



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 29, 2022

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

RE: License #: AS330387411
Investigation #: 2022A0577030
Open Arms Crest Home

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330387411
Investigation #:	2022A0577030
Complaint Receipt Date:	03/28/2022
Investigation Initiation Date:	03/29/2022
Report Due Date:	05/27/2022
Licensee Name:	Open Arms Link
Licensee Address:	Suite 130 8161 Executive Court Lansing, MI 48917
Licensee Telephone #:	(517) 455-8300
Administrator:	Masculine Chiduma
Licensee Designee:	Simbarashe Chiduma
Name of Facility:	Open Arms Crest Home
Facility Address:	329 Crest Street Lansing, MI 48910
Facility Telephone #:	(517) 455-8300
Original Issuance Date:	06/01/2017
License Status:	REGULAR
Effective Date:	12/01/2021
Expiration Date:	11/30/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Direct care staff are not being properly trained. Specifically, Sifa James was an intern at the facility and was left to provide care to the residents without training.	Yes
There have been numerous medications errors that are not being reported, specifically a resident took other residents' medications due to the medication cabinet being left unlocked	Yes
Fire drills were not completed as documented and then fire drill logs were falsified to prevent citation.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/28/2022	Special Investigation Intake 2022A0577030
03/29/2022	Special Investigation Initiated - Telephone Interviewed the Complainant.
03/29/2022	APS Referral- Complainant contact APS.
03/29/2022	Referral - Recipient Rights to Greg Fox, ORR CEI.
04/08/2022	Inspection Completed On-site
04/08/2022	Inspection Completed-BCAL Sub. Compliance
04/08/2022	Exit Conference with Simbarashe Chiduma, LD.
04/18/2022	Contact-Telephone call made- Interviews with staff.
04/18/2022	Contact-Document Sent to Kimberly Solgat, HR Asst. Mgr.

ALLEGATION: Direct care staff are not being properly trained. Specifically, Sifa James was an intern at the facility and was left to provide care to the residents without training.

INVESTIGATION:

On March 28, 2022, a complaint was received with allegations of Sifa James being hired as an intern but has been working as a direct care staff. The complaint also alleged other direct care staff members were not properly trained.

On March 29, 2022, I interviewed Complainant who reported Sifa James, Noxolo Khaka and Panashe Chiduma are working as direct care staff but have not been trained as direct care staff members. Complainant reported Sifa James was interning at the facility and the home manager needed to go to the doctor so Ms. James was left at the facility by herself to provide care to the residents. Complainant provided a copy of the staff schedule for March 12- April 01, 2022 and the staff schedule documented the following information:

- Sifa James scheduled to work on March 12, 21,22, 23, 24, and 25, 2022.
- Panashe Chiduma scheduled to work on March 12, 14, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 28, 30, and April 01, 2022.
- Noxolo Khaka scheduled to work on March 14 28, and April 4, 11, 2022.

On April 08, 2022, I completed an unannounced onsite investigation and interviewed direct care staff (DCS) Lorie Dinger who acknowledged Sifa James, Noxola Khaka and Panashe Chiduma are all currently on the staff schedule to work as direct care staff members. Ms. Dinger reported Sifa James worked on March 11 and 24, 2022 by herself and acknowledged Ms. James, as being an intern at the facility rather than a fully trained direct care staff member. Ms. Dinger reported Ms. Khaka and Ms. Chiduma have both been scheduled to work by themselves at times. Ms. Dinger reported she was not sure if the staff are trained as this was completed and monitored by the main office. Ms. Dinger reported she was provided a direct care staff schedule for who/when direct care staff are working and then manages the daily events of the facility.

