



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 25, 2023

Anna Bakkour  
Good Care Home Care, Inc.  
6312 Whitefield St.  
Dearborn Heights, MI 48127

RE: License #: AS820405731  
**Good Care Home Care**  
**5807 Whitefield St.**  
**Dearborn Heights, MI 48127**

Dear Ms. Bakkour:

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:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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,

A handwritten signature in black ink that reads "LaKeitha Stevens".

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820405731

**Licensee Name:** Good Care Home Care, Inc.

**Licensee Address:** 5807 Whitefield St.  
Dearborn Heights, MI 48127

**Licensee Telephone #:** (313) 673-5672

**Licensee/Licensee Designee:** Anna Bakkour, Administrator  
Anna Bakkour, Designee

**Administrator:**

**Name of Facility:** Good Care Home Care

**Facility Address:** 5807 Whitefield St.  
Dearborn Heights, MI 48127

**Facility Telephone #:** (313) 929-5710

**Original Issuance Date:** 04/28/2021

**Capacity:** 3

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/11/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

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.  
A worksheet inspection was completed
- 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.  
A full worksheet inspection was completed.
- 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:  
LSR Dated 10/14/2021 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 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

At the time of inspection, the licensee designee did not have verification of 16hours of annual training.

**R 400.14210 Resident register.**

**A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:**

**(a) Date of admission.**

**(b) Date of discharge.**

**(c) Place and address to which the resident moved, if known.**

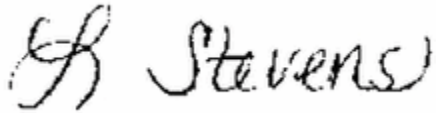
At the time of inspection, the facility was not equipped with a resident register.

**{REPEAT VIOLATION SEE LSR DATED 10/14/2021}**

A corrective action plan was requested and approved on 10/25/2023. 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.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Handwritten signature of LaKeitha Stevens in black ink.

10/25/2023

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LaKeitha Stevens  
Licensing Consultant

Date