



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 14, 2021

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

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

Dear Mr. Toure:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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) 356-0183.

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

**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: 4141 Saxony Ct. SE
Grand Rapids, MI 49508

Licensee Telephone #: (616) 826-0278

Licensee/Licensee Designee: Ali-Jumah Toure, Designee

Administrator: Mercy Cobbins

Name of Facility: GOLDEN HEARTS HOMECARE

Facility Address: 5073 North Oakvale Ct
Wyoming, MI 49519

Facility Telephone #: (616) 826-0278

Original Issuance Date: 01/12/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2021

Date of Bureau of Fire Services Inspection if applicable: 07/01/2021

Date of Health Authority Inspection if applicable: 07/01/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

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:
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 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

Finding: On 07/01/2021 Licensee Ali Toure acknowledged that he had not completed reference checks for facility administrator Mercy Cobbins.

Exit Conference: On 07/01/2021 Licensee Ali Toure stated he understands the findings and will submit an acceptable Corrective Action Plan.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Finding: On 07/01/2021 Licensee Ali Toure acknowledged that he had not secured a health care appraisal for Resident A, Resident B, and Resident C.

Exit Conference: On 07/01/2021 Licensee Ali Toure stated he understands the findings and will submit an acceptable Corrective Action Plan.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Finding: On 07/01/2021 Licensee Ali Toure acknowledged that he had not secured a written assessment plan for Resident A, Resident B, and Resident C.

Exit Conference: On 07/01/2021 Licensee Ali Toure stated he understands the findings and will submit an acceptable Corrective Action Plan.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide

necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Finding: On 07/01/2021 Licensee Ali Toure acknowledged that he had not completed a resident care agreement for Resident A, Resident B, and Resident C.

Exit Conference: On 07/01/2021 Licensee Ali Toure stated he understands the findings and will submit an acceptable Corrective Action Plan.

R 400.14315

Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

Finding: On 07/01/2021 Licensee Ali Toure acknowledged that he had not secured Resident A's legal guardian's signature for all resident funds transactions.

Exit Conference: On 07/01/2021 Licensee Ali Toure stated he understands the findings and will submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend issuance of a 2 year regular adult foster care license.



07/14/2021

Toya Zylstra
Licensing Consultant

Date