Staff, Kyomonique Berry and Resident D
03/09/2023	Contact - Telephone call made Interviewed Licensee Designee, Deidra Sanders
03/09/2023	Contact - Telephone call made Interviewed Guardian A
03/09/2023	Exit Conference Exit Conference conducted with Licensee Designee, Deidra Sanders

ALLEGATION:

Licensee Designee, Deidra Sanders and Staff, Janice Burns are verbally abusive and rude toward the residents.

INVESTIGATION:

On January 10, 2023, I completed an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident A, Resident B, Resident C, and Staff, Janice Burns. Ms. Burns denied she is rude or disrespectful toward the residents of the home.

On January 10, 2023, I interviewed Resident A who reported Staff, Janice Burns is not rude, and she is very nice. Resident A denied any staff member is rude and stated they are "just curt". Resident A denied that Licensee Designee, Deidra Sanders is rude or mean toward him or any residents of the home. Ms. Sanders is not verbally abusive, nor has she mistreated any residents of the home.

On January 10, 2023, I interviewed Resident B who reported he has resided at the home for 1 year. Resident B reported Licensee Designee, Deidra Sanders is not mean or abusive to him. Staff, Janice Burns is nice to him, and he has no concerns regarding his home.

On January 10, 2023, I interviewed Resident C who has lived at his home for 3 years. According to Resident C, Licensee Designee, Deidra Sanders is not mean or disrespectful toward him and Staff, Janice Burns is very nice. Ms. Burns "goes over backwards" and buys the residents soda for dinner. Resident C reported "you can't satisfy some residents".

On February 8, 2023, I received a call from Relative A1. Relative A1 is a relative to Resident A. Relative A1 would not provide her last name. Relative A1 advised that another relative, Relative A2 goes to see Resident A at My Angel Adult Foster Care and has reported to Relative A1 that Staff, Janice Burns snatched Relative A2's mask off their face and Ms. Burns is rude. I requested a phone number to call Relative A2 and Relative A1 advised there is no phone number.

On March 9, 2023, I interviewed Licensee Designee, Deidra Sanders who denied she is rude or abusive toward residents of the home. Ms. Sanders explained that she works 3rd shift and rarely has interactions with any residents. Ms. Sanders denied residents of the home have told her that staff including Staff Janice Burns is rude to them.

On March 9, 2023, I interviewed Staff, Kyomonique Berry regarding the allegations and she denied Staff, Janice Burns, or Licensee Designee, Deidra Sanders mistreats the residents in any manner. Ms. Berry has never witnessed Ms. Sanders or Ms. Burns verbally abuse residents of the home and no residents have reported to her that staff are rude.

On March 9, 2023, I interviewed Resident D who reported he has lived at his home for 1 year. Resident D denied staff are rude or verbally abusive toward him and stated the staff are nice. Resident D denied any concerns regarding the staff at his home.

On March 9, 2023, I interviewed Resident A's guardian, Guardian A. Guardian A reported Resident A has lived at My Angel Adult Foster Care for 2 years. Regarding staff being rude, Guardian A reported Staff, Janice Burns does not always use a "good tone" with the residents. Guardian A advised Ms. Burns is not "harmful" toward the residents and denied Resident A is fearful of Ms. Burns. Guardian A denied any concerns regarding the home and advised staff are not intentionally harmful toward the residents.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>It was alleged that Licensee Designee, Deidra Sanders and Staff, Janice Burns are rude and verbally abusive toward the residents. After completion of investigative interviews with staff and residents, there is not a preponderance of evidence to conclude a rule violation.</p> <p>Staff, Janice Burns was interviewed and denied mistreating residents of the home. Licensee Designee, Deidra Sanders was interviewed and also denied mistreating the residents. Several residents were interviewed and denied Ms. Burns or Ms. Sanders are rude or abusive toward them. Staff, Kyomonique Berry was interviewed and denied witnessing or being told that other staff are rude or abusive toward residents.</p> <p>There is not a preponderance of evidence to indicate residents are not treated with dignity and their safety and protection is not adhered to at all times.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are starving and only allowed to eat when staff allows.

INVESTIGATION:

On January 10, 2023, I completed an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Staff, Janice Burns. Ms. Burns reported the residents are provided 3 meals per day and are not starving as alleged. If residents do not like what is prepared, they can have a substitute meal. While at the home viewed the home to have adequate food in the refrigerator and pantry as well as menus posted.

