



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

May 16, 2006

Virtrina Johnson
#2 Five Oaks
Saginaw, MI 48603

RE: Application #: AS730278067
Kneaded Angels Adult Living
3902 Hiland Street
Saginaw, MI 48601

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 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (231) 922-5309.

Sincerely,

A handwritten signature in black ink that reads "Joyce F. Lixey".

Joyce Lixey, Licensing Consultant
Office of Children and Adult Licensing
2145 E. Huron Rd.
East Tawas, MI 48730
(989) 737-6937

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS730278067

Applicant Name: Virtrina Johnson

Applicant Address: #2 Five Oaks
Saginaw, MI 48603

Applicant Telephone #: (989) 793-2935

Administrator/Licensee Designee: Virtrina Johnson

Name of Facility: Kneaded Angels Adult Living

Facility Address: 3902 Hiland Street
Saginaw, MI 48601

Facility Telephone #: (989) 793-2935

Application Date: 07/27/2005

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/27/2005	Enrollment
08/17/2005	File Transferred To Field Office Saginaw
09/12/2005	Application Incomplete Letter Sent
04/28/2006	Inspection Completed On-site
05/01/2006	Confirming Letter Sent
05/01/2006	Corrective Action Plan Requested and due on 05/15/2006
05/12/2006	Corrective Action Plan Received
05/12/2006	Corrective Action Plan Approved
05/15/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kneaded Angels Adult Living is a white frame two-story home with a side porch and unattached garage. The garage will not be licensed for resident use. Kneaded Angels Adult Living is situated within the city limits of Saginaw, Mi. It has a large yard and garden area, and it has city water and city sewer. The applicant and her husband are the owners of the property.

The Kneaded Angels is situated within three miles of local parks, museums, other recreational activities, hospitals, fire departments and city police.

The facility has a great room, down stairs and upstairs sitting rooms, a dining room, kitchen, five bedrooms, and three full bathrooms. The great room is measured at 21.42' x 14.42' for a total of 309 square feet of living space. The down stairs sitting room is measured at 21.50' x 7.33' for a total of 158 square feet of living space. The upstairs sitting room is measured at 9.42' x 13.75' for a total of 130 square feet of living space. The dining area is measured at 10.75' x 11.25' for a total of 121 square feet of space.

First Floor:

Bedroom #1 measures 9.33' x 18.5' for a total of 173 sq. ft. = 2 resident beds.

Second Floor:

Bedroom #2 measures 11.42' x 16' for a total of 183 sq. ft. = 2 resident beds.
Bedroom #3 measures 9.83' x 9.83' for a total of 97 sq. ft. = 1 resident bed.
Bedroom #4 measures 11.58' x 11.4' for a total of 132 sq. ft. = 1 resident bed.
Bedroom #5 measures 9.58' x 10' for a total of 96 sq. ft. = 1 resident bed.

The applicant will assure that the number of residents in the facility does not exceed the maximum capacity of 6 residents.

The applicant has acknowledged an understanding of her responsibility to maintain the facility and yard area in a healthy and safe condition for residents and that housekeeping standards and home furnishings shall present a clean, comfortable and orderly appearance

The facility is equipped with a hardwire interconnected smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, and near furnaces and other flame producing equipment. Fire extinguishers are installed on each floor of the facility. The applicant acknowledges an understanding of her responsibility to maintain smoke detectors and fire extinguishers, as identified by the manufacturer, and by rules for adult foster care group homes, and the NFPA 102, Life Safety Code, 1988.

The applicant has acknowledged an understanding of her responsibility to maintain furnaces, water heaters and other flame or heat producing equipment in a fixed and permanent manner in accordance with licensing rules and manufacture's instructions. The furnace, hot water heater and clothes dryer located on the first floor will be continue to be enclosed in a room that is constructed of material which has a one hour fire resistance rating.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 6 (six) male or female ambulatory adults whose diagnosis is aged, developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from the community.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

The licensee will provide all transportation for program and medical needs as identified in each resident's assessment plan and resident care agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lein convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6- bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. A staff person will be present in the facility when a resident is present in the facility.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that FBI finger printing and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

The applicant acknowledges 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, the applicant 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.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

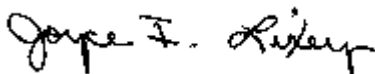
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/Statutory Violations

There were no rule violations noted at the time of original licensing.

IV. RECOMMENDATION

It is recommended that this facility receive a temporary small group adult foster care license with a maximum of six residents.



05/16/2006

Joyce Lixey
Licensing Consultant

Date

Approved By:



05/16/2006

Christopher J. Hibbler
Area Manager

Date