



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 13, 2024

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

RE: Application #: AS390418046
Suji Home 7
3716 E G Avenue
Kalamazoo, MI 49004

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 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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418046
Applicant Name:	Suji Home LLC
Applicant Address:	3502 W. Main St. Apt. 9 Kalamazoo, MI 49006
Applicant Telephone #:	(269) 207-5965
Administrator:	Jackline Andrew
Licensee Designee:	Frida Boyd
Name of Facility:	Suji Home 7
Facility Address:	3716 E G Avenue Kalamazoo, MI 49004
Facility Telephone #:	(269) 207-5965
Application Date:	11/09/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

11/09/2023	Enrollment
11/14/2023	Application Incomplete Letter Sent Requested 1326/RI030 and AFC 100
11/14/2023	Contact - Document Sent forms sent
11/14/2023	PSOR on Address Completed
11/30/2023	Contact - Document Received 1326 & AFC 100
12/01/2023	File Transferred To Field Office
12/04/2023	Application Incomplete Letter Sent
01/24/2024	Contact - Document Received-Facility/Licensee records
02/06/2024	Contact - Document Received-Facility/Licensee records
02/12/2024	Inspection Completed On-site
02/14/2024	Confirming Letter sent
02/21/2024	Contact - Document Received-Facility/licensee records
02/26/2024	Contact - Document Received
03/05/2024	Inspection Completed On-site
03/06/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Suji Home 7 is an updated ranch style home with a finished basement located in the township of Kalamazoo. The facility is near walking trails, restaurants, elementary schools, and Borgess Hospital. Residents will occupy the 1st floor of the home only which includes four resident bedrooms, one resident full bathroom with a walk-in shower, kitchen, living room, and a dining room area. The laundry facilities are located in the basement of the home. There are two wheelchair ramps exiting from the 1st floor as well as the remainder of the home can accommodate wheelchair users therefore the home is wheelchair accessible. 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 in a heating plant equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. There is also a door equipped with at least a 1-3/4 solid core wood door at the bottom of the stairs to create floor separation between the basement and the 1st floor. The furnace and water heater were inspected on 2/2/2024 and found to be fully operational and in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. The system was inspected on 1/15/2024 and found to be fully operational. Smoke detectors are located in all resident sleeping areas, the basement, and areas with heat producing equipment. Fire extinguishers are on the main level and basement of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8" x 11'5"	143 sq ft	2
2	11'5" x 11'2"	121 sq ft	1
3	10'9" x 11'3"	110 sq ft	1
4	13'7" x 11'8"	143 sq ft	2

The indoor living and dining areas measure a total of 255 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 6 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 6 male and/or female residents who are aged and/or physically handicapped. The program will include social interaction, independent living skills and opportunity for involvement in educational or day programs. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the 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 the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Suji Home, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 1/01/2017. 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 members of Suji Home, L.L.C. have submitted documentation appointing Frida Boyd as licensee designee for this facility and Jackline Andrew as the administrator of the facility.

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

Frida Boyd and Jackline Andrew have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Frida Boyd and Jackline Andrews have worked in AFC homes that provided care to the aged and physically handicapped populations for many years. Frida Boyd has also been employed for over three years at a local nursing home with the aged population and operates other successful adult foster care homes in surrounding areas. Jackline Andrew has experience as an administrator in other successful adult foster care homes in the surrounding areas.

The staffing pattern for the original license of this 6 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 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 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 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 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 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(s) 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 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

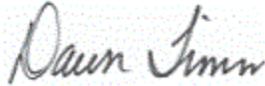
I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.



Ondrea Johnson
Licensing Consultant

3/12/2024
Date

Approved By:



03/13/2024

Dawn N. Timm
Area Manager

Date