



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 2, 2024

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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

**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): 04/02/2024

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 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 is only one resident and this individual was on a leave of absence with family at the time of this on-site inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Medication records were reviewed but the medications were not on-site as the resident was on a leave of absence with family and had taken medications for administration.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Licensee designee does not hold funds for this resident.
- Meal preparation / service observed? Yes No If no, explain.
No current resident present to prepare a meal for due to leave of absence.
- 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.
No current incident reports to review. The facility has only admitted one resident since temporary license was issued.
- 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

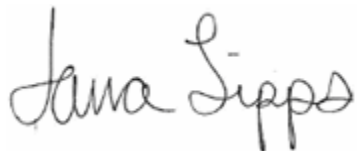
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-5).



4/2/24

Jana Lipps
Licensing Consultant

Date