



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2024

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

RE: Application #: AS330418192
Open Arms Link West Willow Haven
2924 W. Willow Haven
Lansing, MI 48917

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 6 is 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 "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330418192
Applicant Name:	Open Arms Link
Applicant Address:	Suite 130 8161 Executive Court Lansing, MI 48917
Applicant Telephone #:	(517) 253-8894
Licensee Designee:	Simbarashe Chiduma Mascline Chiduma
Administrator:	Simbarashe Chiduma
Name of Facility:	Open Arms Link West Willow Haven
Facility Address:	2924 W. Willow Haven Lansing, MI 48917
Facility Telephone #:	(517) 455-8300
Application Date:	01/22/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/22/2024	Enrollment
01/22/2024	Application Incomplete Letter Sent Requested 1326 & RI030 for Mascline Chiduma and Simbarashe Chiduma
01/23/2024	PSOR on Address Completed
01/23/2024	Inspection Report Requested - Fire
01/23/2024	Contact - Document Sent- fire safety string sent
01/23/2024	Contact - Document Sent- forms sent
02/21/2024	Contact - Document Received- 1326's
02/26/2024	File Transferred To Field Office
03/05/2024	Application Incomplete Letter Sent- Emailed to co-licensee designees.
03/29/2024	Contact - Document Received- Documents received via email from licensee designee, Simbarashe Chiduma.
04/05/2024	Contact - Document Sent- Documents reviewed by licensing consultant. Email correspondence sent to Mr. Chiduma requesting additional information regarding interconnected smoke detection system, electrical inspection, updated program statement, staffing pattern, and personnel policies, CPR certification, copies of diplomas, and BFS update.
04/08/2024	Contact - Document Received- Email received from licensee designee, Simbarashe Chiduma, with requested documents.
04/09/2024	Contact - Document Sent- Documents received and email correspondence sent to LD requesting current CPR for Simbarashe Chiduma, BFS inspection report, electrical inspection report.
04/24/2024	Contact - Document Sent- Received updated application from medium group home to small group home, capacity of 6. Sent email to licensee designee, Simbarashe Chiduma, requesting updated policies to reflect six residents instead of 9 and an updated special certification application.
05/08/2024	Application Complete/On-site Needed

05/08/2024	Inspection Completed On-site
05/08/2024	Inspection Completed-BCAL Sub. Compliance
05/14/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 2924 W. Willow St, Lansing, MI 48917, is in Lansing Township. It is a 7 bedroom 3 ½ bathroom home located adjacent to the St. Joseph Catholic Cemetery. The home is a single-story home with a full basement. The basement is partially finished. The seven bedrooms are all located on the main level of the home, but only six of the bedrooms will be licensed for resident use. The seventh bedroom will remain available for direct care staff use. There are three full bathrooms available on the main level of the home and one half bathroom. The first bathroom is equipped with a standup shower, a single sink vanity and a salon style shampoo sink. The second bathroom is equipped with a bathtub/shower combination enclosed by sliding glass doors, and a double sink vanity. The third bathroom is equipped with a bathtub/shower combination utilizing a privacy curtain and a single sink vanity.

The home has a large, spacious floor plan. Walking in from the front door is a large living room, which spills into an open den area and leads into a spacious dining room. The dining room is adjacent to the kitchen. The kitchen leads to the garage and basement staircase. At the top of the basement staircase is a small laundry room and a half bathroom. The garage has a side garage door equipped with positive latching non-locking against egress hardware to allow for safe egress out of the garage during a power outage. The dining room leads out to the back deck with a set of French doors. The deck is very large and overlooks a private backyard with plenty of grass area for activities. The home is equipped with three means of egress that are equipped with positive latching, non-locking against egress hardware. The front porch and the deck on the back have two approved wheelchair ramps, however the home is not barrier free due to there not being a barrier free capability in any of the three bathrooms for residents in wheelchairs to easily get in and out of the showering areas. The home utilizes public sewer and water systems. There is a wood burning fireplace located in the living room of the facility and in the basement, which the applicant has agreed to not utilize at any point in time for resident safety. Part of the basement utilizes ceiling tiles for the ceiling. These tiles were checked and verified to be Class A fire rated ceiling tiles.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The home also utilizes a boiler system and this is

also located in the basement. The furnace, water heater and boiler have been recently inspected and approved for use. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. This home is equipped with central air conditioning and has a generator installed for emergency use during power outages.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12ft x 11'7ft	139sqft.	1
2	12'10ft x 9'4ft	119.8sqft.	1
4	11'5ft x 12'6ft	142.71sqft.	1
5	11'6ft x 13'4ft	153.33sqft.	1
6	9'11ft x 11'5ft	113.22sqft.	1
7	11'5ft x 11'6ft	131.3sqft.	1
Living Room	18'2ft x 12'4ft	224.05sqft	N/A
Den	12ft x 12'11ft	155sqft.	N/A
Dining Room	23'8ft x 13'8ft	323.46sqft.	N/A

The living, dining, and sitting room areas measure a total of 702.5 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Clinton-Eaton-Ingham County CMH, or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the

responsible agency.

The licensee will provide or arrange all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Open Arms Link, which is a Non-Profit Corporation and was established in Michigan, on 6/20/16. 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 Board of Directors of Open Arms Link have submitted documentation appointing Simbarashe Chiduma & Mascline Chiduma as Co-Licensee Designees for this facility and Mascline Chiduma as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Chiduma and Ms. Chiduma. Mr. Chiduma and Ms. Chiduma submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Chiduma and Ms. Chiduma have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. A review was completed of the qualifications of Mr. Chiduma and Ms. Chiduma as Co-Licensee Designees and Ms. Chiduma as the Administrator of the home. Both, Mr. Chiduma and Ms. Chiduma have prior experience, exceeding five years in operating and maintaining adult foster care facilities in the State of Michigan working with residents with mental illness and developmental disabilities.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours, however if the assessment plans and level of supervision for each resident supports a direct care staff being able to sleep at night, Mr. & Ms. Chiduma acknowledge that they may allow for sleeping staff but will utilize a call button system for their direct care staff and residents to communicate. They further acknowledged that if sleeping direct care staff are ever utilized at the home the direct care staff will be required to round on resident needs at a minimum of every two hours.

The applicant acknowledges 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, can 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 acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

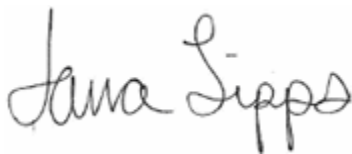
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.



05/16/24

Jana Lipps
Licensing Consultant

Date

Approved By:



05/29/2024

Dawn N. Timm
Area Manager

Date