



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 18, 2026

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) 335-5985.

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**

<b>License #:</b>	AS390416701
<b>Licensee Name:</b>	Suji Home LLC
<b>Licensee Address:</b>	2683 Green Oak Lane Kalamazoo, MI 49004
<b>Licensee Telephone #:</b>	(269) 207-5965
<b>Licensee Designee:</b>	Frida Boyd
<b>Administrator:</b>	Jackline Andrew
<b>Name of Facility:</b>	Suji Home 6
<b>Facility Address:</b>	321 North Sage Street Kalamazoo, MI 49006
<b>Facility Telephone #:</b>	(269) 217-4092
<b>Original Issuance Date:</b>	09/26/2023
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 02/17/2026

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.
- 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:

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**

**FINDING:** Documentation reviewed for direct care staff CPR training did not include verification of a hands on demonstration.

**R 400.639                      Staff records.**

**(1) A licensee shall maintain a record for each staff that contains all of the following:**

**(e) Verification of experience, highest level of education completed, and training.**

**FINDING:** There was no verification of highest level of education completed in direct care staff files.

**R 400.647                      Safety and maintenance of premises.**

**(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.**

**FINDING:** A kitchen light was observed flickering, resulting in inconsistent light in the dining/kitchen area.

#### IV. RECOMMENDATION

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



02/18/2026

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Cathy Cushman  
Licensing Consultant

Date