GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 1, 2026

Wanda Johnson
Annies Angels LLC
20980 Glenmorra
Detroit, MI 48076

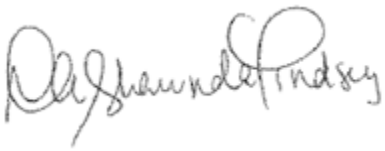
RE: Application #: AS820419857
Annies Angels LLC
2140 Concord
Detroit, MI 48207

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 3 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 (313) 456-0380.

Sincerely,



DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419857
Applicant Name:	Annies Angels LLC
Applicant Address:	20980 Glenmorra Detroit, MI 48076
Applicant Telephone #:	(313) 477-5926
Administrator/Licensee Designee:	Dale Johnson, Administrator/ Wanda Johnson, Designee
Name of Facility:	Annies Angels LLC
Facility Address:	2140 Concord Detroit, MI 48207
Facility Telephone #:	(313) 477-5926
Application Date:	08/26/2025
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/26/2025	Enrollment
08/26/2025	PSOR on Address Completed
08/26/2025	Application Incomplete Letter Sent 1326/RI030 req'd
08/26/2025	Contact - Document Sent forms sent
10/16/2025	Application Complete/On-site Needed
03/11/2026	Inspection Completed-BCAL Sub. Compliance
03/30/2026	Contact - Telephone call made
03/30/2026	Contact - Document Sent
03/30/2026	Contact - Telephone call received
05/01/2026	Inspection Completed On-site
05/01/2026	Inspection Completed-BCAL Sub. Compliance
05/01/2026	Application Incomplete Letter Sent
05/19/2026	Inspection Completed On-site
05/19/2026	Inspection Completed-BCAL Sub. Compliance
05/20/2026	Application Incomplete Letter Sent
05/27/2026	Contact - Document Received
05/27/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential area in Detroit, Michigan. Nearby major roads are Kercheval St. and Vernor Hwy. The Detroit Medical Center (DMC) hospital system is within five miles of the facility. There are multiple fast-food chains such as McDonald's, Wendy's and PizzaPapalis within miles of the facility. For recreational activities, Belle Isle is about two miles from the facility. There is available parking in front of the facility. The facility uses both public water and sewage system.

The owner of the facility is Wanda Johnson. I observed a copy of the deed to verify ownership.

The home is a duplex, but adult foster care will only be provided in one of the units. The front door is the primary means of egress. The back door is the secondary means of egress. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The main floor consists of a living room, dining room, three resident bedrooms, kitchen, and full bathroom. There are at least two means of egress from the main floor.

The basement consists of the heating plant, storage space, and a stairway. The basement will not be available for resident use.

The furnace and tankless water heater are in the facility's basement. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility does not have a washer and dryer. The applicant stated laundry will be done at a laundromat.

The furnace and tankless water heater were inspected on 01/26/2026 by DT HVAC LLC. It was determined to be in good condition and functioning properly.

At least one 5-pound multi-purpose fire extinguisher or equivalent is located on the main floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup and determined to be fully operational and in good condition. Smoke detectors are in all sleeping areas, on each occupied floor, basement, living rooms, and similar spaces along with all areas that contain flame or heat producing equipment.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'X11'4"	113.30	1
2	10'3"X11'3"	115.31	1
3	10'10"X11'3"	121.84	1

The living, dining, and sitting room areas measure a total of 371.38 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **three** (3) 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **three** (**3**) female ambulatory adults who diagnosis is developmentally disabled, mentally impaired and/or aged in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, private pay individuals, and/or Adult Protective Services as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Annies Angels LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 07/25/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The members of Annie Angels have submitted documentation appointing Wanda Johnson as Licensee Designee for this facility and Dale Johnson as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Johnson. Mrs. Johnson submitted a medical clearance with a statement from a physician documenting Mrs. Johnson’s good health, dated 01/22/2026.

Mr. Johnson also submitted a medical clearance with a statement from a physician documenting Mr. Johnson’s good health, dated 01/19/2026 and verification that Mr. Johnson has a baseline screening for communicable diseases and records of illness on hiring.

Mrs. Johnson and Mr. Johnson have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They have several years of experience providing direct care experience serving individuals with mental illness and developmentally disabilities as well as the aged population. They helped with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. Mrs. Johnson acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Mrs. Johnson has indicated that direct care staff will be awake during sleeping hours.

Mrs. Johnson acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mrs. Johnson acknowledged an understanding of the qualifications, suitability, and training 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.

Mrs. Johnson 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mrs. Johnson acknowledged 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, Mrs. Johnson 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.

Mrs. Johnson acknowledged her responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mrs. Johnson acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mrs. Johnson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mrs. Johnson acknowledged her responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mrs. Johnson acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mrs. Johnson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mrs. Johnson acknowledged recording each resident's funds and itemized transactions including payment for services. Mrs. Johnson acknowledged this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Mrs. Johnson acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mrs. Johnson indicated that it is her intent to achieve and maintain compliance with these requirements.

Mrs. Johnson acknowledged 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. Mrs. Johnson has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

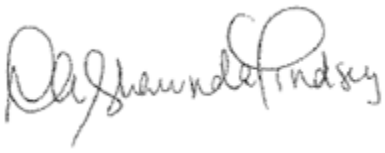
Mrs. Johnson acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 3).



06/01/2026

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DaShawnda Lindsey Date
Licensing Consultant

Approved By:

06/01/2026

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Ardra Hunter Date
Area Manager