

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 14, 2023

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

RE: License #: AS330387342

Open Arms Bates 820 Bates Street Lansing, MI 48906

Dear Mr. Chiduma:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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) 284-9730.

Sincerely,

Gennifer Browning

Jennifer Browning, Licensing Consultant Bureau of Community and Health Systems Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #: AS330387342

Licensee Name: Open Arms Link

Licensee Address: Suite 130

8161 Executive Court Lansing, MI 48917

Licensee Telephone #: (517) 253-8894

Licensee Designee: Simbarashe Chiduma

Administrator: Mascline Chiduma

Name of Facility: Open Arms Bates

Facility Address: 820 Bates Street

Lansing, MI 48906

Facility Telephone #: (517) 455-8300

Original Issuance Date: 06/06/2017

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	11/14/2	023		
Date	of Bureau of Fire Services Inspection if appl	icable:	Not applicable		
Date	of Health Authority Inspection if applicable:		Not applicable		
No. o	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: M. Chidu	ıma, Adı	1 3 ministrator		
• 1	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.		
• 1	Medication(s) and medication record(s) revie	wed? Y	es 🖂 No 🗌 If no, explain.		
• N	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals. Fire drills reviewed? Yes \boxtimes No \square If no, explain.				
• F	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.		
ľ	E-scores reviewed? (Special Certification On f no, explain. Water temperatures checked? Yes ⊠ No [
• I	ncident report follow-up? Yes ⊠ No ☐ If ı	no, expla	ain.		
	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠		
\	Variances? Yes ⊠ (please explain) No ☐ Variance for rule 315.3 granted on 4/20/20 at software to track and report payments for AF	uthorizin	•		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 4).

Gennifer Browning	11/14/2023_	
Jennifer Browning	Date	
Licensing Consultant		