



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 24, 2024

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

RE: License #: AM190409578  
**Open Arms Stoll**  
**Ste 130**  
**3285 W Stoll Rd**  
**Lansing, MI 48906**

Dear Mr. Chiduma:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 blue ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190409578
<b>Licensee Name:</b>	Open Arms Link
<b>Licensee Address:</b>	Suite 130 8161 Executive Court Lansing, MI 48917
<b>Licensee Telephone #:</b>	(517) 253-8894
<b>Licensee/Licensee Designee:</b>	Simbarashe Chiduma
<b>Administrator:</b>	Mascline Chiduma
<b>Name of Facility:</b>	Open Arms Stoll
<b>Facility Address:</b>	Ste 130 3285 W Stoll Rd Lansing, MI 48906
<b>Facility Telephone #:</b>	(517) 455-8300
<b>Original Issuance Date:</b>	08/25/2021
<b>Capacity:</b>	9
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/17/2024

Date of Bureau of Fire Services Inspection if applicable: 10/12/2023

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

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: 08/01/2022:400.14204 (2)
- 06/23/2022: 400.14312 & 400.14310 (3) N/A ☐
- Number of excluded employees followed-up? Yes, confirmed they are not employed with Open Arms Stoll N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

### **IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', is written over a faint horizontal line.

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Amanda Blasius  
Licensing Consultant

Date