



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 25, 2025

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

RE: License #: AS410404640  
GOLDEN HEARTS HOMECARE  
5073 N. Oakvale Ct SW  
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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 356-0100.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410404640
<b>Licensee Name:</b>	GOLDEN HEARTS HOMECARE, LLC
<b>Licensee Address:</b>	4179 Peshtigo Ct SW Grandville, MI 49418
<b>Licensee Telephone #:</b>	(616) 826-0278
<b>Licensee/Licensee Designee:</b>	Ali-Jumah Toure, Designee
<b>Administrator:</b>	Mercy Cobbins
<b>Name of Facility:</b>	GOLDEN HEARTS HOMECARE
<b>Facility Address:</b>	5073 N. Oakvale Ct SW Wyoming, MI 49519
<b>Facility Telephone #:</b>	(616) 826-0278
<b>Original Issuance Date:</b>	01/12/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/29/2025

Date of Bureau of Fire Services Inspection if applicable: 05/29/2025

Date of Health Authority Inspection if applicable: 05/29/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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 400.14205**      **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.**

**Finding:** On 05/29/2025 I completed an onsite renewal inspection at the facility. While onsite I reviewed staff files and observed that staff Patricia Toure was last tested for communicable tuberculosis on 03/14/2018. Licensee Designee Ali-Jumah Toure acknowledged that the last time he has secured verification of Ms. Toure's tuberculosis testing was 03/14/2018.

**Exit Conference:** On 06/13/2025 I completed an exit conference via telephone with licensee designee Ali-Jumah Toure. I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**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.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

**Finding:** While onsite I reviewed staff files and observed that Mr. Toure has not verified the yearly health status of administrator Mercy Cobbins and staff Patricia Toure. Mr. Toure stated that he believed he had completed the reviews but acknowledged he could not find Ms. Cobbins and Ms. Toure's yearly health statements.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated that he did not agree with my findings. He stated that the renewal inspection caused him "stress and anxiety" and due to the "stress and anxiety" he did not remember that he did have verification of Ms. Cobbins and Ms. Toure's yearly health status. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**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:** While onsite, I reviewed Resident C's file and observed that an Assessment Plan for Resident C had not been completed at her initial intake of 12/01/2024 or anytime thereafter. Mr. Toure acknowledged that Resident C was admitted to the facility on 12/01/2024 however an Assessment Plan was never formulated to address her care needs.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**Resident behavior interventions prohibitions.**

**(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.**

**Finding:** While onsite I interviewed Resident A, Resident B and Resident C. Resident A stated that staff Patricia Toure resides at the facility and provides daily resident care. Resident A stated that Ms. Toure sometimes yells at Resident A when Ms. Toure is upset. Resident B stated that she was afraid that if she spoke regarding the treatment of residents in their home that Ms. Toure would become upset with her. Resident B stated that Ms. Toure “throws things” when she is angry, and Ms. Toure has a “bad temper”. Resident B stated that Ms. Toure recently threw Resident B’s “PJs” at Resident B’s face because Ms. Toure was angry. Resident B stated that she shares a bedroom with Resident C. Resident B stated that Resident C often urinates in her bed, and this causes Ms. Toure to become upset with Resident C. Resident B stated, “a while ago” Resident C “peed the bed” and Ms. Toure hit Resident C with her hand. Resident B stated that she did not know if Resident C sustained a mark from the incident. Resident B stated that “about a month ago” Ms. Toure called Resident C “crazy and stupid”. I attempted to interview Resident C who was laying in her bed, but she was able to provide very limited information because of her developmental disability. I observed that Resident C’s bed lacked sheets, and her pillow was encased in a kitchen trash bag. Resident C’s bed only contained one thin blanket for warmth. Resident C stated that she had urinated in her bed the previous night and Ms. Toure had removed all her sheets and pillowcase and provided her with a trash bag for a pillowcase and one blanket. Resident C stated that Ms. Toure “gets upset” with her for “peeing the bed”. When asked if Ms. Toure physically struck Resident C, she stated, “I don’t know” and her eyes began to tear up.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he did not agree with my findings. He stated that Resident B was “a liar” and made-up stories. He stated that he

will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**R 400.14312**

**Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

**Finding:** While onsite I reviewed residents' medication administration records and observed that Mr. Toure initials all residents' medication administrations. Mr. Toure initially stated that he is the only staff who administers all residents' medications even though Mr. Toure works fulltime first shift out of the facility. I interviewed Resident B and Resident C, and both residents confirmed that Mr. Toure, Ms. Toure, and Ms. Cobbins administer residents' medications. Ms. Cobbins confirmed that she administers residents' medications during the day while Mr. Toure is at work out of the facility. Ms. Cobbins explained that Mr. Toure presets residents' medications in small cups and leaves the medications for Ms. Cobbins to administer. Ms. Cobbins confirmed that she does not initial residents' MAR after administering medications because Mr. Toure initials all residents' MARs. After observing Ms. Cobbins confirm the presetting of Residents' medications, Mr. Toure confirmed that he had been untruthful and acknowledged that he often places residents' medications in cups and leaves the cups for Ms. Cobbins to administer while he is away from the facility.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.



**Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

**Finding:** While onsite I reviewed residents' medication administration records and observed that Mr. Toure initials all residents' medication administrations. Mr. Toure initially stated that he is the only staff who administers all residents' medications even though Mr. Toure works fulltime first shift out of the facility. I interviewed Resident B and Resident C, and both residents confirmed that Mr. Toure, Ms. Toure, and Ms. Cobbins administer residents' medications. Ms. Cobbins confirmed that she administers residents' medications during the day while Mr. Toure is at work out of the facility. Ms. Cobbins explained that Mr. Toure presets residents' medications in small cups and leaves the medications for Ms. Cobbins to administer. Ms. Cobbins confirmed that she does not initial residents' MAR after administering medications because Mr. Toure initials all residents' MARs. After observing Ms. Cobbins confirm the presetting of Residents' medications, Mr. Toure confirmed that he had been untruthful and acknowledged that he often places residents' medications in cups and leaves the cups for Ms. Cobbins to administer while he is away from the facility. Mr. Toure stated that he had been initialing all residents' MARs despite not administering their medications.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will

submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**R 400.14313**

**Resident nutrition.**

**(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.**

**Finding:** While onsite I observed that the facility lacked a posted menu. Mr. Toure acknowledged that he did not have a posted menu. Mr. Toure reported that he was “working on a menu” and displayed a document on his computer labeled “Golden Hearts Homecare LLC Menu”. The document was not dated, nor posted and lacked details regarding what foods were served each day for breakfasts and lunches. Mr. Toure stated that he does not document meal changes or substitutions.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated that he disputed the finding. He stated that during the onsite, there was menu posted on the facility’s wall. Mr. Toure acknowledged that he does not document meal substitutions. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**R 400.14411**

**Linens.**

**(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.**

**Finding:** While onsite I observed Resident C was sleeping in her bed and the bed lacked sheets and a pillowcase. I observed Resident C’s bed contained a large kitchen trash bag tied around her pillow and one thin blanket. Resident C stated that her bed had been in this state “awhile”. Ms. Cobbins stated that Resident C had urinated in her bed the previous night and that her bedding was currently in the laundry being washed. Ms. Toure stated that Resident C had urinated in her bed the previous night and at 5:00 am she woke up Resident C, removed her linens, and placed the linens in the washing

machine. Ms. Toure stated that she tied a large kitchen trash bag around Resident C's pillow and allowed her to go back to sleep with only a blanket. Mr. Toure stated that he did not know how long Resident C's bed was in the current state and did not know why she wasn't immediately provided a set of clean linens to sleep on.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**R 400.14507**

**Means of egress generally.**

**(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.**

**Finding:** While onsite I observed a metal hasp plate affixed to the lower-level door that leads directly to the exterior. The door is a part of the required egress of the lower level that contains resident bedrooms. Mr. Toure initially stated that the hasp plate was never utilized and never had a pad lock inserted. I interviewed Resident B who stated that the hasp plate previously contained a deadlock which was used to prevent residents from using the door. Resident B stated that she could not recall when the deadbolt was removed, but that it had been used within the past month. Before leaving the facility Mr. Toure said "okay, do you want the truth" and then stated that he had previously inserted a pad lock into the hasp plate to restrict residents from leaving the facility. Mr. Toure stated that the pad lock was removed approximately two years ago.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**R 400.14510**

**Heating equipment generally.**

**(5) Portable heating units shall not be permitted.**

**Finding:** While onsite I observed a portable heater located in the lower-level living area. Mr. Toure acknowledged that the device was utilized as an additional heating source for the lower level of the facility.

**Exit Conference:** I explained my findings as noted above. Mr. Toure stated he understood and did not dispute my findings. He had no further information to provide and had no additional questions to ask concerning the findings. He stated that he will submit an acceptable Corrective Action Plan and will accept the issuance of a Provisional License.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license for the above-cited quality of care violations is recommended.



06/24/2025

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Toya Zylstra  
Licensing Consultant

Date

Reviewed By:



06/25/2025

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Jerry Hendrick  
Area Manager

Date