



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 26, 2022

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

RE: License #: AM190409578
Investigation #: 2022A1024051
Open Arms Stoll

Dear Mr. Chiduma:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM190409578
Investigation #:	2022A1024051
Complaint Receipt Date:	09/02/2022
Investigation Initiation Date:	09/02/2022
Report Due Date:	11/01/2022
Licensee Name:	Open Arms Link
Licensee Address:	Suite 130 8161 Executive Court Lansing, MI 48917
Licensee Telephone #:	(517) 483-4489
Administrator:	Mascline Chiduma
Licensee Designee:	Simbarashe Chiduma
Name of Facility:	Open Arms Stoll
Facility Address:	Ste 130 3285 W Stoll Rd Lansing, MI 48906
Facility Telephone #:	(517) 455-8300
Original Issuance Date:	08/25/2021
License Status:	REGULAR
Effective Date:	02/25/2022
Expiration Date:	02/24/2024
Capacity:	9
Program Type:	PHYSICALLY HANDICAPPED

	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
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II. ALLEGATION(S)

	Violation Established?
The home refused to take back Resident A who is ready to be discharged from hospital.	No

III. METHODOLOGY

09/02/2022	Special Investigation Intake 2022A1024051
09/02/2022	Special Investigation Initiated – Telephone with operational manager Robin Bolling, direct care staff member Julie Atkins, and home manager Samantha Johnson
09/02/2022	APS Referral- not required APS investigating
09/02/2022	Contact - Telephone call made with Adult Protective Services (APS) Specialist Tom Hilla.
09/06/2022	Contact - Document Received-email correspondence with Resident A's mental health case worker Laurie DeSilva
09/20/2022	Inspection Completed-On-site
10/21/2022	Contact - Telephone call made with Relative A1
10/21/2022	Exit Conference via email with licensee designee

ALLEGATION:

The home refused to take back Resident A who is ready to be discharged from the hospital.

INVESTIGATION:

On 9/2/2022, I received this complaint from the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged the home refused to take back Resident A who was ready to be discharged from the hospital.

On 9/2/2022, I conducted interviews with operational manager Robin Bolling, home manager Samantha Johnson and direct care staff member Julie Atkins who all stated that they have not heard from any hospital staff regarding official discharge plans for Resident A to return to the facility and have no knowledge of any staff member

stating Resident A was not able to return to the home. Ms. Bolling stated Resident A has been in and out of different hospitals for months and was currently at Sparrow Hospital. Ms. Bolling stated from her understanding, Resident A has not been medically cleared from Sparrow Hospital because her temperature remains low which was the initial reason for Resident A's admission to the hospital. Ms. Bolling stated direct care staff was notified by Resident A's mental health case manager that alternative placement is being explored at this time for Resident A due to Resident A's mental and medical needs.

Ms. Johnson stated Resident A has been in and out of the hospital since August for medical issues involving her body temperature which seems to be hard to regulate. Ms. Johnson stated they are still waiting to hear back from the hospital or case manager regarding official discharge plans. Ms. Johnson stated the case manager recently notified the home that Resident A may be relocated to a nursing home facility however Ms. Johnson has not received any updates on this.

On 9/2/2022, I conducted an interview with APS Specialist Tom Hilla who stated a hospital staff member reported to him that someone from the home indicated Resident A was not able to return to the facility due to her condition. Mr. Hilla stated hospital staff was not able to disclose the name of the person who indicated this. Mr. Hilla further stated he has been notified by the hospital staff that discharge plans are for Resident A to be relocated to a nursing home in Kalamazoo.

On 9/6/2022, I reviewed email correspondence between Resident A's mental health case manager Laurie DeSilva and home manager Samantha Jones. On 9/1/2022, Ms. DeSilva wrote that Resident A is being considered for nursing home placement at Medilodge Nursing Home in the Behavioral Unit however will need to have an OBRA screen and determination from the State before she is approved. On 8/29/2022, Ms. DeSilva wrote that she just spoke with nurse at Sparrow Hospital who shared that Resident A is getting closer to being medically stable however she hasn't been up walking and is still exhibiting low temperature. Ms. DeSilva stated it remains unclear as to the cause of Resident A's chronic hypothermia and the nurse believes rehabilitation may be needed as opposed to discharge directly back to Stoll AFC.

