GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2026

Kory Feetham
Bavarian Comfort Care AL & MC LLC
5366 Rolling Hills Drive
Bridgeport, MI 48722

RE: License #: AH730412299
Investigation #: 2026A1019034

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

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) 335-5985.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH730412299
Investigation #:	2026A1019034
Complaint Receipt Date:	05/19/2026
Investigation Initiation Date:	05/19/2026
Report Due Date:	07/18/2026
Licensee Name:	Bavarian Comfort Care AL & MC LLC
Licensee Address:	3061 Christy Way, Suite B Saginaw, MI 48603
Licensee Telephone #:	(989) 607-0001
Administrator:	Christine Wade
Authorized Representative:	Kory Feetham
Name of Facility:	Bavarian Comfort Care AL & MC LLC
Facility Address:	5366 Rolling Hills Drive Bridgeport, MI 48722
Facility Telephone #:	(989) 777-7776
Original Issuance Date:	01/24/2023
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	65
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff aren't changing Resident A's briefs often enough.	Yes
A medication was not administered correctly.	No
Additional Findings	Yes

III. METHODOLOGY

05/19/2026	Special Investigation Intake 2026A1019034
05/19/2026	Comment Complaint was forwarded to LARA from APS; APS is investigating.
05/19/2026	Special Investigation Initiated - Letter Emailed assigned APS worker for status update and additional information.
05/28/2026	Inspection Completed On-site
05/28/2026	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Staff aren't changing Resident A's briefs often enough.

INVESTIGATION:

On 5/19/26, the department received a complaint forwarded from Adult Protective Services (APS) alleging that Resident A was left soiled in urine, had a UTI and estimated that her briefs are only changed once per shift. APS does not provide LARA with their referral source, so the original complainant could not be contacted for questioning, and no additional information could be obtained.

On 5/19/26, I contacted the APS worker. The APS worker reported that Resident A was currently hospitalized with a urinary tract infection (UTI) and sepsis. The APS worker reported that she went to visit Resident A at the hospital and was told by Resident A that she is not changed often by the facility. The APS worker reported that Resident A confirmed the allegations but was "*not fully able to orient*".

On 5/28/26, I conducted an onsite inspection. I interviewed administrator Christine Wade at the facility. The administrator reported that Resident A was hospitalized recently (5/14/26-5/18/26) for increased confusion and decreased appetite and was diagnosed with a UTI and sepsis. The administrator reported that Resident A is a PACE (Program for All Inclusive Care) participant, and a PACE representative notified her that Resident A was soiled when she was taken to the hospital. The administrator reported that Resident A requires extensive assistance with activities of daily living (ADL) and is on a two-hour toileting schedule. The administrator reported that staff are expected to document all toileting tasks, including refusals, on an ADL log.

During my onsite inspection, Resident A was out of the facility at PACE and was unavailable for interview. While onsite, I obtained a copy of Resident A's service plan and ADL log. Regarding toileting, the service plan read "*Staff will follow a toileting program designed for the resident. Resident will be toileted every 2 hours to help defer incontinence episodes. Resident requires x2 carestaff to assist with toileting for safety*." The May 2026 ADL log contained instructions consistent to that of her service plan and provided twelve time slots per day for staff to document her every 2-hour checks. I observed the log to be incomplete and noted the following: 5/2/26 (3 blank slots), 5/4/26 (3 blank slots), 5/5/26 (3 blank slots), 5/7/26 (3 blank slots), 5/8/26 (7 blank slots), 5/9/26 (4 blank slots), 5/10/26 (3 blank slots), 5/11/26 (3 blank slots), 5/12/26 (7 blank slots), 5/13/26 (3 blank slots), 5/19/26 (3 blank slots), 5/23/26 (3 blank slots) and 5/24/26 (4 blank slots). Facility staff could not establish that toileting activities occurred during the timeframe where staff failed to complete the documentation.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Resident A's service plan was not followed, as staff could not demonstrate that her toileting schedule was adhered to.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: A medication was not administered correctly.

INVESTIGATION:

The complaint alleged that Resident A presented to the hospital on 5/14/26 wearing two transdermal patches when Resident A should have been wearing only one. The

APS worker reported that Resident A told her this occurred, however, she was unable to confirm with hospital staff that two patches were present on the resident.

While onsite, Resident A's physician's orders and medication administration records (MAR) were reviewed. I observed that Resident A is prescribed buprenorphine and instructed to "*apply 1 patch topically once weekly on Wednesdays*". Staff documented on the MAR that the patch was last applied to Resident A on 5/13/26 prior to her hospitalization on 5/14/26. Staff did not document that the previous patch that was applied on 5/6/26 was removed, however there was not a spot on the MAR to enter that information, and the orders did not outline that directive. The administrator reported that staff attested they removed the previous patch before applying the new one.

APPLICABLE RULE	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
ANALYSIS:	Resident A's transdermal patch was applied per labeling instructions.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

Resident A's hospital discharge paperwork was reviewed from her hospital stay that occurred on 5/14/26-5/18/26. I observed that several new medications were ordered for the resident. In comparing the discharge paperwork with Resident A's MAR, it was determined that she was not receiving one of the newly prescribed medications (lidocaine 4%patch). When questioned about this, the administrator reported that PACE is responsible for Resident A's medication and she was unsure why the medication was not being given to the resident. The administrator followed up with licensing staff on 6/3/26 and reported that PACE said they didn't want Resident A to receive the medication.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
ANALYSIS:	Resident A was discharged from the hospital on 5/18/26 with a new order for a lidocaine patch. The facility was unable to demonstrate an organized program for following discharge instructions and did not obtain clarification on Resident A's new orders until after licensing staff inquired about the issue over two weeks after she was discharged.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
ANALYSIS:	The facility failed to obtain or administer Resident A's lidocaine patch and did not follow up with PACE timely regarding this newly prescribed medication
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

Resident A's service plan read "*2 staff will provide resident with shower 2x weekly*". Review of Resident A's ALD log for the month of May 2026 confirmed that she

received showers on the following dates: 5/2/26, 5/13/26, 5/20/26 and 5/27/26; no refusals were documented.

APPLICABLE RULE	
R 325.1933	**Personal care of residents.**
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Resident A was not bathed twice weekly per her service plan instruction and was not bathed at least weekly per this regulation, as evidenced by no documented bathing activities from 5/3/26-5/12/26.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon completion of an acceptable corrective action plan, I recommend no changes to the status of the license.

06/05/2026

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Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

06/10/2026

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Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section