



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 30, 2021

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

RE: License #: AS230396225
Carlisle
1369 Carlisle
Charlotte, MI 48813

Dear Mr. 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 and special certification 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) 284-9730.

Sincerely,

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

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

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

I. IDENTIFYING INFORMATION

License #:	AS230396225
Licensee Name:	Open Arms Link
Licensee Address:	329 Crest Street Lansing, MI 48910
Licensee Telephone #:	(517) 455-8300
Licensee Designee:	Simbarashe Chiduma
Administrator:	Mascline Chiduma
Name of Facility:	Carlisle
Facility Address:	1369 Carlisle Charlotte, MI 48813
Facility Telephone #:	(517) 543-0261
Original Issuance Date:	11/20/2018
Capacity:	6
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): 04/29/2021

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 02/22/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: 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.
- 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: 5/15/19 for rules 403 (1), 403 (3), 403 (5), and 511 (2) N/A ☐
- Number of excluded employees followed-up? 3 N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
Variance for rule 315(3) granted on 4/20/21 to authorize use of computer software to track and report residents' payment for adult foster care rather than documenting the payments on Funds Form II.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Three (3) of four (4) employee records reviewed contained documentation that the employees were evaluated by a physician, however the signed statements from the physician were dated several months prior to the employees' hire dates.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The cement throughout the outdoors of the facility was raised, cracked and unlevel. Specifically, I noted the front sidewalk was unlevel, the back patio was raised from the sidewalk, and the sidewalk in the back was raised in three places. The cement needs to be repaired or replaced.

REPEAT VIOLATION from LSR dated 5/2/19 and corrective action plan dated 5/14/19 wherein the licensee stated the cement would be repaired by August 14, 2019.

R 400.14403

Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The carpeting in the activity room had water damage that was covered by a rug. The carpeting needs to be cleaned or replaced.

REPEAT VIOLATION from LSR dated 5/2/19 and corrective action plan dated 5/14/19 wherein the licensee stated the carpeting would be replaced by November 2019.

IV. RECOMMENDATION

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



04/30/21

Leslie Herrguth
Licensing Consultant

Date