



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 7, 2023

Melissa Sevegney  
Symphony of Linden Health Care Center, LLC  
30150 Telegraph Rd  
Suite 167  
Bingham Farms, MI 48025

RE: License #:	AL250281713 <b>Leighton House Inn</b> <b>202 S. Bridge Street</b> <b>Linden, MI 48451</b>
----------------	--

Dear Ms. Sevegney:

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, and an acceptable conclusion to the pending special investigation, 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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(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>	AL250281713
<b>Licensee Name:</b>	Symphony of Linden Health Care Center, LLC
<b>Licensee Address:</b>	7257 N. Lincoln Lincolnwood, IL 60712
<b>Licensee Telephone #:</b>	(810) 735-9400
<b>Licensee/Licensee Designee:</b>	Melissa Sevegney
<b>Administrator:</b>	Melissa Sevegney
<b>Name of Facility:</b>	Leighton House Inn
<b>Facility Address:</b>	202 S. Bridge Street Linden, MI 48451
<b>Facility Telephone #:</b>	(810) 735-9400
<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): 06/06/2023

Date of Bureau of Fire Services Inspection if applicable: 12/02/2022

Date of Health Authority Inspection if applicable: 06/06/2023

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.
- 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: 2023A0872019, 304(1e), 311 (1c); 2022A0872052, 206(2), 311(1); renewal inspection 05/13/21, 205(4), 310(3) N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes  (please explain) No  N/A   
Variance for Funds Part II form approved 11/20/09

### 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>(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.</b>
While reviewing employee files, I noted that one staff's (Molly V.) TB test expired on 11/28/21 and she did not get a new test until 02/02/23. I also noted that a new staff (Anijah C.) did not have written evidence of being tested for communicable tuberculosis. All staff shall be tested for communicable tuberculosis before their employment and every 3 years thereafter.	
<b>R 400.15208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e) Verification of experience, education, and training.</b>
While reviewing employee files, I noted that the facility did not obtain a copy of staff Anijah C.'s high school diploma, GED, and/or transcripts. Licensees are required to obtain written verification of education.	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(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 {333.1101 et seq. of</b>

	the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
At the time of my onsite inspection, I found over-the-counter medications in Resident C's room and found over-the-counter medications in Resident D's room. All medications shall be kept in a locked cabinet or drawer as required by this rule.	

**IV. RECOMMENDATION**

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

*Susan Hutchinson*

June 7, 2023

Susan Hutchinson Licensing Consultant	Date
--	------