



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 10, 2020

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

RE: Application #: AS330401041
Strode Adult Foster Care #2
3726 Delta River Drive
Lansing, MI 48906

Dear 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) 284-9730.

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) 284-9724

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330401041
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
Licensee Designee:	Dennis Strode:
Name of Facility:	Strode Adult Foster Care #2
Facility Address:	3726 Delta River Drive Lansing, MI 48906
Facility Telephone #:	(517) 657-7190 08/06/2019
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/06/2019	Application Received Original
08/06/2019	Enrollment
08/09/2019	Application Incomplete Letter Sent App - Boxes 18, 22, 31, 38, 39, & 40; 1326A, RI-030, FP's for Dennis; 100 for Admin
08/20/2019	Contact - Document Received- App - Corrected
08/20/2019	Contact - Document Received IRS ltr; cl's & RI-030 for Dennis
08/26/2019	Comment- FPs for Dennis
08/27/2019	File Transferred To Field Office- Lansing
08/28/2019	Application Incomplete Letter Sent
08/29/2019	SC-Application Received - Original
10/16/2019	Comment Email to Dennis Strode regarding status of new application. Resent application incomplete letter.
11/22/2019	Inspection Completed-BCAL Full Compliance
11/22/2019	SC-Inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Strode Adult Foster Care #2 is in Delta Township in Lansing, Michigan. The facility is a ranch style home with a full walkout basement. The main floor of the facility consists of three resident bedrooms, one bedroom reserved for live in staff, a living room, dining area, kitchen, one full bathroom and one half bathroom (inside one bedroom). The walkout basement of the home consists of two resident bedrooms, one full bathroom, laundry room, living/day room area and an enclosed porch. The main floor of the home has one exit in the front and one exit leading to the garage and outside. The walkout basement of the home has one exit in the living/day room, each resident room contains one ground level window, outside access through the enclosed porch and entrance up the stairs that lead to the garage and outside. The home utilizes the local public water supply and public sewage disposal system.

The gas furnace and water heater are in the basement of the home and is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The water heater in the facility has a relief valve.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are installed near sleeping areas, in the basement, and near all flame- or heat-producing equipment.

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

Bedroom #	Total Square Footage	Total Resident Beds
1	110 square feet	1
2	138 square feet	2
3	110 square feet	Reserve for staff
4	80 square feet	1
Living Room-upper level	126 square feet	
Dining Room-upper level	99 square feet	
5-lower level	154 square feet	1
6-lower level	152 square feet	1
Living/Day Room-lower level	341 square feet	

The indoor living and dining areas measure a total of 225 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, 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 and/or female residents between the ages of 18 to 100 years who are developmentally disabled, mentally ill or aged. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Community Mental Health Authority of Clinton, Eaton and Ingham Counties. If needed by residents, behavioral

management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, and any other personal interests expressed by residents and available within the community. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Strobe Adult Foster Care, Inc which is a "Domestic Nonprofit Corporation" established in Michigan on 11/23/2015. Dennis Strobe will serve as the Licensee Designee and Administrator for the facility. The applicant submitted an annual budget and income to demonstrate the financial capability to operate this adult foster care facility. A criminal history clearance was completed on 08/16/2019 for Mr. Strobe and no criminal convictions were found. Mr. Strobe submitted medical clearance documentation showing no physical or mental health conditions that would limit his ability to work with dependent adults. Current negative TB tests were also obtained for Mr. Strobe. Mr. Strobe satisfies the qualifications and training requirements identified in the group home administrative rules and has previously operated licensed Adult Foster Homes that are in good standing in the community.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours, if necessary.

The applicant acknowledged 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. The applicants acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will

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

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

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring each resident be informed of their resident rights and provided with a copy of those rights. The applicants indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

D. Rules or 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 with a capacity of six residents.



01/07/2020

Dawn Campbell
Licensing Consultant

Date

Approved By:



01/10/2020

Dawn N. Timm
Area Manager

Date