

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 19, 2022

Frida Boyd Suji Home LLC PO Box 20006 Kalamazoo, MI 49019

> RE: License #: AS130409195 Suji Home 4 557 Cosmopolitan Marshall, MI 49068

Dear Ms. Boyd:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Indrea Johns

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 281-9913

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#### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

## I. IDENTIFYING INFORMATION

License #:	AS130409195	
Licensee Name:	Suji Home LLC	
Licensee Address:	Apt. 9 3502 W. Main St. Kalamazoo, MI 49006	
Licensee Telephone #:	(269) 920-7596	
Licensee Designee:	Frida Boyd	
Administrator:	Jackline Andrew	
Name of Facility:	Suji Home 4	
Facility Address:	557 Cosmopolitan Marshall, MI 49068	
Facility Telephone #:	(269) 781-4774	
Original Issuance Date:	11/01/2021	
Capacity:	6	
Program Type:	AGED	

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 3/19/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Insp	pection Type:	Interview and Observation Combination	n ⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		2 5	
•	Medication pass / simu	lated pass observed? Yes 🖂	No 🗌 If no, explain.	
•	Medication(s) and med	ication record(s) reviewed? Y	es 🖂 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes 🔀 No 🗍 If no, explain. Meal preparation / service observed? Yes 🔀 No 🗍 If no, explain.			
•	Fire drills reviewed? Yes  ☐ No  ⊠ If no, explain. Licensee was not able to provide record of fire drills practice. A violation has been estastablished. Fire safety equipment and practices observed? Yes  ⊠ No  ☐ If no, explain.			
•	If no, explain.	pecial Certification Only)Yes ecked? Yes 🔀 No 🗌 If no,		
•	Incident report follow-u	p? Yes 🛛 No 🗌 If no, expla	ain.	
•	Corrective action plan o N/A ⊠ Number of excluded er	compliance verified? Yes 🗌 nployees followed-up?	CAP date/s and rule/s: N/A 🖂	
•	Variances? Yes 🗌 (pl	ease explain) No 🗌 N/A 🔀		

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in non-compliance with the following applicable rules and statutes:

# R 400.14318 Emergency preparedness; evacuation plans; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

FINDINGS: No record of fire drills practiced provided for department to review.

A corrective action plan was requested and approved on 03/19/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

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Ondrea Johnson Licensing Consultant

3/19/2022 Date