



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 1, 2026

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

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

Dear Mrs. 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) 335-5985.

Sincerely,

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

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

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

I. IDENTIFYING INFORMATION

License #:	AS390418046
Licensee Name:	Suji Home LLC
Licensee Address:	2683 Green Oak Lane Kalamazoo, MI 49004
Licensee Telephone #:	(269) 207-5965
Licensee/Licensee Designee:	Frida Boyd, Designee
Administrator:	Jackline Andrew
Name of Facility:	Suji Home 7
Facility Address:	3716 E G Avenue Kalamazoo, MI 49004
Facility Telephone #:	(269) 207-5965
Original Issuance Date:	03/13/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/31/2026

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: 0

- 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 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

FINDINGS: Licensee did not practice fire drills once a quarter per calendar year during each shift 7am-to 3pm, 3pm to 11pm and 11pm to 7am.

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

FINDINGS: Licensee does not have on file a statement signed by a licensed physician attesting to the physical health of employee Denesha Gough within 30 days of employment start date, assumption of duties, or occupancy in the facility.

R 400.647 Safety and maintenance of premises.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

FINDINGS: Resident A's bedroom has dresser missing drawers and not in orderly appearance.

R 400.661 Bedroom furnishings.

**(1) Bedroom furnishings must include all of the following:
(e) Chair.**

FINDINGS: No chair in Resident A's bedroom.

A corrective action plan was requested and approved on 08/31/2026. 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.

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

Ondrea Johnson
Licensing Consultant

9/1/2026
Date