



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 13, 2026

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

RE: License #: AL470275345
Constable House Inn
1014 E. Grand River
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 license is renewed. It 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 "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL470275345

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: Constable House Inn

Facility Address: 1014 E. Grand River
Brighton, MI 48116

Facility Telephone #: (810) 299-1320

Original Issuance Date: 07/13/2005

Capacity: 16

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 04/13/2026

Date of Bureau of Fire Services Inspection if applicable: 01/07/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 12

No. of others interviewed 1 Role: licensee designee/admin

- 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:
4/15/2024, 401 (2) N/A
- Number of excluded employees followed-up? 4 N/A
- Variances? Yes (please explain) No N/A

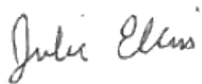
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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



04/13/2026

Julie Elkins
Licensing Consultant

Date