



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 13, 2018

Frida Boyd  
Suji Home LLC  
3502 West Main Street  
Kalamazoo, MI 49006

RE: Application #: AS130391844  
**Suji Home 2**  
**14605 19 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS130391844
<b>Applicant Name:</b>	Suji Home LLC
<b>Applicant Address:</b>	14605 19 Mile Road Marshall, MI 49068
<b>Applicant Telephone #:</b>	(269) 207-5965
<b>Administrator:</b>	Frida Boyd
<b>Licensee Designee:</b>	Frida Boyd
<b>Name of Facility:</b>	Suji Home 2
<b>Facility Address:</b>	14605 19 Mile Road Marshall, MI 49068
<b>Facility Telephone #:</b>	(269) 207-5965
<b>Application Date:</b>	12/20/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

12/20/2017	Enrollment
12/20/2017	Contact - Document Sent Rule & ACT Books
12/20/2017	Application Incomplete Letter Sent
12/20/2017	PSOR on Address Completed
01/09/2018	Application Incomplete Letter Sent
01/29/2018	Contact - Document Received
02/06/2018	File Transferred To Field Office Lansing
02/13/2018	Application Incomplete Letter Sent
03/28/2018	Contact-Documentation Received
03/29/2018	Contact-Documentation Sent
04/18/2018	Contact-Documentation Sent
04/19/2018	Contact- Document Received
05/10/2018	Contact- Document Received
05/16/2018	Application Complete/ On-site
05/16/2018	Inspection Completed On-site

08/08/2018 Inspection Completed- Env. Health- 'A' rating

08/08/2018 Inspection Completed- BCAL- Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility:

The facility is a ranch style house with a full basement located in a rural area outside of Marshall, MI. There are multiple convenience stores and restaurants located within three miles of the facility. There are also multiple churches within three miles of the facility. The facility is located two miles from Oaklawn Hospital's After Hours Express Care Center and 15 miles from Bronson's Battle Creek Hospital. The home will be operated by Suji Home LLC. On file is permission from the home owner for Suji Home LLC to operate an adult foster care home at the property and for the Bureau of Community and Health Systems-Adult Foster Care Licensing to inspect the property.

The main entrance of the home leads to a small hallway. North of the hallway is the shared living area of the home. West of the hallway is the dining area. North of the dining area is the kitchen. On the north end of the home is a hallway that leads to three private resident bedrooms and a semi-private, full bathroom. On the south end of the home is a hallway that leads to three private resident bedrooms and a semi-private, full resident bathroom.

In total, the home has six private resident bedrooms and two semi-private, full bathrooms. This home has a basement that will not be used by residents. Stairs are present between the first floor and the basement level of the home. There is a ramp leading to the front entrance/exit of the home and a second ramp leading from a second exit at the back of the home. The home is wheelchair accessible. An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes private water and sewage.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes a gas furnace and a gas water heater both of which are located in the basement. A 1 ¾-inch solid wood core door between the basement and main level provides floor separation. The facility is equipped with interconnected, hardwire smoke detectors with battery backup.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 14'	168	1
2	12' x 11'	132	1
3	13'6" x 10'9"	145	1

4	9' x 9'6" + 4' x 2'	93.5	1
5	12' x 9'	108	1
6	12' x 9'	108	1
Dining Room	16'7" x 11'6"	191	
Living Room	19'6" x 13'8"	267	

The indoor living and dining areas measure a total 458 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (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 six male and female aged adults in the least restrictive environment possible. The program will include personal care and medication assistance, housekeeping and laundry services, and scheduled activities. The applicant intends to accept private pay individuals as a referral source.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided per the *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment and opportunities. It is the intent of this facility to utilize community resources including schools, libraries, churches to improve the quality of life and personal independence of residents.

**C. Applicant and Administrator Qualifications:**

The applicant is Suji Home LLC which is a "Domestic Limited Liability Company" which was established on 01/24/2017. 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 Ms. Frida Boyd as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no criminal history convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee designee/administrator has worked in AFC homes that provided care to the mentally ill and developmentally disabled. The licensee designee/administrator has been employed for over one year at a local nursing home with the aged population and operates a successful AFC home in Kalamazoo County.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff to 6 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 that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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 acknowledged 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](http://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, can 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 acknowledges their 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 acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or 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 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, 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 of 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 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 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:**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION:**

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

*Cassandra Duursma*

08/08/2018

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

08/13/2018

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Dawn N. Timm  
Area Manager

Date