

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 23, 2025

Kory Feetham Reed City Fields Assisted Living II 219 Church St Auburn, MI 48611

RE: License #: AL670398222

Reed City Fields Assisted Living III

22110 Professional Dr. Reed City, MI 49677

Dear Mr. Feetham:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (616) 356-0100.

Sincerely,

Adam Robarge, Licensing Consultant

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Bureau of Community and Health Systems

701 S. Elmwood, Suite 11 Traverse City, MI 49684

(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AL670398222

Licensee Name: Reed City Fields Assisted Living II

Licensee Address: 22109 Professional Dr.

Reed City, MI 49677

Licensee Telephone #: (231) 465-4371

Licensee/Licensee Designee: Kory Feetham, Designee

Administrator: Kory Feetham

Name of Facility: Reed City Fields Assisted Living III

Facility Address: 22110 Professional Dr.

Reed City, MI 49677

Facility Telephone #: (231) 465-4371

Original Issuance Date: 07/27/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/17/2	2025
Date of Bureau of Fire Services Inspection if applicable: 02/29/2024			
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Home M	anager	4 16
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	cplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	-	
•	Incident report follow-up? Yes ☐ No ☒ If i	no, expl	ain.
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s:
•	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 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(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.

There was no sleeping hours fire evacuation drill practiced and/or documented for the second quarter of 2024.

R 400.15402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

One resident refrigerator was above 40 degrees Fahrenheit at the time of the inspection.

A corrective action plan was approved on 01/23/2025. 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

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

Adam Robarge Date
Licensing Consultant