



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 18, 2025

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

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

Dear Ms. 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410419083

**Licensee Name:** Suji Home LLC

**Licensee Address:** 2683 Green Oak Lane  
Kalamazoo, MI 49004

**Licensee Telephone #:** (269) 207-5965

**Licensee/Licensee Designee:** Frida Boyd, Designee

**Administrator:** Jackline Andrew

**Name of Facility:** Suji Home 9

**Facility Address:** 6246 Ivanrest  
Byron Center, MI 49315

**Facility Telephone #:** (616) 805-5181

**Original Issuance Date:** 03/01/2025

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/15/2025

Date of Bureau of Fire Services Inspection if applicable: 08/15/2025

Date of Health Authority Inspection if applicable: 06/16/2025

No. of staff interviewed and/or observed 3

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. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**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.**

*Findings: On 08/15/2025 I completed a scheduled onsite renewal inspection at the facility. While reviewing Resident A's files, I observed that Resident A's Health Care Appraisal has not been completed.*

*Exit Conference: On 08/15/2025 I completed an exit conference via telephone with licensee designee Frida Boyd. Ms. Boyd did not dispute the finding and stated that she would submit an acceptable Corrective Action Plan.*

**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.**

*Findings: I observed Resident B's MAR indicated that Resident B did not receive her daily dose of prescribed, Melatonin TAB 5M, from 08/01/2025 until 08/14/2025 because the facility ran out of the medication. Staff Dana Justice stated that the facility failed to administer the medication because the facility "ran out" of the medication and no medical staff was alerted of the medication errors.*

*Exit Conference: Licensee designee Frida Boyd did not dispute the finding and agreed to submit an acceptable Corrective Action Plan.*

**R 400.14312**

**Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.**

*Findings: I observed Resident B's MAR indicated that Resident B did not receive her daily dose of prescribed, Melatonin TAB 5M, from 08/01/2025 until 08/14/2025 because the facility ran out of the medication. Staff Dana Justice stated that the facility failed to administer the medication because the facility "ran out" of the medication and no medical staff was alerted of the medication error.*

*Exit Conference: Licensee designee Frida Boyd did not dispute the finding and agreed to submit an acceptable Corrective Action Plan.*

**R 400.14318**

**Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

*Findings: During the onsite inspection I observed that facility staff had only completed one fire safety drill from April 2025 until June 2025. The facility completed one fire safety drill on 06/17/2025 at 11:25 AM and did not complete drills during evening and sleeping hours.*

*Exit Conference: Licensee designee Frida Boyd did not dispute the finding and agreed to submit an acceptable Corrective Action Plan.*

#### **IV. RECOMMENDATION**

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



08/18/2025

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Toya Zylstra  
Licensing Consultant

Date