On 9/20/2022, I conducted an onsite investigation at the facility with direct care staff member Nickiua Bridgeman who stated Resident A remains at Sparrow Hospital and direct care staff members are still awaiting to hear what the discharge plans will be for Resident A. Ms. Bridgeman stated being informed by Resident A's case manager that a nursing home facility is being explored however no staff members have received any updates. Ms. Bridgeman stated she has no knowledge of any staff member reporting to anyone that Resident A was not able to return to the home once she was ready for discharge from the hospital.

On 10/21/2022, I conducted an interview with Relative A1 who stated Resident A remained at Sparrow Hospital as the doctors were having a difficult time

“getting her medications together.” Relative A1 stated she has not been informed by anyone AFC staff refused to accept Resident A back to the home however, Relative A1 was informed that a more suitable placement is being sought out for Resident A as an adult foster care home is no longer an appropriate setting for Resident A due to Resident A’s behaviors and health issues. Relative A1 stated hospital staff do not do a very good job communicating with her and there are various workers from different agencies involved in Resident A’s treatment and discharge plans. Relative A1 stated she is Resident A’s guardian.

APPLICABLE RULE	
R 400.14302	Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.
	<p>(4) A licensee may discharge a resident before the 30-day notice when the licensee has determined and documented that any of the following exists:</p> <ul style="list-style-type: none"> (a) Substantial risk to the resident due to the inability of the home to meet the resident's needs or assure the safety and well-being of other residents of the home. (b) Substantial risk, or an occurrence, of self-destructive behavior. (c) Substantial risk, or an occurrence, of serious physical assault. (d) Substantial risk, or an occurrence, of the destruction of property. <p>(5) A licensee who proposes to discharge a resident for any of the reasons listed in subrule (4) of this rule shall take the following steps before discharging the resident:</p> <ul style="list-style-type: none"> (a) The licensee shall notify the resident, the resident’s designated representative, the responsible agency, and the adult foster care licensing consultant not less than 24 hours before discharge. The notice shall be in writing and shall include all of the following information: <ul style="list-style-type: none"> (i) The reason for the proposed discharge, including the specific nature of the substantial risk. (ii) The alternatives to discharge that have been attempted by the licensee. (iii) The location to which the resident will be discharged, if known. (b) The licensee shall confer with the responsible agency or, if the resident does not have a responsible agency, with adult protective services and the local community mental health emergency response service regarding the proposed discharge. If the responsible

	<p>agency or, if the resident does not have a responsible agency, adult protective services does not agree with the licensee that emergency discharge is justified, the resident shall not be discharged from the home. If the responsible agency or, if the resident does not have a responsible agency, adult protective services agrees that the emergency discharge is justified, then all of the following provisions shall apply:</p> <p>(i) The resident shall not be discharged until an appropriate setting that meets the resident's immediate needs is located.</p> <p>(ii) The resident shall have the right to file a complaint with the department.</p> <p>(iii) If the department finds that the resident was improperly discharged, the resident shall have the right to elect to return to the first available bed in the licensee's adult foster care home.</p>
<p>ANALYSIS:</p>	<p>Based on my investigation which included interviews with operational manager Robin Bolling, home manager Samantha Johnson, direct care staff member Julie Atkins, Nickiua Bridgeman, Relative A1 and review of email correspondence between Ms. Johnson and Resident A's mental health case manager Laurie DeSilva, there is no evidence the AFC home refused to accept Resident A back to the home when she was ready to be discharged from the hospital. Ms. Bolling, Ms. Johnson, Ms. Atkins and Ms. Bridgeman all stated that they had not heard from any hospital staff regarding discharge plans for Resident A to return to the facility and had no knowledge of any staff member stating Resident A was not able to return to the home. Relative A1 stated that a more suitable placement was currently being sought out for Resident A as an adult foster care home setting was no longer suitable due to Resident A's behaviors and health issues. Relative A1 also stated that she has not heard of reports that the home refused to accept Resident A back into the home. According to the facility's email correspondence, Ms. DeSilva stated on 8/29/2022 and 9/1/2022 that an alternative setting was being explored for Resident A's discharge plans. The home did not refuse for Resident A to return to the home and appropriate discharge plans with Resident A's designated representatives are in place.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

On 10/21/2022, I conducted an exit conference with licensee designee Simbarashe Chiduma. I informed Mr. Chiduma of my findings and allowed him an opportunity to ask questions or make comment.

IV. RECOMMENDATION

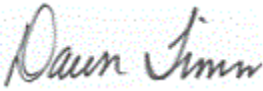
I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

10/21/2022
Date

Approved By:



10/26/2022

Dawn N. Timm
Area Manager

Date