



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 26, 2023

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

RE: Application #: AS390416701
Suji Home 6
321 North Sage Street
Kalamazoo, MI 49006

Dear Frida 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 4 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 black ink that reads "Cathy Cushman".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390416701
Licensee Name:	Suji Home LLC
Licensee Address:	Po Box 20006 Kalamazoo, MI 49019
Licensee Telephone #:	(269) 207-5965
Administrator:	Jackeline Andrews
Licensee Designee:	Frida Boyd
Name of Facility:	Suji Home 6
Facility Address:	321 North Sage Street Kalamazoo, MI 49006
Facility Telephone #:	(269) 217-4092
Application Date:	06/08/2023
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

06/08/2023	On-Line Enrollment
06/16/2023	Application Incomplete Letter Sent 1326a and RI-030
06/21/2023	Contact - Document Received Workforce background information regarding fingerprints.
06/21/2023	Contact - Telephone call received Advised licensee that the information received can't be used for our purposes.
06/21/2023	Contact - Document Sent resent 1326A and RI-030
06/22/2023	Contact - Document Received Received receipt from fingerprints.
07/03/2023	Contact - Telephone call received Spoke with licensee about returning the 1326a and RI-030
07/07/2023	Contact - Document Received Receipts for fingerprints
07/10/2023	Comment sent request to have fingerprints located and added
07/17/2023	Application Incomplete Letter Sent Sent via email to LD
08/02/2023	Contact - Document Received Medical statement (minus TB), bank statements, refund policy, resident rights document, staff job descriptions, permission to inspect, layout without proper room identification, unidentified furnace inspection, staff ratio for another home, program statement, lease for property, discharge policy, personnel policies, budget, organizational chart, admission policy and some training.
08/16/2023	Contact - Document Sent Sent licensee designee updated app incomplete letter based on my review of the documents sent to me on 8/2/23,
08/22/2023	Contact - Document Received Received furnace inspection, electrical inspection, smoke alarm inspection, proposed staffing pattern, Administrator - TB test, Administrator - medical clearance, layout, Administrator -

CPR/1st aid verification, Administrator - required trainings, LD - CPR/1st aid, LD - required trainings.

09/08/2023	Inspection Completed On-site
09/08/2023	Inspection Completed-Env. Health : A
09/11/2023	Inspection Completed-BCAL Sub. Compliance
09/11/2023	Application Complete/On-site Needed
09/15/2023	Corrective Action Plan Received
09/15/2023	Contact - Document Received TB test for licensee.
09/15/2023	Contact - Document Received Received confirmation mats in bathroom are nonslip and fire door self closes in the hallway.
09/22/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is the entire lower level of a ranch style home in a residential neighborhood within the city of Kalamazoo. The facility is an approximate five minute drive to US Highway 131, a 10 minute drive to downtown Kalamazoo or a 20 minute drive to the nearby city of Portage, Michigan. Located within minutes of the facility are a multitude of restaurants, shops, department and grocery stores, salons, and hotels. Due to the facility's location, it utilizes the city of Kalamazoo's public water and sewage system.

The upper level of the ranch is a separate licensed adult foster care facility owned by the licensee designee. The upper-level facility is accessed from the street via the front door or the back staircase.

Suji Home 6's primary entrance is accessed by entering the large parking lot located behind the facility. The facility has two separate front doors, which are side by side that open into a foyer. The door on the left side is wheelchair accessible via a small ramp. From the foyer are two separate areas of the facility. Each area of the facility is accessed by a door from the foyer. Also located within the foyer are two separate staircases that lead to the upper level facility.

The left side of the facility, which is accessed from the foyer through a door, includes a kitchen, bathroom, and two resident bedrooms. The kitchen consists of a stove, oven, sink, refrigerator, and microwave. The bathroom consists of a shower/tub combination, a toilet and a sink. The resident bedroom across from the bathroom also includes a fire door that leads into the facility's furnace room, laundry, and storage. There is also a small storage room, accessible by a door, off the back of the furnace room. The furnace room has a second fire door leading back into the facility's foyer.

The right side of the facility, which is accessed from the foyer through a door, is a dining room, a large living room, a bathroom that is wheelchair accessible, and a resident bedroom. The bathroom consists of a sink, toilet, and stand-up shower. Off the living area on this side of the facility is the second means of egress out of the facility, which is wheelchair accessible via a small ramp. The facility is wheelchair accessible due to having two wheelchair accessible means of egress.

The gas furnace and electric hot water heater are located off the 2nd resident bedroom and the foyer in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with two 1-3/4 inch solid core doors in a fully stopped frame, equipped with an automatic self-closing devices and positive-latching hardware. The applicant submitted documentation confirming the furnace and water heater were inspected on 08/18/2023 and found functioning properly and safely.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The applicant submitted documentation on 08/22/2023 confirming the facility's interconnected smoke detection system and electrical system were operating and functioning in good working condition. Smoke detectors are in each bedroom, in the hallway between bedroom #1 and #2, the furnace room and one in the common space on the facility's right-hand side.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'1" x 9'1"	100 sq ft	1
2	10'8" x 20'11"	223 sq ft	1 or 2
3	10'7" x 11'1"	117 sq ft	1

The living, dining, and sitting room areas measure a total of 288 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's 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 four (4) male or female ambulatory or non-ambulatory adults whose diagnosis is aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, and personal adjustment skills as needed. 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 sources for payment or from local elderly care programs such as Senior Care Partners Program for All-Inclusive Care for the Elderly (PACE) or Area Agency on Aging.

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.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources for recreational activities including local churches, local grocery stores, local restaurants, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Application and Administrator Qualifications

The applicant is Suji Home LLC, which is a "Domestic Limited Liability Company", was established in Michigan, 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.

Frida Boyd is the resident agent and owner of Suji Home LLC, and has appointed herself the licensee designee of the facility and appointed Jackeline Andrews as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Frida Boyd or Jackeline Andrews. Both Ms. Boyd and Ms. Andrews submitted a medical clearance request with statements from a physician documenting their good health and current negative TB tests.

Frida Boyd, the licensee designee, and Ms. Andrew, the Administrator, have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Boyd owns and operates over six adult foster care facilities in several counties for the last six years providing care to the mentally ill, developmentally disabled, physically handicapped, and aged populations. She also has over 14 years of experience as a nurse.

Jackeline Andrews, the identified administrator, has experience as an administrator in many of Ms. Boyd's adult foster care homes. She has also worked in adult foster care homes providing care to the mentally ill, developmentally disabled, physically handicapped, and aged populations for many years.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum of 1 staff to 4 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 not 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) 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 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 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.

D. Rules/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of four residents.

Cathy Cushman

09/22/2023

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

09/26/2023

Dawn N. Timm
Area Manager

Date