



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 18, 2025

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

RE: License #: AS330387411  
**Open Arms Crest Home**  
**329 Crest Street**  
**Lansing, MI 48910**

Dear Mr. Chiduma and Ms. Chiduma:

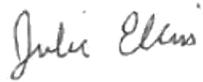
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330387411

**Licensee Name:** Open Arms Link

**Licensee Address:** Suite 130  
8161 Executive Court  
Lansing, MI 48917

**Licensee Telephone #:** (517) 253-8894

**Licensee Designee:** Simbarashe Chiduma and Mascline Chiduma

**Administrator:** Mascline Chiduma

**Name of Facility:** Open Arms Crest Home

**Facility Address:** 329 Crest Street  
Lansing, MI 48910

**Facility Telephone #:** (517) 574-4938

**Original Issuance Date:** 06/01/2017

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 11/17/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: co-licensee/administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain. inspection was not during mealtime.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.611**                      **Required information; fee; posting of license; change of information.**

**(4) An applicant or licensee shall give written notice to the department within 10 business days after a change occurs in information that was previously submitted in or with an application for a license.**

Current live in staff member Aston Madzima has been living/working at the facility since 3/16/2025 and the licensee designee did not submit a BCHS-100 to show a change in household member to the department.

**R 400.655**                      **Bathrooms.**

**(5) At least 1 toilet, 1 bathing fixture, and 1 sink must be provided on each floor that has resident bedrooms.**

The basement bathroom does not contain a shower and there is a resident bedroom in the basement with two residents.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



11/18/2025

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Julie Elkins  
Licensing Consultant

Date