



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 17, 2021

Stephanie Hildebrant  
Wood Care X, Inc., d/b/a Caretel Inns of Linden  
910 S. Washington Ave.  
Royal Oak, MI 48067

RE: License #:	AL250281711 <b>Van Gogh House Inn</b> <b>202 S. Bridge Street</b> <b>Linden, MI 48451</b>
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Dear Mrs. Hildebrant:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large, looped "S" and a clear, legible "Hutchinson".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250281711
<b>Licensee Name:</b>	Wood Care X, Inc., d/b/a Caretel Inns of Linden
<b>Licensee Address:</b>	910 S. Washington Ave. Royal Oak, MI 48067
<b>Licensee Telephone #:</b>	(248) 543-7300
<b>Licensee/Licensee Designee:</b>	Stephanie Hildebrant
<b>Administrator:</b>	Stephanie Hildebrant
<b>Name of Facility:</b>	Van Gogh House Inn
<b>Facility Address:</b>	202 S. Bridge Street Linden, MI 48451
<b>Facility Telephone #:</b>	(248) 543-7300
<b>Original Issuance Date:</b>	06/25/2008
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2021

Date of Bureau of Fire Services Inspection if applicable: 12/17/2020

Date of Health Authority Inspection if applicable: 05/13/2021

Inspection Type: ☐ Interview and Observation ☐ Worksheet  
☒ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime.
- 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 ☐  
Approved Funds Part II form.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.15205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</b>
At the time of my inspection, the licensee designee's latest TB test was dated 11/28/17.	
<b>R 400.15310</b>	<b>Resident health care.</b>
	<b>(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.</b>
At the time of my inspection, one of the residents was missing a recorded weight from October 2020.	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>Rule 312. (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 shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act N. 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.</b>
At the time of my inspection, I found several prescription and over-the-counter medications in several of the resident bedrooms.	

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult large group home with a capacity of 20.

*Susan Hutchinson*

May 17, 2021

Susan Hutchinson Licensing Consultant	Date
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