



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 21, 2025

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

RE: Application #:	AL440419527 Lapeer Comfort Care II 1446 Suncrest Dr Lapeer, MI 48446
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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,

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL440419527
<b>Licensee Name:</b>	Lapeer Comfort Care LLC
<b>Licensee Address:</b>	1446 Suncrest Dr Lapeer, MI 48446
<b>Licensee Telephone #:</b>	(248) 930-7875
<b>Administrator/Licensee Designee:</b>	Kory Feetham Kory Feetham
<b>Name of Facility:</b>	Lapeer Comfort Care II
<b>Facility Address:</b>	1446 Suncrest Dr Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 245-9302
<b>Application Date:</b>	05/06/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

04/28/2025	Contact - Document Received 1326/RI030
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 Form and Fire letter sent out.
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
05/21/2025	Application Incomplete Letter Sent
08/20/2025	Contact - Document Received AFC documents received
08/26/2025	Inspection Completed-Fire Safety : A Inspection completed under license #AL440382836
09/03/2025	Application Incomplete Letter Sent 2nd application incomplete letter sent
09/03/2025	Application Complete/On-site Needed
09/25/2025	Inspection Completed On-site
09/25/2025	Inspection Completed-BCAL Sub. Compliance
09/26/2025	Inspection Completed-Env. Health : A
10/07/2025	Contact - Document Received Compliance documentation received

11/21/2025	Inspection Completed-BCAL Full Compliance
11/21/2025	Recommend license issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Lapeer Comfort Care II is located at 1446 Suncrest Drive, Lapeer, Michigan. It is currently licensed as a large group home under The Ridge at Lapeer Memory Care, license number AL440417956. The current owner lost the business and property to a receivership. The property was sold to Lapeer Comfort Care LLC, which is a Michigan Domestic Limited Liability Company established in Michigan on May 2, 2025. Lapeer Comfort Care LLC has given Lapeer Comfort Care II the right to occupy this home as an adult foster care home and has given AFC Licensing permission to inspect the property.

Lapeer Comfort Care II is a single story, ranch style building constructed of vinyl and some brick. It consists of 20 private bedrooms. Four of the bedrooms have attached full bathrooms and the remaining 16 bedrooms have attached ½ bathrooms. There are two additional full bathrooms for the remaining 16 residents. One of the full bathrooms has a large shower room and the other bathroom has a large walk-in tub. Additionally, there is another ½ bathroom for staff and visitor use.

This facility has a large commercial kitchen, a spacious dining room, two living rooms, a resident beauty parlor, a laundry room and a television/dining room area that residents can utilize for family gatherings and/or private communications. The facility is approximately 11,000 square feet and utilizes public water and sewage. This home is wheelchair accessible.

The furnaces and hot water heaters are located in the mechanical room in the attic with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The mechanical room is constructed of material that has a 1-hour-fire-resistance 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. In addition, the facility is fully sprinkled . On 08/26/2025, The Bureau of Fire Services conducted an inspection and gave this facility an “A” rating. On 09/25/2025, I conducted an environmental health inspection and gave this facility an “A” rating.

Resident bedrooms have the following square footage:

Bedroom #	Total Square Footage	Total Resident Beds
1	260	1
2	226	1

3	226	1
4	226	1
5	226	1
6	226	1
7	226	1
8	226	1
9	230	1
10	260	1
11	226	1
12	226	1
13	226	1
14	226	1
15	226	1
16	226	1
17	226	1
18	230	1
19	375	1
20	375	1

The dining room measures 25'9" x 22'9" which is 585.80 square feet. The living rooms in the front of the building measure a total of 16'9" x 14'11" which is 249.80 square feet. The television/dining room area in the back of the building measures 16'5" x 33'7" which is 551.30 square feet. Based on these calculations, there is a total of 1,386.70 square feet of living space which exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents between the ages of 55-99 and whose diagnosis is aged and/or Alzheimer's. 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 to **twenty (20)** male or female ambulatory adults whose diagnosis is aged, physically handicapped, and/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. If necessary, a personal behavior support 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 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 is Lapeer Comfort Care LLC which is a Domestic Limited Liability Company established in Michigan on May 2, 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 Board of Directors of Lapeer Comfort Care LLC has submitted documentation appointing Kory Feetham as the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed and approved for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator 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 2-staff-to-20 residents per shift. All staff shall 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 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 –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 Identogo website ([www.identogo.com](http://www.identogo.com)) MorphoTrust USA 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 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 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 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/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 adult foster care large group home (capacity of 13 to 20).
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*Susan Hutchinson*

November 21, 2025

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

November 21, 2025

Mary E. Holton Area Manager	Date
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