



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 6, 2019

Frida Boyd
Suji Home LLC
3502 W. Main St. Apt. 9
Kalamazoo, MI 49006

RE: Application #: AS390399535
Suji Home 3
6328 Lovers Lane
Portage, MI 49002

Dear Ms. Boyd:

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 5 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 blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390399535
Licensee Name:	Suji Home LLC
Licensee Address:	14605 19 Mile Road Marshall, MI 49068
Licensee Telephone #:	(269) 207-5965
Licensee Designee:	Frida Boyd
Administrator:	Jackline Andrew
Name of Facility:	Suji Home 3
Facility Address:	6328 Lovers Lane Portage, MI 49002
Facility Telephone #:	(269) 207-5965
Application Date:	05/03/2019
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

05/03/2019	On-Line Enrollment
06/07/2019	Contact - Document Received. 1326/Fingerprint/RI 030 for Frida Boyd
06/11/2019	File Transferred to Field Office- Lansing
06/19/2019	Application Incomplete Letter Sent
09/25/2019	Second Application Incomplete Letter Sent
09/26/2019	Inspection Completed-BCAL Sub. Compliance
10/14/2019	Contact - Document Received
10/28/2019	Contact- Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Suji Home 3 is a one-story, ranch style home located in the city of Portage. On file is documentation confirming Greenwai LLC owns the property. On file is a copy of a lease agreement between the applicant and Greenwai LLC, as well as a written statement from Greenwai LLC granting the department permission to inspect the facility for adult foster care licensing purposes.

The facility's main entrance opens into the facility's shared dining room and kitchen area. To the right of the facility are two resident bedrooms, one resident bathroom, which is equipped with both a shower and a bathtub, and a small resident sitting area. On the left side of the facility is one resident bedroom, two linen closets and a small hallway that leads to the facility's enclosed heating plant room, as well as an exit to the facility's large wrap around porch. Off the facility's resident sitting area is a third exit that also leads onto the facility's porch. The facility is wheelchair accessible and has two approved means of egress, both equipped with ramps, located on the facility's main floor. The facility utilizes the public water and sewage disposal system.

Located in the facility's enclosed heating plant room is a washer and dryer, an electric hot water heater, and a boiler. The facility's heating plant room is equipped with a 1 ¾ inch solid wood core door with an automatic self-closing device and positive latching hardware. On file is documentation verifying the facility's hot water heater and boiler were inspected by a professional company and are in good working condition. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up. Smoke detectors have been installed near sleeping areas and near all

flame and heat producing equipment. On file is documentation verifying the facility's smoke detection system was inspected by a professional company and is in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' X 18'3"	219.6	2
2	9'8" X 12'7"	124.5	1
3	13'9" X 10'4"	144.6	2

The indoor living and dining room areas measure a total of 262.8 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five male and/or female residents who are developmentally disabled and/or aged. The program will include social interaction, training to develop personal hygiene and personal adjustment, public safety and independent living skills, opportunities for involvement in educational and/or day programs or employment, as well as transportation. The applicant intends to accept referrals from local agencies, such as the Kalamazoo County Area on Aging, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in residents' assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local public schools and libraries, museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents and increase their independence.

C. Applicant and Administrator Qualifications

The applicant is Suji Home LLC, a Domestic Limited Liability Company, established in Michigan on 01/24/2017. 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.

The resident agent of Suji Home LLC has submitted documentation appointing Frida Boyd as licensee designee and Jackline Andrew as the administrator of this facility.

Criminal history background checks of Ms. Boyd and Ms. Andrew were completed, and they were determined to be of good moral character to provide licensed adult foster care. Ms. Boyd and Ms. Andrew submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Boyd and Ms. Andrew have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Boyd is a licensed practical nurse with over 10 years of experience providing direct care to both the developmentally disabled and aged populations in long-term care settings. Ms. Boyd is also the owner and operator of two additional licensed adult foster care facilities. Ms. Andrew is a certified nurse's assistant with four years of experience providing direct care to the developmentally disabled and aged populations in long-term care and adult foster care settings.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff to five residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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.

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 applicant acknowledges 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 designee 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 acknowledge 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 the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care facility with a capacity of five residents.

Michele Streeter

10/29/2019

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

11/06/2019

Dawn N. Timm
Area Manager

Date