



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 26, 2025

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

RE: Application #: AS410419083
Suji Home 9
6246 Ivanrest
Byron Center, MI 49315

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419083
Applicant Name:	Suji Home LLC
Applicant Address:	2683 Green Oak Lane Kalamazoo, MI 49004
Applicant Telephone #:	(269) 207-5965
Administrator/Licensee Designee:	Frida Boyd, Designee
Name of Facility:	Suji Home 9
Facility Address:	6246 Ivanrest Byron Center, MI 49315
Facility Telephone #:	(616) 805-5181
Application Date:	12/27/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

09/11/2024	Inspection Completed-Env. Health : B refer to AS410393949
12/04/2024	Inspection Completed-Fire Safety : A refer to AS410393949
12/27/2024	Enrollment
12/27/2024	Application Incomplete Letter Sent
12/27/2024	PSOR on Address Completed
12/27/2024	File Transferred To Field Office
01/06/2025	Application Incomplete Letter Sent
02/01/2025	Application Complete/On-site Needed
02/25/2025	Inspection Completed On-site
02/25/2025	Inspection Completed-BCAL Full Compliance
02/25/2025	Inspection Completed-Fire Safety : A
02/25/2025	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style home located in Byron Center, Mi. The main level of this facility consists of a living room, dining room, kitchen, four resident bedrooms, laundry room, and three full bathrooms. Two of the three bathrooms are adjoined to the resident residents. There is a fireplace in the living room; however, the fireplace will not be used. The lower level of the facility will not be used by residents. The facility is not wheelchair accessible. This facility utilizes private well and septic.

The hot water heater and furnace are located in the basement in separate rooms. The basement and main floor are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational, which was tested upon the inspection on 12/04/2024 and worked properly. There at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'X17'	255	2
2	13'6"X16'3"	219.38	2
3	11'1"X10'10" – 2'5"X6'	105.48	1
4	12'1"X13'6"	174.42	2

Total Capacity: 6

The living and dining room areas measure a total of 666 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.
The facility is not wheelchair accessible.

The landscaping and property are maintained in appropriate condition.

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 **six** male and/or female adults aged 50 years and older (aged), who may be diagnosed with a developmentally disability in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The facility will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

Staff will remain awake during sleeping hours.

C. Applicant and Administrator Qualifications

The applicant is Suji Home LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/01/2017. 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 Frida Boyd as Licensee Designee of the facility.

Frida Boyd is the Licensee Designee and Jackline Andrew is the administrator for this home. Medical and Record Clearance requests for Ms. Boyd and Ms. Andrew were completed with no restrictions noted on either. Their TB-tine results were negative.

Frida Boyd and Jackline Andrew have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is 1-staff- to-6 residents at all times.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Frida Boyd, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers

and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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. Rule/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 (capacity 6).



02/26/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:



02/26/2025

Jerry Hendrick
Area Manager

Date