



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 5, 2022

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

RE: License #: AS230244372
Strudwick AFC Inc #2
1425 Elmwood
Lansing, MI 48917

Dear Ms. Strudwick:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9730.

Sincerely,

Nile Khabeiry, LMSW

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS230244372

Licensee Name: Strudwick & Strode AFC Inc

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

Licensee Telephone #: (517) 896-9990

Licensee/Licensee Designee: Ruby Strudwick, Designee

Administrator: Ruby Strudwick

Name of Facility: Strudwick AFC Inc #2

Facility Address: 1425 Elmwood
Lansing, MI 48917

Facility Telephone #: (517) 886-3898

Original Issuance Date: 10/10/2002

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/03/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 4
No. of others interviewed [redacted] Role: [redacted]

- 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. Resident Funds Part II needs to be addressed in CAP
- Meal preparation / service observed? Yes No If no, explain. Inspection did not occur during meal time.
- 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: CAP verified 2/23/2018 and 1/9/2020 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in sub-compliance with the following rules. A corrective action plan will be needed.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Direct care staff member Christopher Strode and licensee designee, Ruby Strudwick TB tests have expired.

Repeat Violation: Renewal Inspection dated 12/30/2019

CAP Approval: 1/9/2020

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Direct care staff members, Christopher Strode and John Strudwick did not have written evidence that their health status is being reviewed annually.

Licensee designee, Ruby Strudwick did not have written evidence that her health status is being reviewed annually.

Repeat Violation: Renewal Inspection dated 12/30/2019

CAP Approval: 1/9/2020

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Four of five resident files reviewed did not contain a current written health care appraisals completed annually.

Repeat Violation: Renewal Inspection dated 1/4/2021

CAP Approval: 12/23/2018

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if

applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Four of five resident files did not contain a current written Assessment Plan completed annually.

Repeat Violation: Renewal Inspection dated 1/4/2021

CAP Approval: 12/23/2018

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Five of five resident files reviewed did not contain an updated Resident Funds Part 2 with monthly rent documented.

Repeat Violation: Renewal Inspection dated 1/4/2021

CAP Approval: 12/23/2018

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

During renewal inspection on 1/3/2022 it was noted that newly added bathroom off resident bedroom did not contain a window or forced ventilation system.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire

protection association entitled "NFPA 101, Life Safety Code, 1988, shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

During renewal inspection on 1/3/2022 it was noted the smoke detectors were not operational. The facility installed new interconnected smoke detectors on 1/4/2022 which was verified via FaceTime with this consultant, therefore a **corrective action plan will not be needed.**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Nile Khabery, LMSW

1/5/2022

Date

Licensing Consultant