On April 08, 2022, I reviewed the employee files of Marie Lumango, Anthony Okwereogu, Janelle Gates, Lorie Dingler, Tandisai Mazhangara, and Noxolo Khaka and found that all direct care staff had been trained in the required areas. Upon reviewing Sifa James employee file, Ms. James had not completed training in First Aid and Cardiopulmonary Resuscitation (CPR). The CPR-First Aid certification for Sifa James could not be provided by licensee designee Simbarashe Chiduma when requested. Ms. James completed training in reporting requirements, personal care, supervision, and protection, Resident rights, Safety and fire prevention, and prevention and containment of communicable diseases on March 31, 2022. Direct care staff member Panashe Chiduma did not have any verification of completed required direct care staff members trainings in her employee file, nor could any be located by the licensee when requested.

On April 18, 2022, I interviewed Kimberly Solgat, Human Resources Assistant Manager who reported Sifa James was hired on January 24, 2022 as a paid intern and her first paycheck was received on February 11, 2022. Ms. Solgat reported Ms. James became a paid care giver around March 21, 2022. Ms. Solgat reported Panashe Chiduma was hired on January 14, 2022, as a direct care staff but Ms. Solgat could not locate Ms. Chiduma’s training records.

On April 18, 2022, I interviewed DCS Sifa James who reported she initially was hired as a paid internship but just recently became a direct care staff. Ms. James reported she did provide direct care and supervision to residents on two separate occasions prior to completing her direct care training on March 31, 2022. Ms. James reported she was not certified in CPR and First Aid.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

ANALYSIS:	<p>During the onsite investigation on April 08, 2022, upon review of Sifa James' employee file it was determined Ms. James was not trained in First Aid and Cardiopulmonary Resuscitation prior to providing care to residents. Direct care staff member Lorie Dingler verified that on March 11 and 24, 2022 Sifa James was left by herself to provide care to residents.</p> <p>According to Panashe Chiduma's employee file, she was hired on January 14, 2022, as a direct care staff but the licensee designee could not provide any record that P. Chiduma completed any of the required direct care staff member trainings prior to providing care to residents.</p> <p>It has been determined the licensee did not ensure direct care staff members Panashe Chiduma or Sifa James, who acted in the capacity of a direct care staff member, were competent to provide care to resident by assuring each had completed all required trainings prior to providing care to residents and working independently.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(3) Any individual, including a volunteer, shall not be considered in determining the ratio of direct care staff to residents unless the individual meets the qualifications of a direct care staff member.
ANALYSIS:	<p>During the onsite investigation, DCS Lorie Dingler reported Sifa James who acted in the capacity of a student intern, was left alone at the facility to provide care to the residents on March 11 and 24, 2022. Kimberly Solgat, Human Resources Assistant Manager, verified Ms. James was initially hired in January of 2022 as a paid intern and then became a paid direct care staff member around March 21, 2022. Ms. James' staff file documented Ms. James completed the required trainings other than CPR-First Aid on March 31, 2022. There was sufficient evidence found that Sifa James, who was a student intern, was considered in determining the ratio of direct care staff to residents on March 11, 2022 and March 24, 2022 even though she did not meet the qualifications of a direct care staff member.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: There have been numerous medications errors that are not being reported, specifically a resident took another resident's medications due to the medication cabinet being left unlocked.

INVESTIGATION:

*Please note there is no administrative rule requiring AFC facilities to report medication errors, therefore this part of the allegation will not be investigated.

On March 28, 2022, the complaint alleged there are many medication errors happening that are not being reported. The complaint reported the medication cabinet was left unlocked and Resident A drank another resident's Citrucel medication.

On March 29, 2022, Complainant reported there were a couple of times the medication cabinet was left unlocked and opened which provided Resident A the opportunity to go into the cabinet and take another resident's Citrucel medication drink. Complainant reported this happened a few months back.

On April 08, 2022, during my onsite investigation I interviewed DCS Lorie Dingler who reported she was not aware of any medication errors recently. Ms. Dingler reported there were two occasions, January 28, 2022 and February 25, 2022, when she came to work and found the medication cabinet unlock and Resident B's Citrucel was missing from the cabinet and found in Resident A's bedroom. Ms. Dingler reported Resident A thinks it is 'Kool aid' and if able, will take the medication into his room with a water bottle and drink the Citrucel. Ms. Dingler reported she completed an Employee Disciplinary Form regarding both incidents and turned them into the office. According to the Citrucel website, Citrucel powder is a fiber therapy drink to assist with bowel irregularity.

