



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 12, 2021

Ali-Jumah Toure
Golden Hearts Homecare, LLC
4141 Saxony Ct. SE
Grand Rapids, MI 49508

RE: Application #: AS410404640
GOLDEN HEARTS HOMECARE
5073 North Oakvale Ct
Wyoming, MI 49519

Dear Mr. Toure:

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 6 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410404640

Licensee Name: Golden Hearts Homecare, LLC

Licensee Address: 4141 Saxony Ct. SE
Grand Rapids, MI 49508

Licensee Telephone #: (616) 826-0278

Administrator/Licensee Designee: Ali-Jumah Toure, Designee

Name of Facility: GOLDEN HEARTS HOMECARE

Facility Address: 5073 North Oakvale Ct
Wyoming, MI 49519

Facility Telephone #: (616) 826-0278

Application Date: 06/01/2020

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODOLOGY

06/01/2020	On-Line Enrollment
06/05/2020	Contact - Document Received 1326/Fingerprint/RI 030 and AFC 100 for Ali-Jumah Toure
07/22/2020	Application Incomplete Letter Sent AFC 100 for Administrator Mercy Cobbinx and Live in Staff Patricia Toure
08/04/2020	Contact - Document Received AFC 100 forms for Mercy Cobbins & Patricia Toure
08/04/2020	File Transferred to Field Office Grand Rapids
08/17/2020	Application Incomplete Letter Sent
12/11/2020	Application Complete/On-site Needed
12/11/2020	Inspection Completed-Env. Health : A
12/11/2020	Inspection Completed-Fire Safety : A
12/11/2020	Inspection Completed On-site
12/30/2020	Inspection Completed-BCAL Full Compliance
12/30/2020	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Golden Hearts Homecare, which is located at 5073 North Oakvale Ct SW, Wyoming, Kent County, Michigan, is owned by Golden Hearts Homecare LLC. The home is a ranch style structure with a finished lower level. The facility has wood siding with a two-stall attached garage. The facility has adequate parking for four vehicles. The facility is located in a suburban community in the Chateau Estates neighborhood. The facility's main level contains one resident bedroom, two full bathrooms, kitchen, living room, dining room, and laundry room contained in one of the bathrooms. The lower level of the facility contains two resident bedrooms, bathroom, recreational room, and unfinished furnace/utility room. There are handrails where required. This facility utilizes public sewer and water systems.

The hot water heater and furnace are located in the unfinished utility room of the lower level. The lower level and main floor are separated with a 1-3/4 inch solid core door

equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on 12/11/2020 and worked properly. There are at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'2 x 15'8	206.24	2
2	12'7 x 13'4	167.69	2
3	12'7 X 13'4	167.69	2

Total Capacity: 6

The living and dining room areas measure a total of 459 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

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 **six** male and/or female adults aged 18 years and older, who are part of the, aged, mentally impaired, developmentally disabled and/or Alzheimer's population, in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the

responsible agency.

Golden Hearts Homecare will provide transportation to residents.

C. Applicant and Administrator Qualifications

Ali-Jumah Toure is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Ali-Jumah Toure were completed with no restrictions noted on either. His TB-tine results were negative.

Ali-Jumah Toure has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is 1-staff-to-6-residents at all times.

The applicant acknowledges an understanding of the training and qualification 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 applicant 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), Identogo, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges 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 Ali-Jumah Toure, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The applicant acknowledges 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 applicant acknowledges 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 applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



01/12/2021

Toya Zylstra
Licensing Consultant

Date

Approved By:



01/12/2021

Jerry Hendrick
Area Manager

Date