



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2025

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

RE: License #: AL470378851
Van Gogh House Inn
1014 E. Grand River Ave.
Brighton, MI 48116

Dear Ms. Edwards:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license is renewed. The license 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) 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 #:	AL470378851
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:	Van Gogh 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 2

No. of residents interviewed and/or observed 19

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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

Jennifer Browning

Jennifer Browning
Licensing Consultant

07/10/2025
Date