On January 10, 2023, I interviewed Resident A who reported he gets enough to eat and receives breakfast, lunch, and dinner. Resident A reported he likes to eat pasta and chicken. Resident A can also buy things they like such as snacks and flavored water. Resident B was interviewed and confirmed he gets enough to eat. Resident B can eat when he wants or when he is hungry. Resident C also confirmed he gets enough food to eat, and the meals are good. Resident C reported he receives a variety of foods to eat, and he can eat when he wants.

On March 9, 2023, I interviewed Staff, Kyomonique Berry who reported that all the residents of the home are on regular diets and the residents are not starving. Residents receive 3 meals per day as well as snacks.

On March 9, 2023, I interviewed Resident D who reported he gets enough food to eat at his home. Resident D is provided breakfast, lunch, dinner, and snacks and the meals prepared are "alright".

On March 9, 2023, I interviewed Resident A's guardian, Guardian A. Guardian A denied the residents of the home are starving as alleged. The residents are provided meals however Resident A may not always like what is being served. Guardian A reported she purchases Resident A his own groceries that he likes to eat.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.

ANALYSIS:	<p>It was alleged that the residents are starving and can only eat when staff allows. Upon conclusion of investigative interviews, there is not a preponderance of evidence to conclude a rule violation.</p> <p>Several residents were interviewed and reported they are provided adequate meals. Additionally, Resident B and Resident C confirmed they can eat when they want. While at the home, I viewed adequate food and menus posted.</p> <p>There is not a preponderance of evidence to indicate residents are not provided a minimum of 3 nutritious meals per day.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Licensee Designee, Deidra Sanders is taking residents money.

INVESTIGATION:

On January 10, 2023, I completed an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident A. Resident A denied any knowledge of the allegations and reported no one takes his money other than for his rent. Resident A has a wallet, and no one has ever taken money from his wallet. Resident A confirmed his money is safe in his wallet. Resident A receives a check from his payee and his daughter will take him to the bank to cash the check. Resident A will buy things he wants with his money. No one holds onto money for Resident A.

On January 10, 2023, I interviewed Resident B and Resident C regarding the allegation, and both denied Licensee Designee, Deidra Sanders takes money from them. Resident C reported the only money he provides to the home is his rental obligation.

On February 8, 2023, I received a call from Relative A1. Relative A1 reported she heard from another relative of Resident A that Resident A's money has come up missing from his wallet and Resident A will tell others he does not have money.

On March 9, 2023, I interviewed Licensee Designee, Deidra Sanders who reported she does not hold onto any resident funds. Regarding Resident A, he receives a monthly check sent to him from his payee and the check is in his name only. When Resident A receives his check his guardian or relative will be made aware and they take Resident A to cash his check. Resident A will then purchase items he wants/needs.

On March 9, 2023, I interviewed Staff, Kyomonique Berry. Ms. Berry reported the home nor Licensee Designee, Deidra Sanders carries any resident funds. Resident A receives a monthly check from his payee that is in his name. Resident A's guardian or relative will help him cash the check and Resident A will purchase snacks or personal needs with his money.

On March 9, 2023, I interviewed Resident D regarding the allegation. Resident D denied anyone is taking his money from him.

On March 9, 2023, I interviewed Resident A's Guardian, Guardian A who denied any knowledge of the allegation. Guardian A reported the facility does not hold onto any funds for Resident A and either she or Resident A will hold onto his money. Guardian A has no knowledge of Resident A missing any money.

On March 9, 2023, I viewed resident funds I and II documents for residents of the home. No concerns were noted regarding resident funds.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
ANALYSIS:	<p>It was alleged that Licensee Designee, Deidra Sanders was taking resident's money. Upon conclusion of investigative interviews and review of documentation, there is not a preponderance of evidence to conclude a rule violation.</p> <p>Several residents were interviewed, and all denied that anyone including Ms. Sanders is taking money from them. Ms. Sanders was interviewed and denied taking money from residents other than for their board and care obligation. Resident A's guardian, Guardian A was also interviewed and denied any knowledge of Resident A missing any money.</p> <p>There is not a preponderance of evidence to conclude that Licensee Designee, Deidra Sanders took any money from residents of the home.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The residents are taking cold showers.

INVESTIGATION:

On January 10, 2023, I completed an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident A, Resident B, Resident C, and Staff, Janice Burns. Ms. Burns reported there is hot water at the home. While at the home I measured the water temperature to be 112 degrees Fahrenheit.

