



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 20, 2018

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

RE: Application #: AM190396226
Boichot
14120 Boichot Road
Lansing, MI 48906

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 8 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

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

I. IDENTIFYING INFORMATION

License #:	AM190396226
Applicant Name:	Open Arms Link
Applicant Address:	329 Crest Street Lansing, MI 48910
Applicant Telephone #:	(517) 203-5807
Licensee Designee:	Simbarashe Chiduma
Administrator:	Masline Chiduma
Name of Facility:	Boichot
Facility Address:	14120 Boichot Road Lansing, MI 48906
Facility Telephone #:	(517) 455-8300
Application Date:	09/06/2018
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/06/2018	Enrollment Online enrollment
09/11/2018	Inspection Report Requested - Health Inv. #1028712
09/11/2018	Contact - Document Sent Rule & Act booklets
09/12/2018	Application Incomplete Letter Sent
10/19/2018	Inspection Completed-Env. Health : A
10/22/2018	Inspection Completed-Fire Safety : A
10/23/2018	Contact - Document Received Received bylaws, articles of incorporation, board of directors list, budget, contact, appointment of licensee designee, zoning approval, appointment of designated person, medical release and TB clearance for admin and licensee designee, organizational chart, standard/routine procedures, financial statement, applicant and administrator training and qualifications, personnel policies, and job descriptions
11/02/2018	Inspection Completed On-site
11/02/2018	Inspection Completed-BCAL Sub. Compliance
11/13/2018	Contact - Document Received Photos of all physical plant corrections required
11/14/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story ranch home located in a rural area of Lansing, Michigan. The facility has easy access to a major highway leading to the large hospitals, shopping centers, and other amenities located in the greater Lansing and East Lansing areas. The facility has four resident bedrooms, two full bathrooms, living room, sitting room, dining area, kitchen, utility room, small office, and attached two car garage. The facility has adequate parking for staff members and visitors. The facility is wheelchair accessible with three separate means of egress located at grade. Bedroom and bathroom doorways are of sufficient width to accommodate wheelchairs and walkers. The facility utilizes a private water supply and a public sewage disposal system. The Mid-Michigan District Health Department conducted an inspection on 10/19/18 and determined that the facility was complaint with all applicable rules.

The gas furnace and hot water heater are located in a separate room in the garage. The room is constructed of drywall and the door is a metal 20 minute fire rated door 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. Heat detectors are located in the kitchen and furnace room. Smoke detectors are located near the sleeping areas and near all flame or heat producing equipment. The facility is fully sprinkled. The facility was inspected by Bureau of Fire Services and given full approval on 10/22/18.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	14' 8" X 11' 0"	161	Two
Two	14' 8" X 11' 0"	161	Two
Three	14' 8" X 11' 0"	161	Two
Four	14' 8" X 11' 0"	161	Two
Living area	21' 3" X 12' 6"	266	
Sitting room	14' 7" X 11' 0"	160	
Dining room	15' 6" X 13' 8"	212	

The indoor living and dining areas measure a total of 638 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 eight 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 eight (8) male or female residents. The facility will accept residents who are both physically and mentally challenged, developmentally disabled, and medically manageable mentally ill adults, aged adults, or adults who have a physical handicap. Residents admitted to the facility may be expressively non-verbal, require a special diet, require assistance with behavioral challenges such as physical aggression, property destruction and elopement, require assistance from two staff members for transfer and mobility needs, and residents who need assistance with range of motion, bathing, dressing, hygiene, grooming, oral care, eating, and all other activities of daily living. The staff members at the facility are employed and trained to prepare and serve meals to residents with special diets, to provide personal care, guidance, assistance with conflict resolution, positive structure and supervision to ensure safety and support tranquility. The facility will provide the residents with the opportunity to participate in social and recreational activities in the home as well as at least two outings and activities in the community weekly. Facility staff members will provide transportation to and participate in residents' medical appointments. The applicant intends to accept referrals from Community Mental Health and Tri-County Office on Aging. The applicant has applied for a special certification for residents with developmental disabilities and mental illness.

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 to utilize local community resources for recreational activities including the library, local 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, Inc., 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 Mascline 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. Mr. Chiduma provided a statement signed by a licensed physician attesting to the physician's knowledge of his physical health dated 9/18/18. Mr. Chiduma provided written evidence that he tested negative for communicable tuberculosis on 9/18/18. Mrs. Chiduma provided a statement signed by a licensed physician attesting to the physician's knowledge of her physical health dated 9/18/18. Mrs. Chiduma provided written evidence that she tested negative for communicable tuberculosis on 9/18/18.

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 approximately fifteen years of experience working with developmentally disabled, mentally ill, aged, and physically handicapped adults. Mr. Chiduma has worked as a direct care staff member at adult foster care facilities where he provided hands-on assistance to residents who required assistance with bathing, hygiene, grooming, dressing, and oral care. Mr. Chiduma stated he also prepared food in accordance with residents' special dietary needs and worked directly with residents who had a diagnosis of dementia. 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 approximately fifteen years of experience working with developmentally disabled, mentally ill, aged, and physically handicapped adults. Mrs. Chiduma has worked as a direct care staff member at adult foster care facilities where she provided hands-on assistance to residents who required assistance with bathing, hygiene, grooming, dressing, and oral care, and eating. Mrs. Chiduma stated she has experience using a Hoyer lift, preparing special diets, and accommodating residents who require tube feeding. Mascline 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. Mr. Chiduma has been the licensee designee for three additional licensed adult foster care facilities since 9/15/14 and has successfully ensured the facilities are complaint with licensing rules for adult foster care small group homes. Mrs. Chiduma has been the administrator for three additional licensed adult foster care facilities since 9/15/14 and has successfully managed the responsibility for the daily operation and management of the adult foster care small group homes. Mr. Chiduma shared that the licensee Open Arms Link, Inc. was the recipient of an award for outstanding care from CEI Community Mental Health when Open Arms Link, Inc. was named 2017 provider of the year.

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

The applicant 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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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) and the related documents required to demonstrate compliance.

The applicant 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 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 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 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) 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

IV. RECOMMENDATION

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



11/14/18

Leslie Barner
Licensing Consultant

Date

Approved By:



11/20/2018

Dawn N. Timm
Area Manager

Date