



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 25, 2024

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

RE: License #: AS390416701
Suji Home 6
321 North Sage Street
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 #:	AS390416701
Licensee Name:	Suji Home LLC
Licensee Address:	315 North Sage Street Kalamazoo, MI 49006
Licensee Telephone #:	(269) 207-5965
Licensee Designee:	Frida Boyd
Administrator:	Jackline Andrew
Name of Facility:	Suji Home 6
Facility Address:	321 North Sage Street Kalamazoo, MI 49006
Facility Telephone #:	(269) 217-4092
Original Issuance Date:	09/26/2023
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED

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 1
No. of residents interviewed and/or observed 3
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.
Inspection did not take place during a meal time; 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: Carina Adriana and Sandra Mcfarlane did not have Workforce Background Checks (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 deeming them eligible to work in the capacity as a direct care staff within the facility.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

FINDING: Despite direct care staff, Jodyann Brown, being hired on 11/06/2023, there was no documentation confirming there was a statement signed by a licensed physician (or his or her designee) attesting to Ms. Brown's physical health within 30 days of Ms. Brown's employment, as required.

R 400.14208 **Direct care staff and employee records.**

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

FINDING: The facility's staff schedule did not include hours or shifts worked by staff and volunteers or job titles, 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 A was admitted to the facility on 12/07/2023; however, there was no *Health Care Appraisal (HCA)* that was completed within 90 days prior to Resident A's admission, as required.

R 400.14303 Resident care; licensee responsibilities.

(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

FINDING: Resident B's *Assessment Plan for AFC Residents* (assessment plan) documented she requires the assistance of two staff when transferring and ambulating; however, based on my review of the facility's staff schedule and my interview with the licensee designee there is only one staff working in the facility most days. Subsequently, the licensee is not providing the personal care to Resident B as specified in her 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 and Resident C both had multiple assistive devices such as walkers, wheelchairs, and broda chairs; however, physician's orders were not available for these assistive devices documenting the reason for them or the term of their authorization, as required.

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

FINDING: Upon review of Resident A's and Resident B's *Resident Care Agreements* (RCA) and Resident Funds II forms, the licensee did not update the RCA's prior to accepting more payment for Adult Foster Care services.

Resident A's RCA, dated 12/07/2023, documented she was paying \$1,090 for AFC services; however, the Resident Funds II form documented the licensee accepted \$1,127 for AFC services in February 2024.

Resident B's RCA, dated 12/20/2023, documented she was paying \$1,195.85 for AFC services; however, the Resident Funds II form documented the licensee accepted \$1,212.22 for AFC services in February 2024.

IV. RECOMMENDATION

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



02/25/2024

Cathy Cushman
Licensing Consultant

Date