On January 10, 2023, I interviewed Resident A regarding the allegation. Resident A reported there is warm water at his home to shower. Resident A has to wait for the water to warm up before he showers. Resident B reported there is hot water at his home and sometimes it will get cold quickly. Resident C reported there is hot water at his home for him to shower.

On March 9, 2023, I interviewed Resident D regarding the allegation. Resident D confirmed there is hot water at the home for him to shower.

On March 9, 2023, I measure the water temperature. The water temperature was measured to be 110 degrees Fahrenheit.

APPLICABLE RULE	
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.
ANALYSIS:	It was alleged that the residents are taking cold showers. Upon conclusion of investigative interviews and a check of water temperatures on 2 occasions, there is not a preponderance of evidence to conclude a rule violation. Several residents were interviewed and advised there is hot water for them to shower. The water temperature was taken on January 10, 2023, and March 9, 2023, and the temperature was measured to be within an appropriate range per licensing rules.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The residents do not have heat and it is extremely cold in the facility.

INVESTIGATION:

On January 10, 2023, I completed an unannounced on-site inspection at My Angel Adult Foster Care and interviewed Resident A, Resident B, Resident C, and Staff, Janice Burns. Ms. Burns reported there is heat at the home. Ms. Burns explained that sometimes the living room area of the home is cooler due to the residents often going in and out to smoke. While at the home, it was noted to be comfortable and not cold. The thermostat at the front of the home was viewed to be set to 70 degrees Fahrenheit. A second thermostat was viewed at the rear of the home where resident bedrooms are. The second thermostat was viewed to be set at 71 degrees.

On January 10, 2023, I interviewed Resident A who reported sometimes he is cold at his home. When he is cold, he will put on a jacket. Resident B confirmed the home has heat and it is not cold in his home. The home can get cool and when this happens, he gets a blanket. Resident C reported there are days the home is cooler than others. If Resident C gets cold at his home, he will put on sweatpants and socks.

On March 9, 2023, Resident D was interviewed in his bedroom. His bedroom was noted to be at a comfortable temperature. Resident D reported his home has heat. Resident D's bedroom is not cold. A thermostat near resident bedrooms was noted to be 70 degrees Fahrenheit.

APPLICABLE RULE	
R 400.14406	Room temperature.
	All resident-occupied rooms of a home shall be heated at a temperature range between 68 and 72 degrees Fahrenheit during non-sleeping hours. Precautions shall be taken to prevent prolonged resident exposure to stale, noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations from the requirements of this rule shall be based upon a resident's health care appraisal and shall be addressed in the resident's written assessment plan. The resident care agreement shall address the resident's preferences for variations from the temperatures and requirements specified in this rule.

ANALYSIS:	<p>It was alleged that there is no heat and the facility is cold. Upon completion of investigative interviews and unannounced on-site inspections to the home, there is not a preponderance of evidence to conclude a rule violation.</p> <p>Upon receipt of the complaint an unannounced on-site inspection was immediately made to the home. The home was noted to have heat with 2 thermostats set at 70-71 degrees respectively. The home was comfortable and not cold. Staff, Janice Burns was interviewed and advised the front of the home can lose some heat when residents open the door to go outside to smoke. Residents were interviewed and advised the home has heat and, if they are cold, they can get a blanket or put on clothes including socks, sweatpants, or a coat.</p> <p>There is not a preponderance of evidence to conclude that the home was without heat as alleged. The home was noted to have operable heating during 2 unannounced on-site inspections and the home was not cold.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

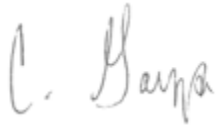
On March 9, 2023, I completed an unannounced on-site inspection to the home. I spoke with Staff, Kyomonique Berry and requested to view resident weight records. Two resident weight records (Resident A and Resident C) were missing weights for several months and unavailable for review.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	On March 9, 2023, I requested to view resident weight records. Weight records for Resident A and Resident C were noted to have no weights recorded for several months.
CONCLUSION:	VIOLATION ESTABLISHED

On March 9, 2023, I completed an Exit Conference with Licensee Designee, Deidra Sanders. I advised Ms. Sanders I would be requesting a corrective action plan regarding the cited rule violation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change to the license status is recommended.



3/9/2023

Christina Garza
Licensing Consultant

Date

Approved By:



3/10/2023

Mary E. Holton
Area Manager

Date