



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 30, 2024

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

RE: License #:	AL250281711
Investigation #:	2024A0872015 Van Gogh House Inn

Dear Katie Edwards:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please 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 style with a large initial 'S'.

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL250281711
Investigation #:	2024A0872015
Complaint Receipt Date:	12/20/2023
Investigation Initiation Date:	12/20/2023
Report Due Date:	02/18/2024
Licensee Name:	Symphony of Linden Health Care Center, LLC
Licensee Address:	7257 N. Lincoln Lincolnwood, IL 60712
Licensee Telephone #:	(810) 735-9400
Administrator:	Katie Edwards
Licensee Designee:	Katie Edwards
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
License Status:	REGULAR
Effective Date:	09/19/2023
Expiration Date:	09/18/2025
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A requires full care. Resident A is bedbound and cannot feed, wash, or toilet herself. Resident A requires 2-3 person assist and caregivers are unable to meet her needs.	No
Additional Findings	Yes

III. METHODOLOGY

12/20/2023	Special Investigation Intake 2024A0872015
12/20/2023	Special Investigation Initiated - Letter I exchanged emails with the licensee designee, Katie Edwards
01/03/2024	APS Referral I made an APS complaint via email
01/09/2024	Inspection Completed On-site Unannounced
01/26/2024	Contact - Telephone call made I interviewed staff Suzanne Hatzigeorgiou
01/26/2024	Contact - Telephone call made I interviewed staff Alexis Hatzigeorgiou
01/26/2024	Contact - Telephone call made I interviewed staff Kara Foust
01/30/2024	Contact - Telephone call made I interviewed Relative A1
01/30/2024	Inspection Completed-BCAL Sub. Compliance
01/30/2024	Exit Conference I conducted an exit conference with the licensee designee, Katie Edwards

ALLEGATION: Resident A requires full care. Resident A is bedbound and cannot feed, wash, or toilet herself. Resident A requires 2-3 person assist and caregivers are unable to meet her needs.

INVESTIGATION: On 01/09/24, I conducted an unannounced onsite inspection of Van Gogh House Inn Adult Foster Care facility. I interviewed the assisted living director (ALD), Wendy Saab, the general manager (GM), Ali Raza and Resident A. According to ALD Saab, Resident A was admitted to this facility on 11/04/23. Prior to Resident A's admission, Resident A was living at home. Resident A suffers from dementia and is a 2-person assist with all care. Resident A uses a wheelchair and gait belt. ALD Saab and GM Raza said that there are always two staff on shift at all times. They also said that staff can meet Resident A's needs and none of the staff has ever said that they feel Resident A requires too much assistance. ALD Saab and GM Raza said that Resident A's family is pleased with the care she receives at this facility.

I met with Resident A who was in her room, lying in bed. I attempted to interview Resident A, but she simply smiled and did not seem to understand my questions. I noted that she was clean and dressed appropriately, as was her room, and she was being attended to by staff.

On 01/22/24, I reviewed Adult Foster Care documentation related to Resident A. According to her Health Care Appraisal dated 11/01/23, Resident A is diagnosed with Alzheimer's disease, hypertension, hyperlipidemia, and degenerative joint disorder. Resident A is walker and wheelchair dependent.

According to her Assessment Plan dated 11/04/23, Resident A is 80-years old, is 5ft 2in tall and she weighs 123lbs. Resident A is totally dependent regarding eating, mobility, bathing, toileting, personal hygiene, and dressing and she requires extensive assistance with transfers. Resident A is fully incontinent of her bladder and wears briefs and pull ups. Resident A does not require more than 2-person assistance.

On 01/26/24, I interviewed staff Suzanne Hatzigeorgiou via telephone. Staff Hatzigeorgiou said that she has worked at this facility approximately four months and she typically works from 6a-6p. She said that she is familiar with Resident A and confirmed that Resident A is a 2-person assist. According to Staff Hatzigeorgiou, she feels that she and the other staff can meet Resident A's needs and they can provide good care to her. She said that Resident A is challenging because she stiffens up when staff tries to change her or dress her, but it is manageable to do with two staff. She said that Resident A also takes a long time to eat because she will not open her mouth and/or turn her head and that can be frustrating for some staff, but everyone is able to meet her needs. Staff Hatzigeorgiou said that they use a gait belt for transfers and Resident A and staff would probably benefit from a Hoyer lift if it was ever prescribed. She told me that none of the other staff have told her that they do not feel able to care for Resident A.

