



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 9, 2026

Ali-Jumah Toure
GOLDEN HEARTS HOMECARE, LLC
5073 N Oakvale Ct SW
Wyoming, MI 49519

RE: License #: AS410404640
GOLDEN HEARTS HOMECARE
5073 N. Oakvale Ct SW
Wyoming, MI 49519

Dear Mr. Toure:

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 and special certification are 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 (616) 356-0100.

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

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

I. IDENTIFYING INFORMATION

License #: AS410404640

Licensee Name: GOLDEN HEARTS HOMECARE, LLC

Licensee Address: 4179 Peshtigo Ct SW
Grandville, MI 49418

Licensee Telephone #: (616) 826-0278

Licensee/Licensee Designee: Ali-Jumah Toure, Designee

Administrator: Mercy Cobbins

Name of Facility: GOLDEN HEARTS HOMECARE

Facility Address: 5073 N. Oakvale Ct SW
Wyoming, MI 49519

Facility Telephone #: (616) 826-0278

Original Issuance Date: 01/12/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/02/2026

Date of Bureau of Fire Services Inspection if applicable: 01/02/2026

Date of Health Authority Inspection if applicable: 01/02/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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: 06/25/2025 renewal inspection CAP verified. 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 determined to be in substantial compliance with rules and requirements. *Exit conference completed onsite with Ali-Jumah Toure, licensee.*

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



01/09/2026

Toya Zylstra
Licensing Consultant

Date