



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 3, 2019

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

RE: License #: AM190396226
Boichot
14120 Boichot Road
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) 284-9720.

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

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

I. IDENTIFYING INFORMATION

License #: AM190396226

Licensee Name: Open Arms Link

Licensee Address: 329 Crest Street
Lansing, MI 48910

Licensee Telephone #: (517) 455-8300

Licensee/Licensee Designee: Simbarashe Chiduma

Administrator: Mascline Chiduma

Name of Facility: Boichot

Facility Address: 14120 Boichot Road
Lansing, MI 48906

Facility Telephone #: (517) 455-8300

Original Issuance Date: 11/20/2018

Capacity: 8

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/03/2019

Date of Bureau of Fire Services Inspection if applicable: 10/20/2018

Date of Health Authority Inspection if applicable: 10/19/2018

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed
No. of residents interviewed and/or observed
No. of others interviewed Role:

- 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 did not occur at meal time. Food appeared safe and free from spoilage, food appeared free from contamination, food service equipment and utensils appeared in good repair, and the facility is equipped to prepare and observe adequate meals.
- 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

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification.



5/3/19

Leslie Barner
Licensing Consultant

Date