On 01/26/24, I interviewed staff Alexis Hatzigeorgiou via telephone. She said that she has worked at this facility since August 2023, and she typically works from 6a-6p. Staff Hatzigeorgiou confirmed that Resident A is a 2-person assist and she uses a gait belt for transfers. She told me that she feels that she is capable caring for Resident A and meeting her needs. She said that none of her co-workers have ever told her that they do not feel they can meet her needs or that she requires too much staff assistance.

On 01/26/24, I interviewed staff Kara Foust via telephone. Staff Foust has worked at this facility for several years and she typically works during the day. Staff Foust confirmed that Resident A is a 2-person assist and she requires a gait belt for transfers. I asked her if any of the staff has ever approached her and told her that they feel Resident A requires too much care. She said that some of the staff have commented on the fact that it takes a long time to feed Resident A because she turns her head or will not open her mouth but none of the staff has ever told her that they are not able to care for her.

On 01/30/24, I interviewed Relative A1 via telephone. Relative A1 confirmed that Resident A is a 2-person assist. She said that prior to this placement, Resident A was living at home with her husband. She became too much care, so the family decided to place her at Van Gogh House Inn AFC facility. Relative A1 said that she visits with Resident A frequently and she has talked with several staff. According to Relative A1, none of the staff have ever told her that they feel Resident A is too much care. She also said that she has observed staff care for and transfer Resident A on several occasions and she has no concerns about the care or treatment that Resident A is receiving at this facility.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:</p> <p style="padding-left: 40px;">(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.</p> <p style="padding-left: 40px;">(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.</p> <p style="padding-left: 40px;">(c) The resident appears to be compatible with other residents and members of the household.</p>

ANALYSIS:	<p>The assisted living director (ALD), Wendy Saab, the general manager (GM), Ali Raza, staff Suzanne Hatzigeorgiou, Alexis Hatzigeorgiou, and Kara Foust and Relative A1 confirmed that Resident A is a 2-person assist. All individuals stated that staff can care for Resident A and meet her needs.</p> <p>ALD Saab, GM Raza, and Relative A1 said that none of the staff have ever told them that they feel unable to meet Resident A's needs.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: During my onsite inspection on 01/09/24, I noted the following medication bottles sitting on Resident A's nightstand: Vitamin B12 gummies, 1000mcg, Iron gummies 9mg, and Women's 50+ multigummies. When I brought this to ALD Saab's attention, she removed the bottles from Resident A's room.

On 05/17/21, I completed a renewal inspection at Van Gogh House Inn. During my onsite inspection, I found several prescription and over-the-counter medications in several of the resident bedrooms. The Renewal Licensing Study Report dated 5/17/21 cited violation to R 400.15313(1). The licensee designee (LD) at the time, Stephanie Hildebrant, submitted a corrective action plan dated 06/01/21. LD Hildebrant stated that the director of assisted living (ALD) was provided education of medication storage procedures. LD Hildebrant also said that to ensure continued compliance, the ALD or LD will perform routine rounds on resident rooms to ensure no medications are being stored improperly. LD Hildebrant said that all medications will be stored in a locked cabinet, safe, or drawer.

APPLICABLE RULE	
R 400.15312	Resident medications.
	<p>(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</p>

	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.
ANALYSIS:	<p>During my onsite inspection on 01/09/24, I noted the following medication bottles sitting on Resident A's nightstand: Vitamin B12 gummies, 1000mcg, Iron gummies 9mg, and Women's 50+ multigummies. When I brought this to ALD Saab's attention, she removed the bottles from Resident A's room.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Ref: Renewal LSR dated 05/17/21.

On 01/30/24, I conducted an exit conference with the licensee designee, Katie Edwards. I discussed the results of my investigation and explained which rule violation I am substantiating. LD Edwards agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

Susan Hutchinson

January 30, 2024

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

Approved By:

Mary Holton

January 30, 2024

Mary E. Holton Area Manager	Date
--------------------------------	------