On April 08, 2022, I completed a medication audit for the month of March 2022-current of the current six residents in care and found no discrepancies in medications or documentation pertaining to medications errors. I did receive a copy of an *Employee Disciplinary Form* for DCS Anthony Okwereogu completed on March 03, 2022, documenting that on February 25, 2022 Mr. Okwereogu left the medication drawer open on two different days and both of those dates Resident A got into the drawer and took another residents medication, Citrucel powder.

On April 18, 2022, I interviewed DCS Anthony Okwereogu who reported one day, date unknown, Mr. Okwereogu was passing medications at the kitchen table and Resident A was in the living room watching medications being passed. Mr. Okwereogu reported he heard the dryer buzzer so he put the medications back into the cabinet, went downstairs to get the clothes but forgot to lock the medication cabinet. Mr. Okwereogu reported while he was downstairs getting the clothes from the dryer Resident A got into the medication cabinet and took the container of

Citrucel Powder. Mr. Okwereogu reported he found the powder in Resident A's bedroom where Resident A had put it in a water bottle and was drinking it.

APPLICABLE RULE	
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.
ANALYSIS:	It has been determined that on January 28, 2022 and February 25, 2022, the medication cabinet was left unlocked while direct care staff member Anthony Okwereogu was working which allowed Resident A access to the medication cabinet and to Resident B's Citrucel powder. Direct care staff member Anthony Okwereogu admitted to leaving the medication cabinet unlocked and finding Resident A with Resident B's Citrucel powder from the medication cabinet.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	(6) A licensee shall take reasonable precautions that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

ANALYSIS:	Based on the information gathered during the investigation, there was sufficient evidence found to support the allegation that Resident A took Resident B's Citrucel medication due to the medication cabinet being left unlocked. It has been determined reasonable precautions were not taken to prevent resident medications from being used by other residents for whom they were not prescribed. Direct care staff member Anthony Okwereogu admitted to leaving the medication cabinet unlocked and Resident A having accessed the medication cabinet and taking Resident B's Citrucel powder.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Fire drills were not completed and documented of fire drill logs were falsified to prevent citation.

INVESTIGATION:

On March 28, 2022, a complaint was received alleging that administrator Mascline Chiduma had DCS Lorie Dingler falsify missing fire drill records prior to a renewal inspection to prevent rule citations.

On March 29, 2022, Complainant reported DCS Lorie Dingler was hired as a direct care staff and home manager in March 2021 and upon her hire it was found the previous home manager did not document fire drills being completed from previous months. Complainant reported Ms. Dingler was instructed by administrator Mascline Chiduma to complete the fire drill logs for the missing months.

On April 08, 2022, during my onsite investigation I interviewed DCS Lorie Dingler who reported upon her start date in March of 2021 the AFC facility was due for an upcoming AFC renewal inspection. Ms. Dingler stated she was instructed by administrator Mascline Chiduma to complete fire drill logs from November 2020-March 2021. Ms. Dingler reported the previous home manager did not document completed fire drills in the fire drill log during that time frame. Ms. Dingler reported she was advised by Ms. Chiduma to complete the fire drill logs and use Ms. Chiduma's initials of 'MC' on the form as name of person completing the log. Ms. Dingler reported she completed the fire drill logs for November 2020-March 2021 listing the dates and times of evacuation as instructed by Ms. Chiduma.

During my onsite inspection I reviewed and received copied of the fire drill logs from November 2020- March 2021. I noticed all logs were completed in the same handwriting and initialed with 'MC' as person completing the form.

