



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2nd, 2025

Kory Feetham
Bavarian Comfort Care AL & MC LLC
5366 Rolling Hills Drive
Bridgeport, MI 48722

RE: License #: AH730412299
Investigation #: 2025A1021077
Bavarian Comfort Care AL & MC LLC

Dear Kory Feetham

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.
- The signature of the authorized representative and a date.

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) 335-5985.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730412299
Investigation #:	2025A1021077
Complaint Receipt Date:	09/19/2025
Investigation Initiation Date:	09/22/2025
Report Due Date:	11/19/2025
Licensee Name:	Bavarian Comfort Care AL & MC LLC
Licensee Address:	Suite B 3061 Christy Way Saginaw, MI 48603
Licensee Telephone #:	(989) 607-0001
Administrator:	Keisha Whitney
Authorized Representative:	Kory Feetham
Name of Facility:	Bavarian Comfort Care AL & MC LLC
Facility Address:	5366 Rolling Hills Drive Bridgeport, MI 48722
Facility Telephone #:	(989) 777-7776
Original Issuance Date:	01/24/2023
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	65
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Residents' physician orders are not being followed.	No
Residents are missing medications.	Yes
Additional Findings	No

III. METHODOLOGY

09/19/2025	Special Investigation Intake 2025A1021077
09/22/2025	Special Investigation Initiated - On Site
09/23/2025	Contact-Telephone call made Interviewed Great Lakes PACE
10/02/2025	Exit Conference

ALLEGATION:

Residents' physician orders are not being followed.

INVESTIGATION:

On 09/19/2025, the licensing department received an anonymous complaint with allegations resident physician orders are not being followed. The complainant alleged the facility has instructed staff not to provide wound care even when the orders say otherwise. The complainant alleged the in-house physician orders are also not being followed.

Due to the anonymous complaint, I was unable to contact the complainant for additional information.

On 09/22/2025, I interviewed the administrator Keisha Whitney at the facility. The administrator reported only one resident has a wound. The administrator reported this wound is cared for by Great Lakes PACE. The administrator reported on Fridays the facility nurse provides ointment and re-applies the dressing. The administrator reported caregivers are not to provide wound care. The administrator reported that if there is an issue with the wound dressing, the facility contacts PACE for assistance. The administrator reported that no concerns about this arrangement have been brought to her attention. The administrator reported the facility has a close

relationship with Cynthia Evans, the visiting physician. The administrator reported no knowledge of orders not being followed or residents being encouraged not to follow physician orders.

On 09/22/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported caregivers are not to provide wound care. SP1 reported the facility nurse will provide minimal wound care or the resident is seen by PACE or home care. SP1 reported no concerns with physician orders not being followed.

On 09/23/2025, I interviewed Great Lakes PACE by telephone. The agency reported Resident A is active with their agency. The agency reported Resident A has a significant wound that has dressing changes in their program Monday and Wednesdays and a dressing change at the facility on Friday. The agency reported when Resident A came to the facility last Monday, there was facility signature on the dressing which indicates the facility changed the dressing. The agency reported Resident A is currently in the hospital because the wound was getting worse due to an undiagnosed blood clot. The agency reported no concerns with wound care nor the facility of not following orders.

I reviewed Resident A's ADL Log and service plan. The documents revealed Resident A was to have pressure boots in place while in bed and was to be re-position every two hours. These activities were provided as instructed.

I attempted to contact Cynthia Evans, NP by telephone with no response.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are missing medications.

INVESTIGATION:

The complainant alleged caregivers are marking out medication or treatments that have not been completed. The complainant alleged as of 9/18/2025, there are 62

missed ADL's or missed medications per their EMR system with a total of 1,758 for the past 30 days.

The administrator reported caregivers are to document when ADL's are completed. The administrator reported no knowledge of staff falsifying documentation. The administrator reported the residents receive good care and no concerns of lack of care have been brought to her attention. The administrator reported that there is a medication exemption report, and she plans to start to audit this report. The administrator reported at times the medication technician will provide medications early due to resident request or the medication may be flagged as late due to computer internet issues. The administrator reported the facility has a significant number of residents on PACE or waiver. The administrator reported it can be difficult to get refills of these residents' medications. The administrator reported that residents receive their medications.

SP1 reported no knowledge of staff falsifying records nor not following orders. SP1 reported that residents receive good care and receive medications as ordered.

On 09/22/2025, I interviewed SP2 and SP3 at the facility. SP2 and SP3 statements were consistent with those made by SP1.

While at the facility I observed multiple residents. All the residents were actively engaged at the facility and appeared to be clean and well taken care of.

I reviewed the medication variance report for 08/21/2025-09/21/2025. The report revealed many medications that were administered late or early, however, these instances had appropriate documentation. The report revealed there were 107 instances in which medication was not administered for various reasons or was missing documentation and 57 other items that were not completed.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
ANALYSIS:	Review of the medication variance report revealed multiple instances in which medications and treatments were not administered as prescribed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

09/29/2025

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea Moore

09/30/2025

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date