



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 7, 2026

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

RE: License #: AM730373246  
**My Angel Adult Foster Care**  
**3561 S. Washington Road**  
**Saginaw, MI 48601**

Dear Deidrea Sanders:

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 medium group home license are renewed. The license is valid only at your present address and is non-transferable.

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) 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AM730373246

**Licensee Name:** My Angel Adult Foster Care, LLC

**Licensee Address:** 2127 Maplewood Avenue  
Saginaw, MI 48601

**Licensee Telephone #:** (989) 401-8598

**Licensee Designee:** Deidrea Sanders

**Administrator:** 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

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2026

Date of Bureau of Fire Services Inspection if applicable: 11/13/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Licensee Designee

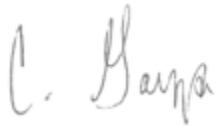
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- 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:  
4/15/24 AS403(5), AS401(2); 4/15/24 AS403(2), AS403(5); 8/26/25 AS403(2),  
AS402(6), AS403(4), AS305(3). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



5/7/2026

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Christina Garza  
Licensing Consultant

Date