On April 08, 2022, I interviewed administrator Mascline Chiduma who reported the fire drills were completed by the previous home manager, stating, "I know she would

have completed the fire drills; she just did not document the fire drills being completed.” Ms. Chiduma reported she does not remember what exactly happened when DCS Lorie Dingler was hired or the instructions she provided Ms. Dingler regarding completion of the fire drill logs. Ms. Chiduma could not provide specifics regarding how she knew the fire drills had been completed but not documented. Ms. Chiduma reported the logs needed to be completed for the renewal that was due and instructed Ms. Dingler to complete the logs. Ms. Chiduma reported the previous home manager was no longer employed with the company due to lack of follow through on assigned tasks.

APPLICABLE RULE	
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.
ANALYSIS:	Based on interviews with administrator Masline Chiduma and direct care staff member Lorie Dingler, neither individual conducted fire drills with residents during November 2020- March 2021 even though the fire drills were recorded in the fire drill logs as completed under the initials ‘MC’ meaning Masline Chiduma. This record does not reflect an accurate representation of when or if fire drills were actually completed by residents or administrator Masline Chiduma during this time frame as neither staff member who completed the log conducted any fire drill with residents per their statements.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On April 08, 2022, during my onsite investigation I reviewed direct care staff files and found that direct care staff member Noxolo Khaka, who was hired on December 14, 2020, did not have a completed *Michigan Workforce Background Check Consent and Disclosure* form for the fingerprint process nor did she have a completed fingerprint letter in her employee file verifying that Noxolo Khaka was able to work with vulnerable adults in an AFC.

APPLICABLE RULE	
MCL 400.734	<p>400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.</p> <p>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</p>
	<p>(3) An individual who applies for employment either as a employee or as an independent contractor with an adult foster care facility and has received a good faith offer of employment or independent contract from the adult foster care facility shall give written consent at the time of the application for the department of state police to conduct an initial criminal history check under this section. The individual, at the time of initial application, shall provide identification acceptable to the department of the state police.</p> <p>(6) If an adult foster care facility determines it necessary to employ or independently contract with an individual before receiving the results of the individual's criminal history check or criminal history record information required under this section, the adult foster care facility may conditionally employ the individual if all of the following apply:</p> <p>(a) The adult foster care facility requests the criminal history check or criminal history record information required under this section, upon conditionally employing the individual.</p> <p>(b) The individual signs a written statement indicating all of the following:</p> <p>(i) That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) to (g) within the applicable time period prescribed by subsection (1)(a) to (g).</p> <p>(ii) That he or she is not the subject of an order or disposition described in subsection (1)(h).</p> <p>(iii) That he or she has not been the subject of a substantiated finding as described in subsection (1)(i).</p>

	<p>(iv) The individual agrees that, if the information in the criminal history check conducted under this section does not confirm the individual's statement under subparagraphs (i) to (iii), his or her employment will be terminated by the adult foster care facility as required under subsection (1) unless and until the individual can prove that the information is incorrect.</p> <p>(v) That he or she understands the conditions described in subparagraphs (i) to (iv) that result in the termination of his or her employment and that those conditions are good cause for termination.</p> <p>(c) Except as otherwise provided in this subdivision, the adult foster care facility does not permit the individual to have regular direct access to or provide direct services to residents in the adult foster care facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment. If required under this subdivision, the adult foster care facility shall provide on-site supervision of an individual in the facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. An adult foster care facility may permit an individual in the facility on a conditional basis under this subsection to have regular direct access to or provide direct services to residents in the adult foster care facility without supervision if all of the following conditions are met.</p>
ANALYSIS:	<p>Based on the information gathered during the investigation it has been found direct care staff member Noxolo Khaka was hired on December 14, 2020 and upon review of Ms. Khaka's employee file on April 08, 2022 there was no documentation of Ms. Khaka having completed a criminal history check, fingerprints or consent and disclosure form during the hiring process or prior to working independently with vulnerable adults or accessing residents.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, it is recommended that the current status of the license remains unchanged.

Bridget Vermeesch

04/19/2022

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

04/29/2022

Dawn N. Timm
Area Manager

Date