



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 16, 2026

Kory Feetham  
Big Rapids Fields Assisted Living LLC  
4180 Tittabawassee Rd  
Saginaw, MI 48604

RE: License #: AL540415024  
**Big Rapids Fields II Assisted Living**  
**18880 16 Mile Rd**  
**Big Rapids, MI 49307**

Dear Mr. Feetham:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AL540415024

**Licensee Name:** Big Rapids Fields Assisted Living LLC

**Licensee Address:** 18900 16 Mile Road  
Big Rapids, MI 49703

**Licensee Telephone #:** (989) 450-8323

**Licensee Designee:** Kory Feetham

**Administrator:** LaTasha Elton

**Name of Facility:** Big Rapids Fields II Assisted Living

**Facility Address:** 18880 16 Mile Rd  
Big Rapids, MI 49307

**Facility Telephone #:** (231) 426-2521

**Original Issuance Date:** 08/08/2023

**Capacity:** 20

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/13/2026

Date of Bureau of Fire Services Inspection if applicable: A rating on 2/11/2025.  
Another inspection 12/30/2025, Corrective action plan requested. Ms. Elton sent the corrective action plan to BFS on 01/14/2026.

Date of Health Authority Inspection if applicable: Not applicable.

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 20  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

**IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

\_\_\_\_\_01/16/2026\_\_\_\_\_  
Date