



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 12, 2025

Kimberly Smith
Golden Transition LLC
6719 Queen Anne Dr
West Bloomfield, MI 48322

RE: License #: AS630418272
Golden Transition LLC
32999 W. 14 Mile Rd
Farmington Hills, MI 48334

Dear Ms. Smith:

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 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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630418272
Licensee Name:	Golden Transition LLC
Licensee Address:	6719 Queen Anne Dr West Bloomfield, MI 48322
Licensee Telephone #:	(313) 404-8985
Licensee Designee:	Kimberly Smith
Administrator:	Kimberly Smith
Name of Facility:	Golden Transition LLC
Facility Address:	32999 W. 14 Mile Rd Farmington Hills, MI 48334
Facility Telephone #:	(313) 404-8985
Original Issuance Date:	12/05/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/28/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee Designee:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
Inspection was not conducted during meal time.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
No fire drills have been completed during this quarter (April, May, June)
Residents admitted into home as of April 2025.
- 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.
There were no incidents to follow up on.
- 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 400.14301	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: (b) A description of services to be provided and the fee for the service.

During the onsite inspection completed on 05/28/25, Resident A's resident care agreement did not include a description of services to be provided and/or the fee for the service.

R 400.14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Licensee designee, Kimberly Smith stated that Resident A uses a wheelchair to ambulate. Resident A's written assessment plan does not indicate that he uses a wheelchair. The assessment plan indicates that Resident A uses a walker. During the onsite inspection completed on 05/28/25, I observed Resident A's wheelchair. There was no walker onsite.

Resident A's health care appraisal indicates that he uses a walker to ambulate. Resident A does not have a walker onsite. Licensee designee, Kimberly Smith stated when Resident A moved into the home on 04/14/25, he did not have a walker in his possession. Ms. Smith stated Resident A uses a wheelchair to ambulate. Resident A's health care appraisal does not indicate that he requires a wheelchair.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Licensee designee, Kimberly Smith stated that Resident A uses a wheelchair to ambulate. During the onsite inspection completed on 05/28/25, I observed Resident A's wheelchair. Ms. Smith does not have a prescription on file for Resident A's wheelchair.

Resident A's health care appraisal indicates that he uses a walker to ambulate. Ms. Smith stated that she does not have a prescription on file for Resident A's walker. Resident A does not have a walker onsite.

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.

Resident A was admitted into the home on 04/14/25. During the onsite inspection completed on 05/28/25, there was no weight recorded for Resident A in May 2025. Licensee designee, Kimberly Smith stated that she weighed Resident A, but she did not record the data on the weight record. Ms. Smith stated Resident A has gained 28 lbs. since his admission into the home one month ago.

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.

During the onsite inspection completed on 05/28/25, licensee designee, Kimberly Smith stated that she has administered the following medications to Resident A, daily in the morning since his admission into the home on 04/14/25: Magnesium 400 mg, Vitamin D3 125 mcg, and a men's multivitamin. These medications were purchased over the counter. Ms. Smith stated she does not have a prescription for the medications.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed the following medications:

- Cefdinir 300 mg – take 1 capsule by mouth daily for UTI
- Mirtazapine ODT 15 mg – Dissolve 2 tablet by mouth at bedtime for depression
- Trintellix 10 mg – Give 1 tablet by mouth for depression
- Aripiprazole 2 mg - Give 1 tablet by mouth for depression

Ms. Smith stated Resident A's prescribed medications ran out on 04/28/25, and the medications have not been refilled. Resident A has not taken these medications since 04/28/25.

R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (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.

During the onsite inspection completed on 05/28/25, I observed the following:

Resident A's April 2025 Medication Administration Record (MAR) did not include the time that medication was to be administered or the initials of the person who administered the medication.

Resident A is prescribed Trintellix 10 mg – Give 1 tablet by mouth for depression. The April 2025 MAR does not indicate the label instructions for use.

Resident A is prescribed Cefdinir 300 mg – take 1 capsule by mouth daily for UTI. The instructions for use documented on Resident A's April 2025 MAR indicate "take

1 capsule by mouth 2 x daily.” The written instructions are inaccurate and do not match the medication bottle. Although the instructions are written incorrectly the MAR indicates that the medication was only administered once daily in the morning.

Resident A did not have a May 2025 MAR onsite and available for review.

Licensee designee, Kimberly Smith stated she has administered the following medications to Resident A, daily in the morning since his admission into the home on 04/14/25: Magnesium 400 mg, Vitamin D3 125 mcg, and a men’s multivitamin. These medications are not documented on Resident A’s MAR for April 2025 and/or May 2025.

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.

During the onsite inspection completed on 05/28/25, the facility did not have a menu posted.

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.

During the onsite inspection completed on 05/28/25, I observed the following:

Resident A’s Funds Part I form was not signed by Licensee designee, Kimberly Smith.

Resident A’s Funds Part II form did not indicate Resident A’s cost of care payment for April 2025 in the amount of \$3,000.00.

R 400.14401	Environmental health.
	(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

During the onsite inspection completed on 05/28/25, bedrooms # 3,4, and 5 did not have screens in the openable windows.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

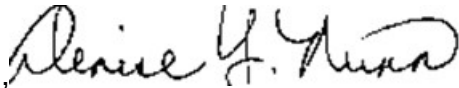


05/29/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



06/12/2025

Denise Y. Nunn
Area Manager

Date