



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 24, 2024

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) 284-9730.

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: 02/22/2024

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 4

No. of others interviewed [redacted] 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.
Due to the time of the inspection, a meal was not observed; however, food was observed in the facility.
- 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:

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: Direct care staff, Dolpart Mhina, did not have a Workforce Background Checks (WBC) in her employee file deeming her eligible to work in the facility. Additionally, Charmaine Pamer and Naza Reuben, also did not have WBC clearances in their volunteer files. Despite being identified as volunteers, these individuals were acting in the capacity of direct care staff; therefore, they still need WBC clearances.

The licensee had a WBC eligibility letter in Ms. Mhina's staff file however, her background check was completed for a different facility under the licensee. Even if a licensee has several facilities, each facility must be able to provide an eligibility letter from the WBC that identifies the direct care staff is eligible to work in that specific facility.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

FINDING: Resident A was admitted to the facility on 08/04/2022. The only *Resident Care Agreement* (RCA) available for review in Resident A's file was dated 08/04/2022. Subsequently, Resident A's RCA was not reviewed annually, as required.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: Resident B's and Resident C's last *Health Care Appraisals* (HCA) were completed on 08/18/2022 and 11/22/2022, respectively. Subsequently, their HCA's were not completed annually, as required.

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

FINDING: Resident A's, Resident B's and Resident C's beds were observed with half bed rails; however, none of the residents had half bed rails documented in their *Assessment Plans for AFC Residents* (assessment plan), as required.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

FINDING: Resident A, Resident B, and Resident C all had half bed rails on their beds; however, there were no physician's orders documenting the reason for these assistive devices or the term of the authorizations. Additionally, there was no physician's order available for review for Resident B's, Resident C's, and Resident D's walkers documenting the reason for these assistive devices or the terms of their authorizations, as required.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDING: Resident D's Trulicity medication was being kept unlocked in the facility's refrigerator. I discussed with the licensee about purchasing a small lock box for the refrigerator or a mini fridge that could be kept locked.

IV. RECOMMENDATION

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



02/23/2024

Cathy Cushman
Licensing Consultant

Date