



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 21, 2025

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

RE: Application #: AS390419018
Suji Home 8
5337 Tamworth St
Portage, MI 49024

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 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390419018
Applicant Name:	Suji Home LLC
Applicant Address:	2683 Green Oak Lane Kalamazoo, MI 49004
Applicant Telephone #:	(269) 207-5965
Licensee Designee:	Frida Boyd
Administrator:	Jackline Andrew
Name of Facility:	Suji Home 8
Facility Address:	5337 Tamworth St Portage, MI 49024
Facility Telephone #:	(269) 207-5965
Application Date:	12/03/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

12/03/2024	Enrollment
12/03/2024	Application Incomplete Letter Sent requested 1326A and updated AFC100
12/03/2024	PSOR on Address Completed
12/03/2024	Contact - Document Sent forms sent
12/27/2024	Contact - Document Received
12/27/2024	File Transferred To Field Office
12/29/2024	Application Incomplete Letter Sent
01/24/2025	Contact - Document Received-Licensee Designee/Administrator Records
02/12/2025	Contact - Document Received-Facility Records
03/18/2025	Contact - Document Received-Inspections
03/18/2025	Application Complete/On-site Needed
03/19/2025	Inspection Completed On-site
03/20/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Suji Home 8 is an updated ranch style home with an unfinished basement located on a cul-de-sac in the city of Portage. The facility sits across from an elementary school and is in walking distance to a church. Residents will occupy the 1st floor of the home only which includes four bedrooms, two full resident bathrooms equipped with a walk-in shower, kitchen, living room and a dining room. The laundry facilities are located in the basement of the home. There are two wheelchair ramps exiting from the 1st floor as well as the remainder of the home can accommodate wheelchair users therefore the home is wheelchair accessible. The home utilizes public water supply and public sewer use.

The gas fired furnace and water heater are located in the basement of the home and the door that leads to the basement at the top of stairs is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The furnace and water heater were inspected on 3/12/2025 and found to be fully operational and in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. The system was inspected on 3/12/2025 and is fully operational. Smoke detectors are located in all resident sleeping areas, the basement, and near all flame- or heat-producing equipment. Fire extinguishers are on the main level and basement of the facility.

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' 2" x 12' 9"	155 sq ft	2
2	9' 11" x 11' 2'	110 sq ft	1
3	11' x 12' 4"	135 sq ft	1
4	12' 3" x 12' 5"	152 sq ft	2

The indoor living and dining areas measure a total of 520 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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/or female residents who are aged and/or diagnosed with a physical handicap and/or developmental disability. The program will include social interaction; training to develop personal hygiene, personal adjustment, and independent living skills. The applicant intends to accept referrals from the PACE program and residents with private sources for payment.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Suji Home, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 1/01/2017. 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 L.L.C. have submitted documentation appointing Frida Boyd as licensee designee for this facility and Jackline Andrew as the administrator of the facility. Criminal history background checks of Frida Boyd and Jackline Andrew were completed, and they were determined to be of good moral character to provide licensed adult foster care. Frida Boyd and Jackline Andrew submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Frida Boyd and Jackline Andrew have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Frida Boyd and Jackline Andrew have worked in AFC homes that provided care to individuals who are aged, physically handicapped, or developmentally disabled populations for many years. Frida Boyd has also been employed for over four years at a local nursing home with the aged population and operates other successful adult foster care homes in the surrounding areas. Jackline Andrew has experience as the administrator in other successful adult foster care homes in the surrounding areas.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

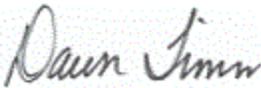
I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of six residents.



Ondrea Johnson
Licensing Consultant

3/20/2025
Date

Approved By:



03/21/2025

Dawn N. Timm
Area Manager

Date