



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 13, 2021

Stephanie Hildebrant
Wood Care V, Inc.
910 S. Washington
Royal Oak, MI 48067

RE: License #: AL470378848
Degas House Inn
1014 E. Grand River Ave.
Brighton, MI 48116

Dear Mrs. Hildebrant:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL470378848

Licensee Name: Wood Care V, Inc.

Licensee Address: 910 S. Washington
Royal Oak, MI 48067

Licensee Telephone #: (248) 330-9598

Licensee/Licensee Designee: Stephanie Hildebrant

Administrator: Stephanie Hildebrant

Name of Facility: Degas House Inn

Facility Address: 1014 E. Grand River Ave.
Brighton, MI 48116

Facility Telephone #: (810) 220-5222

Original Issuance Date: 01/24/2017

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 07/13/2021

Date of Bureau of Fire Services Inspection if applicable: 04/21/2021

Date of Health Authority Inspection if applicable: N/A

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 10
No. of others interviewed 1 Role: admin/LD

- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

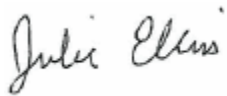
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



07/13/2021

Julie Elkins
Licensing Consultant

Date