



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 19, 2024

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

RE: Application #: AM230418670
Open Arms Coulson CT
6430 Coulson Ct
Lansing, MI 48911

Dear Simbarashe 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 9 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) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230418670
Applicant Name:	Open Arms Link
Applicant Address:	Suite 130 8161 Executive Court Lansing, MI 48917
Applicant Telephone #:	(517) 455-8300
Designee:	Simbarashe Chiduma
Administrator:	Mascline Chiduma
Name of Facility:	Open Arms Coulson CT
Facility Address:	6430 Coulson Ct Lansing, MI 48911
Facility Telephone #:	(517) 455-8300
Application Date:	07/18/2024
Capacity:	9
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/17/2024	Inspection Completed-Fire Safety : A- please refer to AM330092211
07/18/2024	Enrollment
07/18/2024	Application Incomplete Letter Sent
07/18/2024	PSOR on Address Completed
07/18/2024	File Transferred To Field Office
08/01/2024	Application Incomplete Letter Sent
08/06/2024	Contact-Documentation Reviewed -Received admission/discharge policy, budget, zoning approval, floor plans, lease, negative TB test for admin and LD, organizational chart, program statement, admin and LD training.
08/14/2024	Contact-Documentation Reviewed -Floor plan, financials, special certification application.
08/20/2024	Contact-Documentation Reviewed -Zoning approval, lease agreement, deed.
08/26/2024	Contact-Documentation Reviewed -Fire and smoke alarm inspection.
09/13/2024	Inspection Completed On-site.
09/13/2024	Inspection Completed-BCHS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story brick exterior ranch home located in Lansing, Michigan. This facility is six miles away from Sparrow Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within one mile of this facility. The facility has a paved circular driveway, which provides ample parking for visitors and staff. Attached to the facility is a two-car garage with concrete floors and room for storage. This facility is located at the end of a cul-de-sac, with a spacious and wooded yard.

The living room, dining area, sitting room, and kitchen are located on the main level. Two full barrier-free bathrooms, one-half bathroom, and nine private resident bedrooms are located on the main level as well. This facility has one means of egress at ground

level located at front of the facility and another means of egress at ground level located at the east side of this facility, making this home wheelchair accessible with two approved means of egress. This facility uses public water and sewage.

The facility has two gas furnaces and two gas water heaters that were inspected on 09/21/2024 and are fully operational. The furnace and water heaters are in the basement of this facility and accessible from a main floor stairwell near the kitchen and separated from the remainder of the home with a metal rated fire door equipped 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. 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 04/17/2024.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'10 X 10'10"	139	1
2	12'10 X 10'10"	139	1
3	12'10 X 10'10"	139	1
4	12'10 X 10'10"	139	1
5	12'10 X 10'10"	139	1
6	12'10 X 10'10"	139	1
7	12'10 X 10'10"	139	1
8	12'10 X 10'10"	139	1
9	12'10 X 10'10"	139	1

The living, dining, and sitting room areas measure a total of 758 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **nine (9)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **nine (9)** male and/or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, and/or mental illness, physically handicapped, and aged in the least restrictive environment possible. The program will include social interaction

skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Community Mental Health.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. 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, which is a "Non-Profit Corporation", established in Michigan, on 06/20/2016. 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 Board of Directors of Open Arms Link have has submitted documentation appointing Simbarashe Chiduma as licensee designee and Mascline Chiduma as administrator for this facility. A licensing record clearance request was completed with no convictions recorded for Simbarashe Chiduma and Mascline Chiduma. Simbarashe Chiduma and Mascline Chiduma submitted medical clearance requests with statements from a physician documenting their good health and current negative tuberculosis test results.

Simbarashe Chiduma and Mascline Chiduma have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Simbarashe Chiduma and Mascline Chiduma have provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Simbarashe Chiduma has over twenty years' experience providing direct care to the populations that will be served in this facility. Mascline Simbarashe has over eighteen years' experience providing direct care to the populations that will be served in this facility. Simbarashe Chiduma and Mascline Chiduma currently serve as licensee designee and administrator for other licensed adult foster care facilities.

The staffing pattern for the original license of this nine-bed facility is adequate and

includes a minimum of one staff for nine residents per shift. The applicant 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. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicants acknowledge 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 applicants acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicants acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, can administer medication to residents. In addition, the applicants have 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 applicants acknowledged their 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 applicants acknowledged their 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 applicants acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicants acknowledged their 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 applicants acknowledged their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident’s file.

The applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 residents personal money transactions that have been agreed to be managed by the applicant.

The applicants acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicants 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 small group home with a capacity of nine (9) residents.



09/18/2024

Eli DeLeon
Licensing Consultant

Date

Approved By:



09/19/2024

Dawn N. Timm
Area Manager

Date