



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 1, 2026

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

RE: License #: AS410419094
Investigation #: 2026A0583041
Golden Hearts 2

Dear Mr. Toure:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 356-0100.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419094
Investigation #:	2026A0583041
Complaint Receipt Date:	05/28/2026
Investigation Initiation Date:	05/28/2026
Report Due Date:	06/27/2026
Licensee Name:	GOLDEN HEARTS HOMECARE, LLC
Licensee Address:	4179 Peshtigo Ct SW Grandville, MI 49418
Licensee Telephone #:	(616) 826-0278
Administrator:	Ali-Jumah Toure
Licensee Designee:	Ali-Jumah Toure
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
License Status:	REGULAR
Effective Date:	03/25/2026
Expiration Date:	03/24/2028
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff have not completed required training.	Yes
Staff have not completed a statement signed by a licensed physician attesting to their physical health.	Yes

III. METHODOLOGY

05/28/2026	Special Investigation Intake 2026A0583041
05/28/2026	Special Investigation Initiated - On Site
05/29/2026	APS Referral
05/29/2026	Exit Conference Licensee designee Ali Toure

ALLEGATION: Staff have not completed required training.

INVESTIGATION: Per the facility file, during a 03/17/2026 renewal inspection the facility was found to be in violation of R 400.629 (5) due to staff Princess Tety working independently at the facility without completing the required trainings. A Corrective Action was received on 03/17/2026 and approved on 03/18/2026. The Corrective Action Plan indicated that the violation would be corrected by 03/17/2026.

On 05/28/2026 I completed a scheduled inspection at the facility to verify the Corrective Action Plan, which had been approved on 03/18/2026. Staff Prince Monjolo was interviewed and stated he works at the facility independently but has not completed the required trainings on reporting requirements and resident rights.

While onsite I reviewed staff files and observed that Ms. Tety has not completed the required trainings on reporting requirements and resident rights.

On 05/28/2026 I received an email from licensee designee Ali Toure which stated that following, "At this time, they are unable to attend the classroom because they have to complete the online portion of the program, first and as of today, Lakeshore Training, the provider through which we obtain this training, does not have any available openings for new hires online".

On 05/29/2026 I completed an exit conference via telephone with licensee designee Ali Toure. Mr. Toure stated that Ms. Tety and Mr. Monjolo work independently at the facility and have not completed the required trainings of reporting requirements and resident rights because "Lakeshore Training (CMH) could not currently offer the

trainings” for his staff to complete. He acknowledged that he did not reach out to me to request additional training resources. Mr. Toure argued that his staff were “fully trained” despite not completing the required trainings. Mr. Toure disagreed with the findings and stated that I did not inform him that staff are not permitted to work independently before completing the required training; despite the information being provided in the 03/18/2026 renewal licensing study report and Licensing and Regulatory Affairs Adult Foster Care licensing rules, effective 11/3/2025. Mr. Toure agreed to submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
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.
ANALYSIS:	During a 03/17/2026 renewal inspection the facility was found to be in violation of R 400.629 (5) due to staff Princess Tety working independently at the facility without completing the required trainings. A Corrective Action was received on 03/17/2026 and approved on 03/18/2026. The Corrective Action Plan indicated that all violations would be corrected by 03/17/2026. Staff Prince Monjolo stated that he works at the facility independently but has not completed the required trainings on reporting requirements and resident rights. Licensee designee Ali Toure stated via email, “At this time, they are unable to attend the classroom because they have to complete the online portion of the program first and as of today, Lakeshore Training, the provider through which we obtain this

	training, does not have any available openings for new hires online”. While onsite I reviewed staff files and observed that staff Princess Tety has not completed the required trainings on reporting requirements and resident rights. A preponderance of evidence indicates that a repeat violation of the applicable rule occurred. Staff Prince Monjolo and Princess Tety have not completed the required trainings (reporting requirements and resident rights) prior to working at the facility independently.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Renewal Inspection 03/17/2026 Renewal Inspection

ALLEGATION: Staff have not completed a statement signed by a licensed physician attesting to their physical health.

INVESTIGATION: Per the facility file, during a 03/17/2026 renewal inspection the facility was found to be violation of R 400.631 (2) due staff Princess Tety working at the facility without completing a health screening completed by an appropriate healthcare professional. A Corrective Action was received on 03/17/2026 and approved on 03/18/2026. The Corrective Action Plan indicated that the violation would be corrected by 03/17/2026.

On 05/28/2026 I completed a scheduled inspection at the facility to verify the Corrective Action Plan, which had been approved on 03/18/2026. Mr. Monjolo was interviewed and stated that he had completed a physical with a physician in the recent past, however he did not have the physician sign documentation attesting to his physical health. Mr. Monjolo stated that he would schedule an appointment with his physician to complete a new physical and have the physician provide documentation attesting to Mr. Monjolo’s physical health.

On 05/29/2026 I completed an exit conference via telephone with licensee designee Ali Toure. Mr. Toure stated that he did not agree with the violation but would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
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.
ANALYSIS:	Per the facility file, during a 03/17/2026 renewal inspection the facility was found to be violation of R 400.631(2) due to staff Princess Tety working at the facility without obtaining a health screening completed by a healthcare professional. A Corrective Action was received on 03/17/2026 and approved on 03/18/2026. The Corrective Action Plan indicated that the violation would be corrected by 03/17/2026. Staff Prince Monjolo stated he did not have a physician sign documentation attesting to his physical health. A preponderance of evidence indicates that a repeat violation of the applicable rule occurred. Staff Prince Monjolo did not obtain a physical health statement signed by a physician attesting to his physical health.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Renewal Inspection 03/17/2026 Renewal Inspection

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the license.



06/01/2026

Toya Zylstra
Licensing Consultant

Date

Approved By:



06/01/2026

Jerry Hendrick
Area Manager

Date