GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2021

Simabarashe Chiduma
Open Arms Link
#107A
4700 S. Hagadorn Rd
East Lansing, MI 48823

RE: License #: AS230396225
Investigation #: 2021A0582030
Carlisle

Dear Mr. Chiduma:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS230396225
Investigation #:	2021A0582030
Complaint Receipt Date:	04/29/2021
Investigation Initiation Date:	05/03/2021
Report Due Date:	06/28/2021
Licensee Name:	Open Arms Link
Licensee Address:	329 Crest Street Lansing, MI 48910
Licensee Telephone #:	(517) 455-8300
Administrator:	Mascline Chiduma
Licensee Designee:	Simabarashe Chiduma
Name of Facility:	Carlisle
Facility Address:	1369 Carlisle Charlotte, MI 48813
Facility Telephone #:	(517) 543-0261
Original Issuance Date:	11/20/2018
License Status:	REGULAR
Effective Date:	05/20/2021
Expiration Date:	05/19/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATIONS

	Violation Established?
Although the facility has two residents that require two-person assists and transfers, the home is staffed with only one Direct Care Worker (DCW) at times.	Yes
The *Medication Administration Records* (MARs) were not initialed appropriately to indicate that medication had been passed.	No
The *AFC-Resident Care Agreement* for Resident A had a forged signature for Guardian A1.	No

III. METHODOLOGY

04/29/2021	Special Investigation Intake 2021A0582030
05/03/2021	Special Investigation Initiated - Telephone With Complainant
05/04/2021	Inspection Completed On-site
05/04/2021	Contact - Document Received Email from Kerri Wheeler
05/26/2021	Contact - Telephone call made With Direct Care Worker DCW Nicole Haley
05/27/2021	Contact - Telephone call made With DCW Tyler Gray
06/10/2021	Contact - Telephone call made With DCW Noxy Khaka
06/10/2021	Contact - Telephone call made With DCW Dean Khaka
06/11/2021	Contact - Telephone call made With Home Manager Darius Abbott
06/11/2021	Contact - Telephone call made With Kerri Wheeler, Operations Manager

06/11/2021	Inspection Completed-BCAL Sub. Compliance
06/11/2021	Exit Conference With Simabarashe Chiduma, Licensee Designee
06/11/2021	Corrective Action Plan Requested and Due on 06/27/2021

ALLEGATION:

Although the facility has two residents that require two-person assists and transfers, the home is staffed with only one Direct Care Worker (DCW) at times.

INVESTIGATION:

I received this complaint on 04/29/2021 and contacted Complainant on 05/03/2021. Complainant stated that there are two residents, Resident A and Resident B, that require a two-person assistance. Complainant stated that there was a third resident that required two-person assistance, but he is no longer at the home. Complainant stated that in December 2020, two new hires, Dean Khaka and Noxy Khaka, began working at the home. Complainant stated Mr. Khaka and Ms. Khaka are related to the owners of the home, Mascline and Simba Chiduma. Complainant stated Manager Kerri Wheeler asked staff to assist Mr. Khaka and Ms. Khaka with rides to and from work when needed. Complainant stated that this was verbally approved by Ms. Wheeler, Mr. Chiduma and Ms. Chiduma. Complainant stated that it was explained to staff that Mr. Khaka and Ms. Khaka live down the street from the home, so it was fine to leave one staff member at the home to give them a ride. Complainant stated that this situation left residents at risk. Complainant stated that there were also staffing problems due to COVID-19, and Ms. Wheeler approved that there would be only one staff member for third shift.

On 05/04/2021 I conducted an unannounced onsite inspection at the facility. I interviewed Kerri Wheeler, Operations Manager. Ms. Wheeler stated that she is currently acting as the home manager. Ms. Wheeler stated that there are five total residents at the home, with two residents requiring two-person assistance. Ms. Wheeler stated those two residents were Resident A and Resident B.

