



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 2, 2025

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

RE: License #:	AL250281706 <b>Monet House Inn</b> <b>202 S. Bridge Street</b> <b>Linden, MI 48451</b>
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Dear Katie Edwards:

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,

A handwritten signature in cursive script that reads "Susan 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**

<b>License #:</b>	AL250281706
<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>	Katie Edwards
<b>Administrator:</b>	Katie Edwards
<b>Name of Facility:</b>	Monet 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>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/29/2025

Date of Bureau of Fire Services Inspection if applicable: 12/12/2024

Date of Health Authority Inspection if applicable: 05/29/2025

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
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:  
06/23/23: R 400.15310(3), R 400.15205(5), 04/11/25: R 400.15206(1) N/A ☐
- Number of excluded employees followed-up? 1 N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐  
Variance approved on 11/20/09 for BCAL-2319, Resident Funds Part II

### 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>
At the time of my inspection, I noted that the licensee did not have written documentation that one of the staff is free from communicable tuberculosis. All staff must have written documentation that they are free from communicable tuberculosis before their employment and every 3 years thereafter.	
<b>R 400.15318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>
At the time of my inspection, I noted that the facility was unable to produce fire drill records for the following times: <ul style="list-style-type: none"> <li>• April 2023 – December 2023</li> <li>• January 2024 – March 2024</li> <li>• August 2024 – December 2024</li> <li>• January 2025 – May 2025</li> </ul> Fire drills must be conducted during daytime, evening, and sleeping hours at least once per quarter.	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>

At the time of my inspection, I noted that the kitchen sink in the sub kitchen is excessively worn and in poor repair.	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.
At the time of my inspection, I noted that the floor in the sub kitchen has missing and/or torn flooring. All kitchen floor surfaces must be reasonably impervious to water and kept in clean condition.	
<b>R 400.15407</b>	<b>Bathrooms.</b>
	(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.
At the time of my inspection, I noted that numerous resident bathrooms had inoperable ventilation fans. All bathrooms without windows shall have forced ventilation to the outside.	

#### IV. RECOMMENDATION

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

*Susan Hutchinson*

June 2, 2025

Susan Hutchinson Licensing Consultant	Date
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