



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 26, 2022

Frida Boyd
Po Box 20006
Kalamazoo, MI 49019

RE: Application #: AS390413171
Suji Home 5
2683 Green Oak Ln
Kalamazoo, MI 49004

Dear Frida 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 4 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9716

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390413171
Licensee Name:	Frida Boyd
Licensee Address:	2683 Green Oak Ln Kalamazoo, MI 49004
Licensee Telephone #:	(269) 207-5965
Licensee:	Frida Boyd
Administrator:	Jackline Andrew
Name of Facility:	Suji Home 5
Facility Address:	2683 Green Oak Ln Kalamazoo, MI 49004
Facility Telephone #:	(269) 207-5965 08/26/2022
Application Date:	
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

08/26/2022	On-Line Enrollment
09/05/2022	Application Complete/On-site Needed
09/28/2022	Application Incomplete Letter Sent emailed app inc ltr, 1326, AFC-100
10/13/2022	Inspection Completed On-site
10/13/2022	Inspection Completed Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Suji Home 5 is an updated ranch style home with a finished basement located in the city of Kalamazoo, MI. The home is near downtown restaurants, parks, museums and Bronson Hospital. Residents will only occupy the 1st floor of the home which consists of three resident bedrooms, two full resident bathrooms, kitchen, living room, and dining room. The laundry facilities are located in the basement of the home. There are two wheelchair ramps exiting from the 1st floor therefore the home is wheelchair accessible and the home can accommodate wheelchairs throughout the home. The home utilizes public water supply and public sewer use.

The gas fired furnace and water heater are located in the basement of the home enclosed by a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware located at the top of the stairs. On 7/29/2022, the furnace was inspected and found to be in good working condition. There is a fireplace in the family room which will not be used by staff or residents for any purpose.

The facility is fully equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician. The system was inspected on 07/27/2022 and found to be fully operational. Smoke detectors are located in all resident sleeping areas, the basement and areas with heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' X 10"	100 sq ft	1
2	10.2' X 10"	100 sq ft	1

3	13' X 11"	143 sq ft	2
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The living, dining, and sitting room areas measure a total of 410 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **4** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This address is the used as the licensee's business address as well not as a personal address.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **four** (4) male or female ambulatory adults whose diagnosis is aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, and personal adjustment skills as needed. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents with private pay sources for payment.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources for recreational activities including local churches, local grocery stores, local restaurants, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant/Administrator Qualifications

The applicant, Frida Boyd, has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. Ms. Boyd has appointed Jackline Andrew as Administrator of the facility.

A criminal history check was conducted and determined that the applicant and administrator are of good moral character and eligible for employment in a licensed adult foster care facility. Ms. Boyd and Ms. Andrew submitted a statement 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 administrative group home rules. Ms. Boyd and Ms. Andrew have worked in AFC homes that provided care to mentally ill, developmentally disabled, physically handicapped, and aged populations for many years. Ms. Boyd has been employed for over one year at a local nursing home with the aged population and operates other successful adult foster care homes in the surrounding areas. Ms. Andrew has experience as an administrator in other adult foster care homes.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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

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

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 resident personal money transactions that have been agreed to be managed by the applicant.

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

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.

The applicant acknowledges 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 small group home with a capacity of four (4) residents.



Ondrea Johnson
Licensing Consultant

10/17/2022
Date

Approved By:



10/26/2022

Dawn Timm
Area Manager

Date