



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 18, 2026

Frida Boyd
PO Box 20006
Kalamazoo, MI 49019

RE: License #: AS390383907
Suji Home
315 N. Sage St.
Kalamazoo, MI 49006

Dear Frida Boyd:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AS390383907
Licensee Name:	Frida Boyd
Licensee Address:	3502 West Main Street Kalamazoo, MI 49006
Licensee Telephone #:	(269) 207-5965
Licensee Designee:	N/A
Administrator:	Jackline Andrew
Name of Facility:	Suji Home
Facility Address:	315 N. Sage St. Kalamazoo, MI 49006
Facility Telephone #:	(269) 341-4337
Original Issuance Date:	01/27/2017
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 02/17/2026

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes 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.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.639 **Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:

(e) Verification of experience, *highest level of education completed*, and training.

FINDING: There was no verification of highest level of education completed in direct care staff files.

R 400.675 **Resident medications.**

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

FINDING: Resident A's insulin was observed stored in the facility's refrigerator and was not kept in a locked drawer or locked container.

R 400.681 **Resident rights; licensee responsibilities.**

(3) A licensee and staff shall respect and safeguard all of the following resident rights to:

(p) Be treated with consideration and respect with due recognition of personal dignity, individuality, and need for privacy.

FINDING: A baby monitor was observed being used to monitor Resident A while he was in his bedroom and in bed. The licensee stated the monitor is used due to Resident A being a fall risk and reported that the monitor was ordered by Resident A's senior care agency to provide additional safety and monitoring.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Cathy Cushman

02/18/2026

Cathy Cushman
Licensing Consultant

Date