



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 17, 2023

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

RE: License #: AM190396226  
**Boichot**  
**14120 Boichot Road**  
**Lansing, MI 48906**

Dear Mr. Chiduma:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance – Please submit proof of training regarding maintaining employee records for direct care staff member at Boichot by **6/1/2023**.

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 black ink that reads 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

**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:** Suite 130  
8161 Executive Court  
Lansing, MI 48917

**Licensee Telephone #:** (517) 483-2489

**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): 05/17/2023

Date of Bureau of Fire Services Inspection if applicable: 10/20/2022

Date of Health Authority Inspection if applicable: 1/23/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Administrator Masline Chiduma

- 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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve 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   
Variance for rule 315(3) granted 4/21/21 to authorize use of computer software to track and report residents payments for adult foster care rather than tracking the payment on Resident Funds Part II.

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident A, B, C, and D did not have an updated Assessment Plan for AFC Residents in their resident record for 2022.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

Resident A, B, C, and D did not have a Resident Care Agreement in their resident record for 2022.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license and special certification is recommended.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

5/17/2023

Date