



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

October 1, 2012

Ruby Strudwick
Strudwick AFC Inc.
3726 Delta River Dr.
Lansing, MI 48906

RE: Application #: AS230334095
Strudwick AFC Inc. #5
1423 Elmwood Drive
Lansing, MI 48917

Dear Ms. Strudwick:

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 (517) 241-2585.

Sincerely,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5607

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS230334095

Applicant Name: Strudwick AFC Inc.

Applicant Address: 3726 Delta River Dr.
Lansing, MI 48906

Applicant Telephone #: (517) 323-8918

Administrator/Licensee Designee: Ruby Strudwick

Name of Facility: Strudwick AFC Inc. #5

Facility Address: 1423 Elmwood Drive
Lansing, MI 48917

Facility Telephone #: (517) 977-1243

Application Date: 07/23/2012

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

07/23/2012	Enrollment
07/24/2012	Contact - Document Sent Rules & Act booklets
07/24/2012	Application Incomplete Letter Sent Rec cl for Ruby - sign & date
07/27/2012	Contact - Document Received Rec cl for Ruby - signed & dated
07/30/2012	Application Complete/On-site Needed
08/20/2012	Application Incomplete Letter Sent
08/20/2012	Inspection Completed-BCAL Sub. Compliance
09/24/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch styled building located in Delta Township in Lansing within Eaton County. The facility has 3 bedrooms and 1 full bathroom for resident use. The facility has a 229 square foot living room and a combined 104 square foot dining room for resident use and recreation. There is a 175 square foot kitchen that will be used to provide resident meals. This home is not wheelchair accessible and will not accept individuals that are wheelchair reliant.

The facility has ample space for resident living. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Location	Square Footage	Number of Residents
Room 1	148 sq. ft.	2
Room 2	137 sq. ft.	2
Room 3	165 sq. ft.	2

The furnace and hot water heater are located in the basement of the home and was approved for fire safety on 08/20/2012. This facility has 3 approved exits that lead directly outside for the residents' safety. The facility has public water and sewage.

Based on the above measurements, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to five male and/or female residents over the age of 18 who are either mentally ill or developmentally disabled. The facility will provide supportive services, life enrichment activities such as arts and crafts, board games and group outings for resident activities and recreation. An assessment plan will be completed for individuals and will be designed and implemented to meet each resident's personal care and social needs.

Admission and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written.

Personal care and supervision services shall be implemented only by trained staff. The licensee will assure the availability of transportation to medical appointments.

C. Applicant and Administrator Qualifications

The applicant is Strudwick AFC INC., which is a "Domestic Nonprofit Corporation" established in Michigan on 07/08/1998. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Ms. Ruby Strudwick is the administrator for this facility. Ms. Strudwick has worked in adult foster care facilities and owns 2 adult foster care facilities in the Lansing area. A licensing record clearance was completed with no LEIN convictions recorded for Ms. Strudwick. Ms. Strudwick submitted a medical clearance request documenting that no physical or mental health condition exists that would limit her ability to work with or around dependent adults. Current negative TB test results were also obtained for the Ms. Strudwick.

Ms. Strudwick acknowledges an understanding of the requirements to maintain this category license type. She also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Ms. Strudwick has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 volunteers and the retention schedule for all of the documents contained within the employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their 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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving 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.

The applicant acknowledges their 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

This applicant was in compliance with the licensing act and applicable rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home with a capacity of six (6) residents.

Dawn M. Campbell 10/01/12

Dawn Campbell
Licensing Consultant

Date

Approved By:

Mary E Holton 10/02/12

Mary E Holton
Area Manager

Date