



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 28, 2022

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

RE: License #: AS230334095
Strudwick AFC Inc. #5
1423 Elmwood Drive
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 and your special certification 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,

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive, flowing style.

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

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

I. IDENTIFYING INFORMATION

License #: AS230334095

Licensee Name: Strudwick & Strode AFC Inc

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

Licensee Telephone #: (151) 797-4882

Licensee/Licensee Designee: Ruby Strudwick, Designee

Administrator: Ruby Strudwick

Name of Facility: Strudwick AFC Inc. #5

Facility Address: 1423 Elmwood Drive
Lansing, MI 48917

Facility Telephone #: (517) 896-9990

Original Issuance Date: 10/02/2012

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/27/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 2 Role: Licensee Designees

- 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. The facility does not manage funds for any of the current residents.
- Meal preparation / service observed? Yes No If no, explain.
Inspection took place between meal times.
- 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. Licensee Designee noted not having completed E-scores for this renewal.
- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.734b **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant

licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good faith offer of independent contract to that applicant.

Employee, Willie Moore Jr.'s staff record was missing the Michigan Workforce Background Check approval letter to work in this facility. His file did have approvals for the Strudwick AFC Inc. #1 and #4 facilities but not for facility #5.

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.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Employee, Willie Moore Jr.'s staff record did not contain evidence of current TB testing within the past three years.

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.

Employee, Willie Moore Jr.'s, staff record did not contain evidence of an annual health review.

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Resident A's *Assessment Plan for AFC Residents* form did not indicate usage of the walker documented on *Resident A's Health Care Appraisal* form.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Resident B's insulin is being stored in a refrigerator that is currently not locked. All medications must be in a locked container.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

Resident B's *Medication Administration Record* for the months of May 2022 and June 2022 noted routine administration of medications Mag Oxide 400MG Tab and Vitamin D3 5,000 Unit Cap. Licensee Designee, Ruby Strudwick, reported these medications were discontinued. She was not able to provide evidence of discontinuation from the pharmacy or physician during this inspection.

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident A's monthly charge for room and board on her *Resident Care Agreement* form did not match the amount charged to Resident A on the *Funds II form*.

R 400.14401 Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

The trash receptacle in the kitchen did not have a lid during this inspection.

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

The household cleaning chemicals were being stored under the kitchen sink in an unlocked cabinet during this inspection.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The light fixture cover in bedroom #3 needs to be repaired/replaced. The enclosed deck off from Bedroom #3 is in disrepair and needs to be updated. The wood along the railing appears to be rotting and the base of the deck appears unstable for safe use.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

There was a strong odor of urine in bedroom #1 when touring this facility. There was also visible evidence of dust buildup on the fan in the main bathroom and the light fixtures throughout the home.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

The doorknob in the main bathroom did not have positive-latching, non-locking-against-egress hardware.

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.

The smoke alarms in the facility were not interconnected.

R 400.14203 Licensee and administrator training requirements.

Rule 203. (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is

relevant to the licensee's admission policy and program statement.

Licensee Designees, Ruby Strudwick and John Strudwick Jr., did not have evidence of completing 16 hrs of training for this renewal period.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

Rule 318 (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

There were not completed fire drill records available to view for the year of 2020 during this inspection.

R 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

Completed E-Scores, for residents or staff, were not available to review for this renewal period during the time of this inspection.

IV. RECOMMENDATION

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



06/28/22

Jana Lipps
Licensing Consultant

Date