

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 10, 2023

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

RE: License #:	AL250281711
	Van Gogh House Inn
	202 S. Bridge Street
	Linden, MI 48451

Dear Melissa 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, 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,

Jusan Hutchinson

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

License #:	AL250281711
Licensee Name:	Symphony of Linden Health Care Center, LLC
Licensee Address:	7257 N. Lincoln
	Lincolnwood, IL 60712
Licensee Telephone #:	(810) 735-9400
Licensee/Licensee Designee:	Melissa Sevegney
Administrator:	Melissa Sevegney
Name of Facility:	Van Gogh House Inn
Facility Address:	202 S. Bridge Street
	Linden, MI 48451
Facility Telephone #:	(248) 330-9598
Original Issuance Date:	06/25/2008
Capacity:	20
Program Type:	AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	07/06/2023		
Date of Bureau of Fire Services Inspection if applicable: 12/02/2022			
Date of Health Authority Inspection if applicable:	07/06/2023		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 2 Role: LD and	0 0 GM		
<ul> <li>Medication pass / simulated pass observed? Yes  No  If no, explain. No residents in the facility since 2022</li> <li>Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.</li> </ul>			
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No K If no, explain. No residents in the facility since 2022</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>			
• Fire safety equipment and practices observe	ed? Yes 🖂 No 🗌 If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>			
<ul> <li>Incident report follow-up? Yes X No I If no, explain.</li> </ul>			
<ul> <li>Corrective action plan compliance verified? AL 310(3) AL 312(1) and AL 205(4) from rer</li> <li>Number of excluded employees followed-up</li> </ul>	newal inspection 05/13/21 N/A 🗌		

• Variances? Yes ⊠ (please explain) No □ N/A □ Variance for Funds Part II form approved 11/20/2009

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:		
R 400.15204	Direct care staff; qualifications and training.	
	<ul> <li>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: <ul> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul> </li> </ul>	
card expired on	iles and noted the following: Staff Marilyn P.'s CPR and First Aid 03/25/23 and the licensee designee was unable to provide me with aquel B.'s CPR and First Aid card.	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.	
	<ul> <li>(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:         <ul> <li>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</li> <li>(b) A description of services to be provided and the fee for the service.</li> </ul> </li> </ul>	

46.5	(c) A description of additional costs in addition to
the the	basic fee that is charged.
	(d) A description of the transportation services that
are	provided for the basic fee that is charged and the
tra	nsportation services that are provided at an extra cost.
	(e) An agreement by the resident or the resident's
de	signated representative or responsible agency to provide
	cessary intake information to the licensee,
	luding health-related information at the time of
adı	mission.
	(f) An agreement by the resident or the resident's
des	signated representative to provide a current health care
ap	praisal as required by subrule (10) of this rule.
	(g) An agreement by the resident to follow the house
rub	es that are provided to him or her.
	(h) An agreement by the licensee to respect and
sat	eguard the resident's rights and to provide a written
	by of these rights to the resident.
	(i) An agreement between the licensee and the
	ident or the resident's designated representative to
fol	ow the home's discharge policy and procedures.
	(j) A statement of the home's refund policy. The
ho	me's refund policy shall meet the requirements of
	00.15315.
	(k) A description of how a resident's funds and
val	uables will be handled and how the incidental needs of
	resident will be met.
	(I) A statement by the licensee that the home is
	ensed by the department to provide foster care to adults.
Resident A was admitte	d to the facility on 08/13/21 but her Resident Care
Agreement was not signed until 12/29/21.	

R 400.15310	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.
	esident files, I noted that Resident A's weights were not recorded 11/21, and 12/21 and Resident B's weights were not recorded for 12/21.
R 400.15315	Handling of resident funds and valuables.
	(4) A listing of all valuables that are accepted by the licensee for safekeeping shall be maintained. The listing of valuables shall

	include a written description of the items, the date received by the licensee, and the date returned to the resident or his or her designated representative. The listing of valuables shall be signed at the time of receipt by the licensee and the resident or his or her designated representative. Upon return of the valuables to the resident or his or her designated representative, the listing shall be signed by the resident or his or her designated representative and the licensee.
The licensee des	gnee was unable to provide me with a listing of valuables for
Resident A or Re	sident B.
Resident A or Re <b>R 400.15403</b>	Maintenance of premises.
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#### **IV. RECOMMENDATION**

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

Dusan Hutchinson

June 10, 2023

Susan Hutchinson	Date
Licensing Consultant	