



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 30, 2017

Simabarashe Chiduma  
Open Arms Link  
#107A  
4700 S. Hagadorn Rd  
East Lansing, MI 48823

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

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 and special certification 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

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

enclosure



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

**I. IDENTIFYING INFORMATION**

|                               |  |
|-------------------------------|--|
| <b>License #:</b>             | AS330387411                              |
| <b>Applicant Name:</b>        | Open Arms Link                           |
| <b>Applicant Address:</b>     | 329 Crest Street<br>Lansing, MI 48910    |
| <b>Applicant Telephone #:</b> | (517)455-8300                            |
| <b>Administrator</b>          | Mascline Chiduma                         |
| <b>Licensee Designee:</b>     | Simabarashe Chiduma                      |
| <b>Name of Facility:</b>      | Open Arms Crest Home                     |
| <b>Facility Address:</b>      | 329 Crest Street<br>Lansing, MI 48910    |
| <b>Facility Telephone #:</b>  | (517) 455-8300                           |
| <b>Application Date:</b>      | 03/13/2017                               |
| <b>Capacity:</b>              | 6  |
| <b>Program Type:</b>          | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |



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## II. METHODOLOGY

|            |  |
|------------|--|
| 03/13/2017 | Enrollment<br>Online enrollment                          |
| 03/14/2017 | Contact - Document Sent<br>Rule & Act booklets           |
| 03/14/2017 | Licensing Unit file referred for background check review |
| 03/14/2017 | Application Complete/On-site Needed                      |
| 03/14/2017 | Inspection Completed-BCAL Full Compliance                |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a single-story vinyl siding home located in the city of Lansing in Ingham County. The facility has a paved driveway and a two car garage. The facility has a living room, dining area, three resident bedrooms and one full bathroom on the main floor of the home and a resident bedroom and a half bathroom in the basement level. There are two main exits to the facility. The front entrance is located in the main living area and the back entrance is located off the kitchen/dining area. The facility has a deck off the kitchen which can be accessed for resident use. The facility does not accept residents requiring wheelchairs. The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility. The bedroom located in the basement of the facility has less than half of the room height below grade. There are two approved means of egress, one of which leads directly to the outside, and is accessible in the resident bedroom. Doors which form a part of a required means of egress are equipped with positive-latching, non-locking-against-egress hardware and are not less than 30 inches in width. The facility has public water and sewage.

The furnace, hot water heater and laundry area are in the basement of the home. The heating plant is enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door is made of 1 3/4-inch solid core wood. The door is



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hung in a fully stopped steel frame and is equipped with an automatic self-closing device and positive-latching hardware.

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. There is a smoke detector near the resident bedroom and near the heating plant in the basement. The facility is equipped with a fire extinguisher in the basement.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 11' 3" X 9' 2"  | 104                  | 1                   |
| 2         | 11' 2" X 12'    | 134                  | 2                   |
| 3         | 11' 5" X 9' 2"  | 106                  | 1                   |
| 4         | 21' 7" X 14' 7" | 314                  | 2                   |

The indoor living and dining areas measure a total of 359 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 six 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 six (6) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled, non-violent, non-aggressive and medically manageable mentally ill adults. The facility will provide the residents with the opportunity to participate in social and recreational activities in the home as well as outings and activities in the community. The applicant intends to accept referrals from Community Mental Health.

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(s) to utilize local community resources for recreational activities including the library, local



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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 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 members of Open Arms Link have submitted documentation appointing Simbarashe Chiduma as licensee designee for this facility and Masline 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 and current negative tuberculosis test results.

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 nearly fifteen years of experience working with developmentally disabled, mentally ill, and aged adults. 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 nearly fifteen years of experience working with developmentally disabled, mentally ill, and aged adults. Masline Chiduma provided documentation that she completed training through CEI Community Mental Health program. Mrs. Chiduma completed CPR and First Aid training through the American Red Cross.

The staffing pattern for this six bed facility is adequate and includes a minimum of two staff members for six 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.



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The applicant(s) 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(s) acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant(s) 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(s) *or 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 (s) 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 (s) 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(s)



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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 of the resident's 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.



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**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).

05/16/17

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Leslie Barner  
Licensing Consultant

Date

Approved By:

05/30/2017

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Dawn N. Timm  
Area Manager

Date