



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 19, 2025

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

RE: Application #: AS130419923
Suji Home 10
10191 17 Mile Road
Marshall, MI 49068

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 (616) 356-0100.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130419923
Licensee Name:	Suji Home LLC
Licensee Address:	2683 Green Oak Lane Kalamazoo, MI 49004
Licensee Telephone #:	(269) 207-5965
Licensee Designee:	Frida Boyd
Administrator:	Frida Boyd
Name of Facility:	Suji Home 10
Facility Address:	10191 17 Mile Road Marshall, MI 49068
Facility Telephone #:	(269) 789-2692
Application Date:	09/17/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/17/2025	On-Line Enrollment
09/17/2025	Comment
09/19/2025	Comment
09/19/2025	Comment
09/19/2025	PSOR on Address Completed
09/19/2025	Contact - Document Sent
09/19/2025	Comment
09/19/2025	Inspection Report Requested - Health
09/29/2025	Inspection Completed-Env. Health : A
09/30/2025	Contact - Document Received
10/21/2025	Contact - Telephone Contact Received
10/28/2025	Contact - Document Received
10/28/2025	Comment
10/28/2025	Comment
10/28/2025	File Transferred To Field Office
10/29/2025	Application Incomplete Letter Sent
12/01/2025	Contact - Document Received
12/01/2025	Contact - Document Sent
12/16/2025	Contact - Telephone Contact Received
12/16/2025	Contact - Telephone Contact Made
12/17/2025	Application Complete/On-site Needed
12/18/2025	Inspection Completed On-site
12/18/2025	Inspection Completed-Fire Safety : A
12/18/2025	Inspection Completed-Env. Health: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Suji Home 10 is a ranch style modular home with a full finished basement, located at 10191 17 Mile Road Marshall, Michigan in Calhoun County. There are multiple restaurants and convenience stores along with Oaklawn Hospital within three miles of the facility. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will have access and occupy the first floor of the facility which consists of six resident bedrooms, full bathroom, half bathroom, kitchen, laundry room, dining room, living room along with a wooden sitting porch facing the backyard. The facilities basement consist of additional storage areas, furnace and hot water heater. Residents will not have access to the basement.

There are three separate approved means of egress one located at the front entrance of the facility, second located at the driveway side and third exiting the kitchen area into the backyard. Wheelchair accessible ramps are attached at the driveway side of the facility along with exiting the kitchen area into the backyard. Both wheelchair ramps were extending to solid unobstructed ground. The facility is wheelchair accessible with these two approved means of egress.

The facility utilizes public sewer and private water supply disposal system. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Calhoun County Health Department on 09/29/25.

The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The facility's furnace and hot water heater was observed in the basement. The furnace and hot water heater utilize natural gas and was inspected by a licensed professional on 11/12/25 and found to be in full operational order.

The facility is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the facility. The facility is equipped with fire extinguishers located in the kitchen and the basement. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'0" x 7'8"	70 sq. ft.	1
2	11'0" x 7'8"	77 sq. ft.	1
3	11'1" x 7'7"	77 sq. ft.	1
4	10'11" x 7'10"	77 sq. ft.	1
5	14'1" x 9'11"	135 sq. ft.	1
6	10'9" x 7'2"	70 sq. ft.	1

The indoor living and dining areas measure a total of 324 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate six (6) residents only. It is the licensee’s responsibility not to exceed the licensed capacity.

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 six (6) male or female residents who are aged and physically handicapped in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. 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, Veterans Affairs (VA), PACE, Carewell Service, Mildstone Services, Reliance and Medicaid- Waiver Services. 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, the licensee will not provide transportation for residents. Transportation for medical and dental appointments or other appointments will be the responsibility of residents or their representative. Resident laundry services will be covered under the daily rate limiting resident access to the facility basement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, shopping centers, churches and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents. Residents are responsible for their own purchases on outings.

C. Rule/Statutory Violations

The applicant is Suji Home LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/01/2017. 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 LLC have submitted documentation appointing Frida Boyd as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no convictions recorded for Frida Boyd. Frida Boyd submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results. Frida Boyd has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Frida Boyd has owned and operated ten different licensed AFC facilities in several counties in Michigan. Frida Boyd opened and operated her initial AFC in August 2016 through present and continues to successfully operate. Frida Boyd has provided direct care to residents with mental illness, developmental disabilities, physically handicapped and aged. Frida Boyd has fourteen years of experience as a registered nurse and has completed required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one-staff-to-six 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 direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 designee can administer medication to residents. In addition, the applicant has indicated resident

medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 temporary license to this AFC adult small group home with a capacity of six (6) residents.

Kevin L. Sellers

12/19/25

Kevin Sellers
Licensing Consultant

Date

Approved By:

Russell Misiak

12/23/25

Russell B. Misiak
Area Manager

Date