



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2026

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

RE: License #: AS410419094
Golden Hearts 2
4179 Peshtigo Ct SW
Grandville, MI 49418

Dear Mr. Toure:

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:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 #: AS410419094

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 2

Facility Address: 4179 Peshtigo Ct SW
Grandville, MI 49418

Facility Telephone #: (616) 608-5129

Original Issuance Date: 09/25/2025

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): 03/17/2026

Date of Bureau of Fire Services Inspection if applicable: 03/17/2026

Date of Health Authority Inspection if applicable: 03/17/2026

No. of staff interviewed and/or observed 3

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. 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: 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.

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

R 400.611 Required information; fee; posting of license; change of information.

(1) An applicant or licensee shall maintain the following documents:

(e) Proposed staffing patterns.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I observed that the facility lacked a staff schedule.

Exit Conference: Licensee designee Ali Toure stated that he did not complete a staff schedule and therefore did not dispute that a violation had occurred.

R 400.629 Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

(a) Reporting requirements.

(b) First aid.

(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

(d) Personal care, supervision, and protection.

(e) Resident rights.

(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases including recognizing signs of illness.

(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.

(i) Nutrition and special diets.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I observed that staff Princess Tety had not completed the required training.

Exit Conference: Licensee designee Ali Toure stated that he did not have verification of any of the required trainings

for Ms. Tety and therefore did not dispute that a violation had occurred.

R 400.631

Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I observed that staff Princess Tety did not complete a health screening completed by an appropriate healthcare professional.

Exit Conference: Licensee designee Ali Toure stated that he did not have Ms. Tety complete a health screen and therefore did not dispute that a violation had occurred.

R 400.639

Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I observed that the licensee failed to complete two reference checks for staff Princess Tety.

Exit Conference: Licensee designee Ali Toure stated that he did not complete two reference checks for Ms. Tety and therefore did not dispute that a violation had occurred.

R 400.645

Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I measured water temperate to register 140 degrees Fahrenheit.

Exit Conference: Licensee designee Ali Toure observed the water temperature to register 140 degrees Fahrenheit and therefore did not dispute that a violation had occurred.

R 400.663

Nutrition; adoption by reference.

(4) Meals must meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. The Dietary Guidelines for Americans 2020-2025 are adopted by reference and available to be viewed or downloaded from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services at <https://www.dietaryguidelines.gov> at no cost at the time of adoption of these rules. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of these rules.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I observed that the posted menu does not meet nutritional guidelines. Examples included pancake for breakfast, sandwich for lunch, and hamburger for dinner.

Exit Conference: Licensee designee Ali Toure stated that the posted menu was incomplete and inaccurate. He stated that residents are served additional items during meals such as fruits and vegetables. He agreed that the posted

menu was incomplete and therefore did not dispute that a violation had occurred.

R 400.665

Food service.

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

Findings: On 03/17/2026 I completed a scheduled onsite renewal inspection at facility. While onsite I observed that food stored in the refrigerator and freezer were not labeled to identify the prepared and open dates.

Exit Conference: Licensee designee Ali Toure agreed that food stored inside the refrigerator and freezer were not labeled with appropriate dates and therefore did not dispute that a violation had occurred.

A corrective action plan was requested and approved on 03/18/2026. 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 and special certification.

IV. RECOMMENDATION

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



03/18/2026

Toya Zylstra
Licensing Consultant

Date