



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 11, 2025

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

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

Dear Ms. Edwards:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan on 07/10/2025 addressing the violation cited in the report. Your Adult Foster Care large group home license is renewed. The license is valid only at your present address and is nontransferable.

To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance by submitting a picture of the missing medication by 07/15/2025.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

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

I. IDENTIFYING INFORMATION

License #:	AL470378848
Licensee Name:	Symphony of Brighton Health Care Center LLC
Licensee Address:	Suite 167 30150 Telegraph Road Bingham Farms, MI 48025
Licensee Telephone #:	(810) 299-1320
Licensee Designee:	Katie Edwards
Administrator:	Katie Edwards
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 Inspection(s): 07/10/2025

Date of Bureau of Fire Services Inspection if applicable: 01/06/2025

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 17

No. of others interviewed 1 Role: Scott Keebaugh, facilities

- 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. There are no personal funds on-site.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 found to be in non-compliance with the following rules:

R 400.15312

Resident medications.

(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 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.

Resident A's Tylenol oral 325 mg medication was not available in the medication cart.

A corrective action plan was requested and approved on 07/10/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Jennifer Browning
Licensing Consultant

07/11/2025

Date