On 05/04/2021 I received and reviewed Resident A's and Resident B's *Assessment Plans for AFC Residents (assessment plan).* Resident A's Assessment Plan documented that he is an electric wheelchair user, requires staff assistance with transfers, toileting, bathing, dressing, and personal hygiene. Resident A's CMH Assessment documented that "[Resident A] receives assistance with most tasks around the house and those involving personal care: bathing, medications,

transferring, dressing, shaving, brushing his teeth, etc. [Resident A] is able to drive his power wheelchair around the house and community once he's transferred to his wheelchair. He's dependent on staff for all transfers as he doesn't bear weight." Resident B's *Assessment Plan* documented that he is full assist for dressing, toileting, bathing, grooming, personal hygiene, non-mobile (wheelchair and hoyer), and non-verbal. Resident B's CMH Assessment documented that "he does not speak or walk. He uses a manual wheelchair for mobility. He's dependent on staff for all tasks related to personal care and community living supports. He needs help transferring between all positions, bed, shower chair, wheelchair, and recliner. He also uses either a mechanical hoyer lift or using two staff to help him transfer."

I received and reviewed the staff schedule for the home. In the email, Ms. Wheeler documented:

> "Please note from January 6th-12th 2021 there was only one third shift staff at the home. I had approximately six (corrected to nine in another message) positive staff members along with all of the residents positive for COVID. We did not have any additional staff to bring into the home without cross contaminating other homes. I reached out to CMH for assistance and they were unable to provide us with staff. I even asked the hospital if they could keep the residents to quarantine. Staffing agencies were not coming into the home because of the positive COVID cases. I was instructed that I should run my home 12 hours on 12 hours off with just two staff. CMH said that is what they had to do at their homes because they were in the same situation as we were. At that point we determined the safest thing to do would be to run with one 3rd shift staff during the residents sleeping hours. Unfortunately, we had no other option. The owner of Open Arms was even hospitalized with COVID during that time."

On 05/26/2021 I interviewed DCW Nicole Haley. Ms. Haley stated that she no longer works at the facility as of last Tuesday, 5/18/21. Ms. Haley stated that there are two residents that require a two-person assistance; Resident A and Resident B. Ms. Haley stated that she worked alone numerous times while a staff member went to pick up Mr. Khaka and Ms. Khaka. Ms. Haley stated that she would be alone 10-15 minutes at a time. Ms. Haley stated that there is also a new resident that possibly needs two people to assist, as she is unsteady with a lot of health problems.

On 05/27/2021 I interviewed former Direct Care Worker Tyler Gray. Mr. Gray stated that he quit working at the home in April 2021. Mr. Gray stated that he had previously quit and returned working with the company and was a home manager at one point. Mr. Gray stated that he has worked alone at the home while Resident A and Resident B required two-person assistance with personal care tasks.

On 06/10/2021 I interviewed DCW Noxy Khaka, who stated that she no longer works at the home as of last Friday. Ms. Khaka stated that she began working at the home in December 2020 and never worked alone. Ms. Khaka stated that there were instances in which staff members would pick her up and drop her off from work, but

this was usually with the person with whom she was working the shift. Ms. Khaka stated that she lived about a five-minute walk from the home.

On 06/10/2021 I interviewed Dean Khaka. Mr. Khaka stated that he has worked alone on night shift on two occasions. Mr. Khaka stated that he lives down the street from the home, and at times the staff member that he works with will pick him up for his shift. Mr. Khaka stated that on other occasions he will walk down the street to the home if the person he works with is already working.

On 06/11/2021 I interviewed Darius Abbott, current home manager. Mr. Abbott stated that there were instances around January and February 2021 in which there was only one staff person working. Mr. Abbott stated that this usually occurred on third shift. Mr. Abbott stated that most of the employees contracted COVID-19 earlier this year, which caused a staff shortage.

