



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 8, 2022

Abdulaziz Issa  
Transmed Mobility LLC  
2900 Golfside Rd, Suite 6  
Ann Arbor, MI 48108

RE: License #: AS810409394  
**TransMed Care II**  
**1705 E. Forest St.**  
**Ypsilanti, MI 48198**

Dear Mr. Issa:

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 (313) 456-0380.

Sincerely,



Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

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

**I. IDENTIFYING INFORMATION**

**License #:** AS810409394

**Licensee Name:** Transmed Mobility LLC

**Licensee Address:** Suite 6  
2900 Golfside Rd  
Ann Arbor, MI 48108

**Licensee Telephone #:** (734) 883-8544

**Licensee/Licensee Designee:** Abdulaziz Issa

**Administrator:** Jonelle Moore

**Name of Facility:** TransMed Care II

**Facility Address:** 1705 E. Forest St.  
Ypsilanti, MI 48198

**Facility Telephone #:** (734) 883-8544

**Original Issuance Date:** 02/03/2022

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/26/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

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 3  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to COVID-19.
- 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.  
No meals prepared/served during renewal 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.  
No follow-up needed.
- 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 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

Direct care staff did not have current TB test results during employee file review.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



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Vanita C. Bouldin  
Licensing Consultant

Date: 08/08/2022