



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 12, 2025

Crystal Bader
Country Comfort, Spectrum Of Light LLC
1356 East Dayton Rd.
Caro, MI 48723

RE: License #: AS790418348
Investigation #: 2025A0576048
Country Comfort

Dear Crystal Bader:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS790418348
Investigation #:	2025A0576048
Complaint Receipt Date:	07/18/2025
Investigation Initiation Date:	07/31/2025
Report Due Date:	09/16/2025
Licensee Name:	Country Comfort, Spectrum Of Light LLC
Licensee Address:	1356 East Dayton Rd., Caro, MI 48723
Licensee Telephone #:	(989) 672-9326
Administrator:	Crystal Bader
Licensee Designee:	Crystal Bader
Name of Facility:	Country Comfort
Facility Address:	4748 Schwegler, Cass City, MI 48226
Facility Telephone #:	(989) 286-3088
Original Issuance Date:	08/06/2024
License Status:	REGULAR
Effective Date:	02/06/2025
Expiration Date:	02/05/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, ALZHEIMERS, AGED, TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
• The AFC home allows staff to begin work without requiring background check.	Yes
• The AFC home allows staff to work without a physical.	No
• The AFC home allows staff to work without a current TB test.	Yes

III. METHODOLOGY

07/18/2025	Special Investigation Intake 2025A0576048
07/31/2025	Contact – Document Received Reviewed LARA Michigan Workforce Background Check System
07/31/2025	Special Investigation Initiated - On Site Interviewed Home Manager, Kadee Browning
08/01/2025	Contact - Document Sent Sent email to Crystal Bader, Licensee Designee
08/01/2025	Contact - Document Received Email received from Crystal Bader
08/08/2025	Contact - Document Received Email received from Crystal Bader
08/05/2025	Contact – Document Received Received exclusionary notice
08/08/2025	APS Referral
08/08/2025	Exit Conference

ALLEGATION:

- The AFC home allows staff to begin work without requiring a background check.
- The AFC home allows staff to work without a physical.
- The AFC home allows staff to work without a current TB test.

INVESTIGATION:

On July 31, 2025, I reviewed the LARA Michigan Workforce Background Check System-Long Term Care. I reviewed the applications for Country Comfort and obtained a list of staff who have had background checks completed.

On July 31, 2025, I conducted an unannounced on-site inspection at Country Comfort and interviewed the Home Manager, Kadee Browning. Manager Browning denied the allegations being true and stated all required checks are done within 30 days of hire. According to Manager Browning, the Licensee Designee, Crystal Bader is responsible for complete staff background checks.

While at the home, I reviewed the staff schedule and all staff files. One staff person, Bonnie Browning, did not have a TB test on file. Three staff members, Jamie Lovelette, Lucinda Elliot, and Carlie Godinez, did not have any verification that a criminal history check was completed, and these staff worked alone per the staff schedule. All staff on the schedule had initial physicals completed.

During my on-site inspection at the home, I viewed Resident A, Resident B, and Resident C sitting at the dining room table eating lunch. The 3 residents appeared well and under no duress. Resident B said "hello" and asked who I was.

On August 1, 2025, I sent Licensee Designee Crystal Bader an email advising her that I conducted a visit to the home to review staff files. I inquired about background checks for 3 staff. Licensee Designee Bader advised the background checks are scheduled and will be completed soon.

On August 5, 2025, I received an exclusionary notice for Staff Jamie Lovelette who is a current direct care staff working at the facility. The exclusionary notice advised the Staff Lovelette is not eligible to provide direct services to residents in AFC homes prior to November 2038.

On August 8, 2025, I received an email from Crystal Bader advising that criminal history checks were completed for Jamie Lovelette, Lucinda Elliot, and Carlie Godinez. Licensee Designee Bader provided verification that Staff Elliot and Staff Godinez "are eligible" to be employed at the facility and do not have any criminal history that excludes them from employment. Staff Lovelette is not eligible and has been taken off schedule.

On August 8, 2025, I conducted an exit conference with Licensee Designee Crystal Bader and advised her of the findings of my investigation. I advised Licensee Designee Bader that I would be requesting a corrective action plan for the two cited rule violations.

APPLICABLE RULE	
MCL 400.734b	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

ANALYSIS:	<p>It was alleged that staff were being allowed to work prior to obtaining a criminal history check. Upon completion of investigative interviews, a review of documentation, and a review of LARA data system there is a preponderance of evidence to conclude a rule violation.</p> <p>An unannounced on-site inspection was completed on July 31, 2025, and a review of all staff files was done. Three staff on the schedule, Jamie Lovelette, Lucinda Elliot, and Carlie Godinez, had no verification that criminal history checks were completed prior to beginning employment at the facility. On July 31, 2025, a review of the LARA Michigan Workforce Background Check system confirmed these 3 staff did not have checks completed. On August 1, 2025, Licensee Designee, Crystal Bader advised the background checks for these staff would be completed immediately.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

ANALYSIS:	<p>It was alleged that staff were being allowed to work prior to obtaining a physician statement attesting to their health. Upon completion of an unannounced on-site inspection, investigative interviews, and a review of documentation there is not a preponderance of evidence to conclude a rule violation.</p> <p>An unannounced on-site inspection was completed on July 31, 2025, and a review of all staff files was done. All staff that were on the schedule had a physician statement attesting to their health within 30 days of employment.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(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.
ANALYSIS:	<p>It was alleged that staff were being allowed to work prior to completing testing for tuberculosis. Upon completion of investigative interviews and a review of documentation there is a preponderance of evidence to conclude a rule violation.</p> <p>An unannounced on-site inspection was completed on July 31, 2025, and a review of all staff files was done. Staff Bonnie Browning did not have verification of having a TB test completed.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.




8/12/2025

Christina Garza
Licensing Consultant

Date

Approved By:



8/12/2025

Mary E. Holton
Area Manager

Date