



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 10, 2026

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

RE: License #:	AL440419527 <b>Lapeer Comfort Care II</b> <b>1446 Suncrest Dr</b> <b>Lapeer, MI 48446</b>
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Dear Kory Feetham:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 643-79605.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

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

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION 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>Licensee/Licensee Designee:</b>	Kory Feetham
<b>Administrator:</b>	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>Original Issuance Date:</b>	11/21/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/09/2026

Date of Bureau of Fire Services Inspection if applicable: 08/26/2025

Date of Health Authority Inspection if applicable: 04/09/2026

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role: N/A

- 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.
- 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 found to be in non-compliance with the following rules:	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.</b>
At the time of my inspection, I noted that Resident A's Assessment Plan was completed on 12/17/25 but she was admitted to the facility on 11/21/25. I also noted that Resident B's Assessment Plan was completed on 2/13/26 but he was admitted to the facility on 11/21/25. Assessment Plans must be completed at the time of admission.	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Susan Hutchinson*

April 10, 2026

Susan Hutchinson Licensing Consultant	Date
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