



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 16, 2023

Dennis Strode  
Strode Adult Foster Care Inc.  
5011 West Willow Highway  
Lansing, MI 48917

RE: Application #: AS330415088  
**Strode Adult Foster Care Inc.**  
**3726 Delta River Drive**  
**Lansing, MI 48906**

Dear Mr. Strode:

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 5 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330415088
<b>Applicant Name:</b>	Strode Adult Foster Care Inc.
<b>Applicant Address:</b>	5011 West Willow Highway Lansing, MI 48917
<b>Applicant Telephone #:</b>	(517) 881-1811
<b>Licensee Designee:</b>	Dennis Strode
<b>Administrator:</b>	Dennis Strode
<b>Name of Facility:</b>	Strode Adult Foster Care Inc.
<b>Facility Address:</b>	3726 Delta River Drive Lansing, MI 48906
<b>Facility Telephone #:</b>	(517) 881-1811
<b>Application Date:</b>	11/16/2022
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODOLOGY

11/16/2022	Enrollment
11/16/2022	Application Incomplete Letter Sent App incomplete ltr sent w/1326 and RI-030
11/16/2022	Contact - Document Received Received 1326, and RI-030
12/06/2022	Comment- sent request to have fingerprints uploaded.
12/06/2022	Comment- Incorrect prints found; licensee said that he would return to the facility to see if they would change code because he didn't want to pay to get new prints.
12/19/2022	Comment- sent request to have fingerprints located and uploaded.
12/20/2022	PSOR on Address Completed
12/20/2022	File Transferred To Field Office
12/29/2022	Application Incomplete Letter Sent
01/02/2023	Contact - Document Received- Email received with requested documents for new enrollment.
01/23/2023	Contact - Document Sent- Email to Licensee Designee, Dennis Strode, requesting updated documents to meet licensing rules.
03/01/2023	Application Complete/On-site Needed
03/01/2023	Inspection Completed On-site
03/01/2023	Inspection Completed-BCAL Sub. Compliance
03/07/2023	Contact - Document Sent- Confirming letter emailed to Licensee Designee, Dennis Strode.
04/26/2023	Inspection Completed On-site
04/26/2023	Inspection Completed-BCAL Sub. Compliance
04/26/2023	Contact - Document Sent- confirming letter emailed to Dennis Strode.
10/03/2023	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a ranch style home with a walkout basement located at 3726 Delta River Dr. Lansing, Michigan 48906. The home is located in Lansing Township, of Ingham County. The home is situated on the edge of a quiet subdivision, within walking distance of Wilson Park. The home has four resident bedrooms and 1.5 resident bathrooms on the main level. The primary bathroom on the main level is equipped with a shower/tub combination. Resident bedroom #3 has an attached half bathroom. Resident bedroom #4 has an exit door which leads to a fire escape staircase. The applicant has advised that this door will remain locked, by key, and will not be utilized as an exit door for any future residents of this bedroom. The main kitchen is located on the main level, with an attached dining area and living room for community space. The home has a finished basement, where live-in staff members will reside. The basement has two bedrooms and one bathroom equipped with a stand-up shower. The laundry facilities are located in the basement of the home. The basement is also equipped with a full kitchen, living room, and a four seasons room, which overlooks the spacious backyard. This home is not wheelchair accessible as it does not have two handicap accessible means of egress and does not have a bathroom which would accommodate handicap accessible use. The two main sources of egress from the home are the front door, which leads to the front porch with a paved exit to the driveway and the garage door. The garage door exits from the kitchen, into the garage, where there is a side door that opens to the front porch and leads to the driveway. The home utilizes public water and sewer.

The home has a forced air, natural gas furnace with central air conditioning. The water heater is also natural gas. The furnace and water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs, and also behind a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in the furnace room in the basement. The basement is heated by an electric baseboard heating system. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke detectors were located in sleeping areas and in the basement near the furnace and water heater. There were fire extinguishers on both the main floor and in the basement of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'9 x 10	87.5	1
2	8'9 x 10'3	89.69	1

3	12'1 x 11'1	133.92	2
4	8'3 x 11'1	91.44	1
Living Room	15 x 13'8	205.01	0
Dining Room	9'2 x 13'8	125.29	0

The living, dining, and sitting room areas measure a total of 330.3 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 **five (5)** 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, 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 five (5) 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. The applicant intends to accept residents from Clinton, Eaton, Ingham Community Mental Health Authority, Tri County Office on Aging Medicaid Waiver Program, or private pay individuals, as referral sources.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. 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. The home is located near the Lansing Mall, and several nearby parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Strode Adult Foster Care, Inc., which is a "Non-Profit Corporation" and was established in Michigan, on 11/23/15. 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.

The Board of Directors of Strode Adult Foster Care, Inc. have submitted documentation appointing Dennis Strode as Licensee Designee & Administrator for this facility.

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

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Dennis Strode has numerous years of experience providing direct care to residents who are aged and/or diagnosed with a mental illness. He also has experiences as the administrator for other licensed AFC properties owned by a relative.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift. The applicant acknowledges 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. The applicant has indicated that direct care staff will not be awake during sleeping hours. He has provided evidence of an intercom system installed in every resident bedroom and in the live-in direct care staff sleeping area, located in the basement, so that residents are able to request help during sleeping hours. The applicant acknowledges that residents who have the identified potential to be an elopement risk, will not be admitted to this home due to direct care staff sleeping at night.

The applicant acknowledges 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.

The applicant 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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 designee, 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 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, the applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required 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.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form 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.

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.

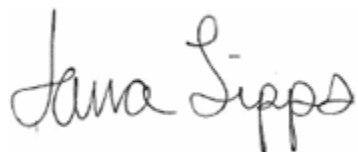
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

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 with a capacity of five residents.



10/4/23

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Jana Lipps  
Licensing Consultant

Date

Approved By:



10/16/2023

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Dawn N. Timm  
Area Manager

Date