



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 24, 2025

Kory Feetham  
Goodrich Comfort Care LLC  
PO BOX 214407  
Auburn Hills, MI 48321

RE: Application #: AL250419530  
Goodrich Comfort Care I  
8119 S State Rd  
Goodrich, MI 48438

Dear Kory Feetham:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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 that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250419530
<b>Licensee Name:</b>	Goodrich Comfort Care LLC
<b>Licensee Address:</b>	8119 S State Rd Goodrich, MI 48438
<b>Licensee Telephone #:</b>	(810) 244-0694
<b>Administrator/Licensee Designee:</b>	Kory Feetham, Designee
<b>Name of Facility:</b>	Goodrich Comfort Care I
<b>Facility Address:</b>	8119 S State Rd Goodrich, MI 48438
<b>Facility Telephone #:</b>	(810) 244-0694
<b>Application Date:</b>	05/06/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

05/06/2025	On-Line Enrollment
05/07/2025	Inspection Report Requested - Fire
05/07/2025	Inspection Report Requested - Health Invoice#: 1035075
05/07/2025	Contact - Document Received 1326/RI030
05/07/2025	PSOR on Address Completed
05/07/2025	Contact - Document Sent Form and Fire letter sent.
05/08/2025	Contact - Document Sent 1326/Ri030 sent to Licensee.
05/14/2025	Inspection Completed-Env. Health : A
05/15/2025	Contact - Document Received 1326/RI030
05/15/2025	File Transferred To Field Office
05/21/2025	Application Incomplete Letter Sent
06/03/2025	Inspection Completed-Fire Safety : A
08/11/2025	Contact - Document Received Received required paperwork from applicant.
08/29/2025	Contact - Document Received Received required paperwork from applicant.
08/29/2025	Application Complete/On-site Needed
10/01/2025	Inspection Completed-BCAL Sub. Compliance
10/03/2025	Application Incomplete Letter Sent
11/14/2025	Inspection Completed On-site
11/14/2025	Inspection Completed-BCAL Full Compliance
11/24/2025	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Goodrich Comfort Care I is located at 8119 S. State Rd, Goodrich, MI. 48438 in Genesee County. The facility is owned by Goodrich Comfort Care, LLC. It has a large cement parking lot for ample parking space for staff and visitors.

The facility is a single level structure and is located in an urban residential neighborhood. The facility has 20 single occupancy resident bedrooms, which all have attached private full bathrooms. In addition, the facility has another full bath/shower room and a half bath for staff. The facility has a spacious living room, gathering room, dining room and commercial kitchen. There is also a staff office, laundry room, beauty salon, activity room, café, two mechanical rooms and one storage room used exclusively for oxygen tanks. This facility has a total of four exits and all those exits are at grade level, which makes this facility wheelchair accessible. All four exits have attached door alarms to alert staff when someone exits the facility. The facility has a large fenced-in cement patio attached to the back of the building.

The facility has a total of five furnaces, which are located in a mechanical room on a second upstairs level of the building. The facility's hot water heater is located in a small mechanical room located on the main level and both mechanical rooms are separated from the residents with a steel fire rated door equipped with an automatic self-closing device and positive latching hardware. The furnaces were last inspected by a certified HVAC technician on 9/1/2025. There are multiple fire extinguishers located throughout the facility. The smoke detectors are all hard-wired into the facility's electrical and fire detection system and are located in all sleeping and living areas. On 6/3/2025, full fire safety approval was given to this facility by the Bureau of Fire Services.

The facility has a private water system/well and a public sewer system. On 5/14/2025, this facility was inspected for environmental safety and it was given an "A" approval rating by the Genesee County Health Department.

The residents' bedrooms measured as follows:

<b>Bedroom</b>	<b>Square footage</b>	<b># of Residents</b>
Bedroom # 1	15' 4" x 13' 7" = 208 square feet	1
Bedroom # 2	12' 6" x 12' = 150 square feet	1
Bedroom # 3	12' 6" x 12' = 150 square feet	1
Bedroom # 4	12' 6" x 12' = 150 square feet	1
Bedroom # 5	12' 6" x 12' = 150 square feet	1
Bedroom # 6	12' 6" x 12' = 150 square feet	1
Bedroom # 7	12' 6" x 12' = 150 square feet	1
Bedroom # 8	12' 6" x 12' = 150 square feet	1

Bedroom # 9	15' 4" x 13' 7" = 208 square feet	1
Bedroom # 10	15' 4" x 13' 7" = 208 square feet	1
Bedroom # 11	12' 6" x 12' = 150 square feet	1
Bedroom # 12	12' 6" x 12' = 150 square feet	1
Bedroom # 13	12' 6" x 12' = 150 square feet	1
Bedroom # 14	12' 6" x 12' = 150 square feet	1
Bedroom # 15	12' 6" x 12' = 150 square feet	1
Bedroom # 16	12' 6" x 12' = 150 square feet	1
Bedroom # 17	12' 6" x 12' = 150 square feet	1
Bedroom # 18	15' 4" x 13' 7" = 208 square feet	1
Bedroom # 19	16' 9" x 11' 6" + 7' x 9' = 255 square feet	1
Bedroom # 20	16' 9" x 11' 6" + 7' x 9' = 255 square feet	1

The living space in the home is as follows:

Room	Square footage
Living Room	296
Gathering Room	296
Dining Room	614
	Total Sq. Footage = 1206

The living, dining, and sitting room areas measure a total of 1206 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care for up to twenty (20) male and/or female residents over the age of 60, who are aged, have Alzheimer's/dementia and/or physically handicapped. The facility's goal is to provide exceptional care for residents in a safe and loving environment. Goodrich Comfort Care l's focus is to create a supportive and nurturing atmosphere that enables each resident to be more carefree, while having the opportunity to engage in meaningful activity. The residents of this facility will enjoy the opportunity to participate in a wide range of life

enrichment activities and outings that will enhance the quality of their life. The facility will provide trained staff who will deliver care tailored to a resident's personal needs, as defined in their personalized service plan. This facility is wheelchair accessible.

### **C. Applicant and Administrator Qualifications**

The applicant is Goodrich Comfort Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 4/24/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Goodrich Comfort Care, L.L.C. have submitted documentation appointing Kory Feetham as Licensee Designee for this facility and Ruby Kirby as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this twenty bed facility is adequate and includes a minimum of two staff –to- twenty residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org))

and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct

an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license, to this AFC adult large group home (capacity 13-20).



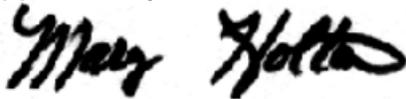
11/24/2025

---

Christopher Holvey  
Licensing Consultant

Date

Approved By:



11/24/2025

---

Mary E. Holton  
Area Manager

Date