



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2021

Simbarashe Chiduma
Open Arms Link
Suite 130
8161 Executive Court
Lansing, MI 48917

RE: Application #: AM190409578
**Open Arms Stoll
Ste 130
3285 W Stoll Rd
Lansing, MI 48906**

Dear Mr. Chiduma:

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 9 and a special certification are 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 "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM190409578

Applicant Name: Open Arms Link

Applicant Address: Suite 130
8161 Executive Court
Lansing, MI 48917

Applicant Telephone #: (517) 455-8300

Licensee Designee: Simbarashe Chiduma

Administrator: Mascline Chiduma

Name of Facility: Open Arms Stoll

Facility Address: Ste 130
3285 W Stoll Rd
Lansing, MI 48906

Facility Telephone #: (517) 455-8300

Application Date: 7/21/2021

Capacity: 9

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Special Certification: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

10/23/2020	Inspection Completed-Fire Safety: A Change in ownership, see license number AM190251841
02/02/2021	Inspection Completed-Env. Health: A Change in ownership, see license number AM190251841
07/21/2021	Application Received Original
07/21/2021	Fee Received Original
07/21/2021	Enrollment
07/23/2021	Application Incomplete Letter Sent - 1326 (signed) and RI030 for Simbarashe
07/23/2021	Inspection Report Requested - Fire
07/23/2021	Contact - Document Sent - 1326 & RI030, Fire Safety String
07/26/2021	Contact - Document Received - 1326
08/02/2021	File Transferred to Field Office - Lansing
08/05/2021	Application Incomplete Letter Sent
08/06/2021	Contact - Document Received – Received admission/discharge policy, budget, zoning approval, floor plans, lease, negative TB test for admin and LD, organizational chart, program statement, admin and LD training and competencies
08/06/2021	Contact - Document Received – Received an updated admission and discharge policy, contract, appointment of designated person to carry out responsibilities if Simba and Mascline are not available, permission to inspect the property from CMH, staffing pattern, standard/routine procedures, job descriptions
08/13/2021	Contact - Document Received – Special Certification application and supporting documentation
08/13/2021	Inspection Completed On-site
08/13/2021	Inspection Completed-BCAL Full Compliance
08/13/2021	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story ranch home located in a rural area of Lansing, Michigan. The facility has easy access to a major highway leading to the large hospitals, shopping centers, and other amenities located in the greater Lansing and East Lansing areas. The facility has nine resident bedrooms, two full resident bathrooms, one half-bathroom, a living room, dining area, kitchen, two offices, and attached two car garage. The facility has adequate parking for staff members and visitors. The facility is wheelchair accessible with four separate means of egress located at grade. Bedroom and bathroom doorways are of sufficient width to accommodate wheelchairs and walkers. The facility utilizes a private water supply and a public sewage disposal system. The Mid-Michigan District Health Department conducted an inspection on 02/21/2021 and determined that the facility was compliant with all applicable environmental health rules.

The gas furnace and hot water heater are located in the basement. Floor separation is achieved with a metal 20 minute fire rated door with an automatic self-closing device and positive latching hardware located between the basement and the main floor of the facility.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Heat detectors are located in the kitchen and furnace room. Smoke detectors are located near the sleeping areas and near all flame or heat producing equipment. The facility is fully sprinkled. The facility was inspected by Bureau of Fire Services and given full approval on 10/23/2020.

Resident bedrooms and living space were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	15' 3" X 10' 7"	161	One
Two	15' 3" X 10' 7"	161	One
Three	15' 3" X 10' 7"	161	One
Four	15' 3" X 10' 7"	161	One
Five	15' 3" X 10' 7"	161	One
Six	15' 3" X 10' 7"	161	One
Seven	15' 3" X 10' 7"	161	One
Eight	15' 3" X 10' 7"	161	One
Nine	11' 8" X 8' 3"	96	One
Living area	20' 9" X 11' 15"	240	
Dining room	21' 1" X 11' 4"	239	

The indoor living and dining areas measure a total of 579 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate nine residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care for nine (9) male or female residents. The facility will accept residents who are both physically and mentally challenged, developmentally disabled, and medically manageable mentally ill adults, aged adults, or adults who have a physical handicap. Residents admitted to the facility may be expressively non-verbal, require a special diet, require assistance with behavioral challenges such as physical aggression, property destruction and elopement, require assistance from two staff members for transfer and mobility needs, and residents who need assistance with range of motion, bathing, dressing, hygiene, grooming, oral care, eating, and all other activities of daily living. The staff members at the facility are employed and trained to prepare and serve meals to residents with special diets, to provide personal care, guidance, assistance with conflict resolution, positive structure, and supervision to ensure safety and support tranquility. The facility will provide the residents with the opportunity to participate in social and recreational activities in the home as well as at least one outing/activity in the community weekly. Facility staff members will provide transportation to and participate in residents' medical appointments. The applicant intends to accept referrals from Community Mental Health and Tri-County Office on Aging.

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 library, local museums, parks, shopping centers, churches, YMCA, restaurants, volunteer opportunities at the Humane Society, and resources such as Michigan State University. 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 Open Arms Link, which is a "Non-Profit Corporation", established in Michigan on 06/20/2016. 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 Open Arms Link have submitted documentation appointing Simbarashe Chiduma as licensee designee for this facility and Mascline Chiduma as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health dated 08/06/2021 and current negative tuberculosis test results dated 04/16/2021.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Chiduma, the licensee designee provided documentation that he has approximately eighteen years of experience working with developmentally disabled, mentally ill, aged, and physically handicapped adults. Mr. Chiduma has worked as a direct care staff member at adult foster care facilities where he provided hands-on assistance to residents who required assistance with bathing, hygiene, grooming, dressing, and oral care. Mr. Chiduma stated he also prepared food in accordance with residents' special dietary needs and worked directly with residents who had a diagnosis of dementia. Mr. Chiduma has completed training through CEI Community Mental Health program, Baker College, and Central Michigan University. Mr. Chiduma completed CPR and First Aid training through the American Red Cross. Mrs. Chiduma, the administrator, submitted documentation that she has approximately eighteen years of experience working with developmentally disabled, mentally ill, aged, and physically handicapped adults. Mrs. Chiduma has worked as a direct care staff member at adult foster care facilities where she provided hands-on assistance to residents who required assistance with bathing, hygiene, grooming, dressing, and oral care, and eating. Mrs. Chiduma stated she has experience using a Hoyer lift, preparing special diets, and accommodating residents who require tube feeding. Mascline Chiduma provided documentation that she completed training through CEI Community Mental Health program and has a bachelor's degree from The University of South Africa in sociology and languages. Mrs. Chiduma completed CPR and First Aid training through the American Red Cross. Mr. Chiduma has been the licensee designee for five additional licensed adult foster care facilities since 9/15/2014 and has successfully ensured the facilities are compliant with licensing rules for adult foster care small group homes. Mrs. Chiduma has been the administrator for five additional licensed adult foster care facilities since 9/15/2014 and has successfully managed the responsibility for the daily operation and management of the adult foster care small group homes. Mr. Chiduma shared that the licensee Open Arms Link was the recipient of an award for outstanding care from CEI Community Mental Health when Open Arms Link was named 2017 provider of the year.

The staffing pattern for this nine-bed facility is adequate and includes a minimum of two staff members for nine residents per shift. Mr. Chiduma acknowledged that the staff to resident ratio may need to be decreased 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. Mr. Chiduma 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 resident 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 family home with a capacity of 9 residents.



08/16/2021

Leslie Herrguth
Licensing Consultant

Date

Approved By:



08/25/2021

Dawn N. Timm
Area Manager

Date