



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 3, 2026

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

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

Dear Mr. Strode:

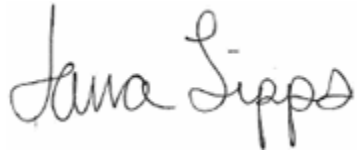
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

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 #:	AS330415088
Licensee Name:	Strode Adult Foster Care Inc.
Licensee Address:	5011 West Willow Highway Lansing, MI 48917
Licensee Telephone #:	(517) 881-1811
Licensee/Licensee Designee:	Dennis Strode, Designee
Administrator:	Dennis Strode
Name of Facility:	Strode Adult Foster Care Inc.
Facility Address:	3726 Delta River Drive Lansing, MI 48906
Facility Telephone #:	(517) 881-1811
Original Issuance Date:	10/16/2023
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2026

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 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
There were no residents in care at the time of the renewal inspection.
- 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. There were no residents in care at the time of the renewal inspection. The licensee designee did not manage cash funds for the previous resident.
- Meal preparation / service observed? Yes No If no, explain.
There were no residents in care at the time of the renewal inspection.
- 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.
There were no residents in care at the time of the renewal inspection.
- 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 400.647 Safety and maintenance of premises.

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

During the on-site inspection I observed the external, covered fire escape exit from the back bedroom to have water damage to the existing drywall on the walls and ceiling. This damage appeared black and consistent with mold. It appears the roof of the external, enclosed fire escape has been leaking water, causing damage to the existing structure. This structure will need to be repaired or removed from the home as it poses a safety risk to any potential occupants. Currently there are no residents in care as the only resident cared for during this two-year period discharged in March 2026.

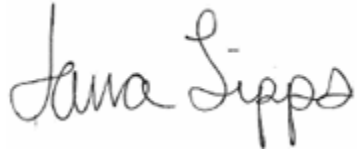
R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

During the renewal inspection I reviewed the resident record for Resident A. The *Resident Register* identifies Resident A's date of admission as 3/15/25. Resident A's *Health Care Appraisal* was completed on 7/10/25. This *Health Care Appraisal* was not completed within a 90-day period prior to admission or within 30 days of an emergency admission.

IV. RECOMMENDATION

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

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

4/3/26

Jana Lipps
Licensing Consultant

Date