On 06/11/2021 I interviewed Kerri Wheeler, Operations Manager. Ms. Wheeler stated that there were times that it was only one direct care worker on shift at the facility. Ms. Wheeler stated that the entire staff had been depleted due to COVID-19. Ms. Wheeler stated that they reach out to CMH for support but did not receive it. Yes, there were times when one person. Ms. Wheeler stated that Resident A and Resident B are two person transfers and can also be transferred by hoyer lift.

APPLICABLE RULE	
R 400.14206	**Staffing requirements.**
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on interviews with Complainant, Ms. Wheeler, Ms. Haley, Ms. Gray, Ms. Khaka, Mr. Khaka, and Mr. Abbott, there were occasions in which the home was staffed with one direct care worker. Those interviewed reported Resident A and Resident B require two-person assistance, as indicated in Resident B's *Assessment Plans* and via interview with direct care staff members for Resident A. Ms. Wheeler stated the home was short staffed due to many of the staff member contracting COVID-19 in January 2021. Therefore, the home did not have adequate staffing during those times to provide supervision, care and protection for Resident A and Resident B.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

The *Medication Administration Records* (MARs) were not initialed appropriately to indicate that medication had been passed.

INVESTIGATION:

I received this complaint on 04/29/2021 and contacted Complainant on 05/03/2021. Complainant stated there were a lot of "holes" in the MARs that were not initialed. Complainant stated Ms. Wheeler asked staff to ensure that there were no missing initials on the MARs as the home prepared for a renewal inspection.

On 05/04/2021 I conducted an unannounced, onsite investigation at the facility. I reviewed the April 2021 MARs for all residents, which were all initialed to indicate the medications were passed as prescribed.

On 06/11/2021 I interviewed Ms. Wheeler, who stated that she tells staff to ensure that the MAR is properly documented on their shift. Ms. Wheeler stated that she has never told anyone other than the person assigned to the shift to fill in initials that were specific to the direct care staff member who passed medications.

APPLICABLE RULE	
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: **(b) Complete an individual medication log that contains all of the following information:** **(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**
ANALYSIS:	Based on my review of all resident MARs for April 2021, all MARs were in compliance with initials to indicate medications had been administered as prescribed.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The *AFC-Resident Care Agreement* for Resident A had a forged signature for Guardian A1.

INVESTIGATION:

I received this complaint on 04/29/2021 and contacted Complainant on 05/03/2021. Complainant stated that Guardian A1 had not signed the *Resident Care Agreement* as the home was preparing for the renewal inspection. Complainant stated that Kerri Wheeler commented she would not be able to get the *Resident Care Agreement* signed before the inspection. Complainant stated that the document was later signed, but not by Guardian A1.

On 05/04/2021 I conducted an unannounced, onsite inspection at the facility. I reviewed the Resident Care Agreement for Resident A, which had a signature for Guardian A1 and dated 04/24/2021.

On 06/10/2021 I interviewed Guardian A1. I emailed Guardian A1 the *Resident Care Agreement* and Admission/Discharge Policy that was signed for Resident A. Guardian A confirmed that it was her signature on the forms. Guardian A1 stated that she did not agree to one section on the form which documented that "I agree to have the licensee manage funds and account for financial transactions on my behalf. Expenditures of my personal funds over the amount of $100 require my prior written approval." Guardian A1 stated that she agreed to $50, not $100.

On 06/11/2021 I interviewed Ms. Wheeler. Ms. Wheeler denied falsifying any documents.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.
ANALYSIS:	Based on my review of the *Resident Care Agreement* for Resident A and interview with Guardian A1 and Ms. Wheeler, Guardian A1 confirmed that she signed the *Resident Care Agreement* as the designated representative for Resident A. Therefore, Guardian A1's signature was not forged.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend no change in the license status.

06/11/2021

Derrick Britton Date
Licensing Consultant

Approved By:

06/16/2021

Dawn Timm Date
Area Manager