



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 2, 2023

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
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/01/2023
Date of Bureau of Fire Services Inspection if applicable: 06/01/2023
Date of Health Authority Inspection if applicable: 06/01/2023
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 3
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. *Exit Conference completed onsite with Licensee Designee.*

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

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Finding: Resident A's weights were not taken monthly. Licensee Designee acknowledged not taking Resident A's weight on 06/21, 07/21, 09/21, and 11/21.

Exit Conference: Licensee Designee Ali-Jumah Toure stated he agreed with the finding and would submit an acceptable Corrective Action Plan.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Finding: Resident A, Resident B, and Resident C's Resident Funds Part II lacked a completed transaction form including signatures and reason for the transactions. Each residents' form did not match the cash on hand by less than 2.00 dollars.

Exit Conference: Licensee Designee Ali-Jumah Toure stated he agreed with the finding and would submit an acceptable Corrective Action Plan.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Finding: Fire drills were completed once per quarter and did not include the required daytime, evening, and sleeping hours once per quarter. Fire drills were observed: 04/02/2021 7pm, 07/03/2021 5am, 10/02/2022 10pm, 01/03/2022 4pm, 04/01/2022 7am, 07/04/2022 8pm, 10/01/2022 6am, 01/07/2023 5pm, and 04/03/2023 5am.

Exit Conference: Licensee Designee Ali-Jumah Toure stated he agreed with the finding and would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

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



06/02/2023

Date

Licensing Consultant