



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 8, 2024

Dennis Strode  
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 Mr. Strode:

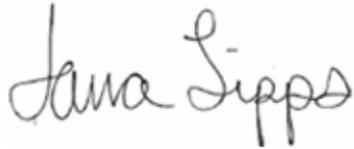
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 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

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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) 797-7124

**Licensee Designee:** Dennis Strode, Designee

**Administrator:** Dennis Strode

**Name of Facility:** Strudwick AFC Inc. #5

**Facility Address:** 1423 Elmwood Drive  
Lansing, MI 48917

**Facility Telephone #:** (517) 881-1811

**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): 07/08/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A 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.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection took place prior to the noon meal.
- 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:  
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:

**R 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**

During the on-site inspection I reviewed resident records for Resident A and Resident B. There were no evacuation assessments found in these resident records. Direct care staff indicated that they had not completed updated evacuation assessments and these documents were not available for review.

**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:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

During the on-site inspection I reviewed the *Medication Administration Record* (MAR) for the month of July 2024 for Resident A. I matched the medications in the medication cabinet to the MAR for Resident A. Resident A has been prescribed, Triamcinolone 0.1% with the instructions, "Apply a thin layer to affected area (s) twice a day." This medication did not appear on the MAR for direct care staff to initial that they had administered this medication to Resident A. Direct care staff, Lisa Sadler, acknowledged that this is a routine medication and that she has been administering this medication to Resident A, without signing that she administered it as the pharmacy did not list it on the MAR. This medication needs to be added to the MAR to properly document the administration of this medication.

**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

(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.

During the on-site inspection I reviewed fire drill records for the months of 1/1/23 through 7/1/24. The direct care staff were not able to produce fire drill records for the months of 7/1/22 through 12/31/22. Fire drill records must be maintained through the current renewal period.

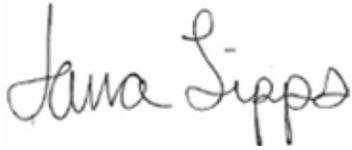
**R 400.14403            Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

During the on-site inspection I observed a new deck built off from the south side of the property. This deck did not have handrails on the open sides of the steps leading to the ground and the steps were more than 8 inches above grade.

#### IV. RECOMMENDATION

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



7/8/24

\_\_\_\_\_ Date

Jana Lipps  
Licensing Consultant