



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 5, 2016

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

RE: Application #: AS230382143
Strode Adult Foster Care Inc.
5011 West Willow Hwy.
Lansing, MI 48917

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 6 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5607

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS230382143
Applicant Name:	Strode Adult Foster Care Inc.
Applicant Address:	5011 West Willow Highway Lansing, MI 48917
Applicant Telephone #:	(517) 881-1811
Administrator/Licensee Designee:	Dennis Strode
Name of Facility:	Strode Adult Foster Care Inc.
Facility Address:	5011 West Willow Hwy. Lansing, MI 48917
Facility Telephone #:	(517) 977-1243
Application Date:	01/12/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/12/2016	Enrollment
01/21/2016	Contact - Document Sent Rules & Act booklets
04/01/2016	PSOR on Address Completed
04/12/2016	Application Incomplete Letter Sent
06/22/2016	Application Complete/On-site Needed
06/22/2016	Inspection Completed-BCAL Full Compliance
07/05/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style building. It is located on a rural highway in Lansing/Delta Township within Eaton County. The main entrance to the facility has a porch that is within eight (8) inches of grade and is accessible to the types of residents the facility intends to serve. The facility has 5 bedrooms and 2 ½ full bathrooms for resident use. The facility has a 209 square foot living room and a 305 square foot great room for resident use and recreation. There is a 162 square foot combined kitchen and dining room area that will be used to provide resident meals.

The facility has ample space for resident living. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Location	Square Footage	Number of Residents
Room 1	135	1
Room 2	200	1
Room 3	183	1
Room 4	179	1
Room 5	239	2

The furnace and hot water heater are located on the main floor in an enclosed area that was approved for fire safety on 06/22/2016. The facility has 3 approved exits that lead directly outside. The facility has public water and sewage. This facility is wheelchair accessible.

Based on the above measurements, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care to six male or female residents from the ages 18 to 99 and over who are diagnosed as physically handicapped, mentally ill or aged. The facility will provide supportive services, life enrichment activities such as arts and crafts, board games and group outings for resident activities and recreation.

An assessment plan will be completed for individuals and will be designed and implemented to meet each resident's personal care and social needs. Admission statements, discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written.

Personal care and supervision services shall be provided only by trained staff. The Licensee will assure the availability of transportation to medical appointments.

C. Applicant and Administrator Qualifications.

The applicant is Strode AFC INC., which is a "Domestic Nonprofit Corporation" established in Michigan on 11/23/2015. 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. This property is owned by Dennis Strode, this property was purchased by Mr. Strode in October of 2011.

This facility is currently licensed as Strudwick AFC #4 License #AS230316410. The current Licensee Ruby Strudwick has agreed that this facility can be closed so that it can be licensed by Mr. Strode.

Mr. Dennis Strode is the licensee designee and administrator for this facility. Mr. Strode has worked in adult foster care facilities and owns 2 adult foster care facilities in the Lansing area. A licensing record clearance was completed with no LEIN convictions recorded for Mr. Strode. Mr. Strode submitted a medical clearance request documenting that no physical or mental health condition exists that would limit her ability to work with or around dependent adults. Current negative TB test results were also obtained for the Mr. Strode.

Mr. Strode acknowledges an understanding of the requirements to maintain this category license type. She also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mr. Strode has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their 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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 regarding resident placement.

D. Rule/Statutory Violations.

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

 07/05/2016

Dawn Campbell
Licensing Consultant

Date

Approved By:

 07/05/2016

Mary E Holton
Area Manager

Date