



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 26, 2025

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

RE: Application #: AL250419532  
Burton Comfort Care I  
5330 Davison Rd  
Burton, MI 48509

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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250419532
<b>Licensee Name:</b>	Burton Comfort Care LLC
<b>Licensee Address:</b>	5310 Davison Rd Burton, MI 48509
<b>Licensee Telephone #:</b>	(810) 228-3520
<b>Licensee Designee:</b>	Kory Feetham
<b>Administrator:</b>	Kory Feetham
<b>Name of Facility:</b>	Burton Comfort Care I
<b>Facility Address:</b>	5330 Davison Rd Burton, MI 48509
<b>Facility Telephone #:</b>	(810) 228-3520 05/06/2025
<b>Application Date:</b>	
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

05/06/2025	On-Line Enrollment
05/07/2025	Inspection Report Requested - Fire
05/07/2025	PSOR on Address Completed
05/07/2025	Contact - Document Sent Forms and fire letter sent.
05/08/2025	Contact - Document Received AFC-100 still need updated FP from Licensee.
05/08/2025	Contact - Document Sent 1326/RI030
05/15/2025	Contact - Document Received 1326/RI030
05/15/2025	File Transferred To Field Office
05/20/2025	Application Incomplete Letter Sent
08/21/2025	Inspection Completed-Fire Safety : A
11/20/2025	Application Complete/On-site Needed
11/20/2025	Inspection completed- Env. Health: A
11/20/2025	Inspection Completed On-site
11/20/2025	Inspection Completed-BCAL Full Compliance
11/26/2025	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is located at 5330 Davison Road, Burton in Genesee County. The physical plant is a one level structure constructed of brick and vinyl, located in the city of Burton. The front main entrance leads to the front sitting room area. Adjacent is the spacious dining room area. There is a smaller sitting room that affords privacy for visitors. The facility has a commercially equipped kitchen, a beauty shop, a library, a laundry room, a staff office, and a utility room. The hot water heaters are in an enclosed room on the same level. There are twenty single occupancy bedroom suites. In each suite, there is a full bathroom with a shower area. The facility is located within a few miles of shopping

centers, banks, medical facilities, and other community-based resources. The facility is wheelchair accessible. This facility is owned by Burton Comfort Care, LLC.

The furnace is located in the attic/mezzanine area, in a room that is constructed of material that has a 1-hour-fire-resistance rating. The furnace and hot water heaters were inspected on 7/12/25 and are in good working order. This facility is currently licensed under AL250417945 and a BFS fire inspection was conducted on 8/21/25 under this license number with an “A” rating. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The hot water heater is located on the main floor in a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The laundry room is located in the middle of the facility.

The facility has a public water and sewer system. The facility is also connected to the municipal water supply. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Total Square Footage	Total Resident Beds
Bedroom 1	176	1
Bedroom 2	176	1
Bedroom 3	235	1
Bedroom 4	235	1
Bedroom 5	235	1
Bedroom 6	235	1
Bedroom 7	235	1
Bedroom 8	235	1
Bedroom 9	235	1
Bedroom 10	235	1
Bedroom 11	235	1
Bedroom 12	235	1
Bedroom 13	235	1
Bedroom 14	235	1
Bedroom 15	235	1
Bedroom 16	235	1
Bedroom 17	235	1
Bedroom 18	235	1
Bedroom 19	176	1
Bedroom 20	176	1

The living, dining, and sitting room areas measure a total of 1207 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceeded the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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**

The applicant, Burton Comfort Care, LLC, has submitted a copy of the required documentation. 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 to twenty (20) male or female ambulatory adults whose diagnosis is aged or Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian and the responsible agency.

The applicant will ensure that the residents' transportation and medical needs are met. The applicant has transportation available for residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant, Burton Comfort Care, LLC which is a “Domestic Profit Corporation”, was established in Michigan, on 04/24/2025. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

Burton Comfort Care, LLC submitted a written statement naming Kory Feetham as the licensee designee and facility administrator. Kory Feetham submitted licensing record clearance requests that were completed with no LEIN convictions recorded. Kory Feetham also submitted medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Kory Feetham has 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 20-bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1 to 15 resident ratios.

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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator,

and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 and Statutory Violations**

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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).



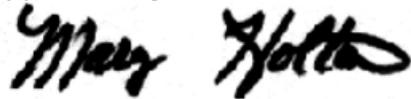
11/26/2025

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



11/26/2025

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Mary E. Holton  
Area Manager

Date