



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 20, 2021

Good Care Home Care, Inc.  
6312 Whitefield St.  
Dearborn Heights, MI 48127

RE: License #: AS820405731  
**Good Care Home Care**  
**5807 Whitefield St.**  
**Dearborn Heights, MI 48127**

Dear Good Care Home Care, Inc.:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens".

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055



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

**I. IDENTIFYING INFORMATION**

**License #:** AS820405731

**Licensee Name:** Good Care Home Care, Inc.

**Licensee Address:** 5807 Whitefield St.  
Dearborn Heights, MI 48127

**Licensee Telephone #:** (313) 673-5672

**Licensee/Licensee Designee:** Anna Bakkour, Administrator

**Administrator:**

**Name of Facility:** Good Care Home Care

**Facility Address:** 5807 Whitefield St.  
Dearborn Heights, MI 48127

**Facility Telephone #:** (313) 929-5710

**Original Issuance Date:** 04/28/2021

**Capacity:** 3

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/14/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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.  
a worksheet inspection was completed.
- 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.  
N/A
- 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

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14210**

**Resident register.**

**A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:**

- (a) Date of admission.**
- (b) Date of discharge.**
- (c) Place and address to which the resident moved, if known.**

At the time of inspection, a resident register was not available for review.

**R 400.14306**

**Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

At the time of inspection, the facility was equipped with assistive devices. However, a physician's statement for authorization was not available.

A corrective action plan was requested and approved on 10/20/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

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

*L Stevens*

10/20/2021

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LaKeitha Stevens  
Licensing Consultant

Date