GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 20, 2026

Kory Feetham
Shields Comfort Care Assisted Living
9140 Gratiot Saginaw, MI 48609

RE: License #: AH730412298
Investigation #: 2026A0784039
Shields Comfort Care Assisted Living

Dear Kory Feetham:

Attached is the Special Investigation Report for the above-mentioned 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Aaron L Clum

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

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

I. IDENTIFYING INFORMATION

License #:	AH730412298
Investigation #:	2026A0784039
Complaint Receipt Date:	06/23/2026
Investigation Initiation Date:	06/24/2026
Report Due Date:	08/22/2026
Licensee Name:	Shields Comfort Care Assisted Living and Memory Care LLC
Licensee Address:	3061 Christy Way Suite B Saginaw, MI 48603
Licensee Telephone #:	(989) 607-0001
Administrator:	Andrea Johnson-Rowell
Authorized Representative:	Kory Feetham
Name of Facility:	Shields Comfort Care Assisted Living
Facility Address:	9140 Gratiot Saginaw, MI 48609
Facility Telephone #:	(989) 607-0003
Original Issuance Date:	06/01/2023
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	65
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Lack of adequate care for Resident A	Yes
Additional Findings	Yes

III. METHODOLOGY

06/23/2026	Special Investigation Intake 2026A0784039
06/24/2026	Special Investigation Initiated - On Site
06/24/2026	Inspection Completed On-site
07/20/2026	Exit - Email Report sent

ALLEGATION:

Lack of adequate care for Resident A

INVESTIGATION:

On 6/23/2026, the department received this online complaint from adult protective services centralized intake.

According to the complaint, Resident A arrived at the hospital on 5/25/2026 covered in old stool. He had bed sores on his back, buttock and hips. He had a catheter that had not been cleaned with his foreskin attached to the catheter and a lot of pus. His skin was broken down toward the urethra opening with a pressure sore developing. Resident A is non-ambulatory but fully conscious and has been requesting assistance from staff.

On 6/24/2026, I interviewed Staff 1 at the facility. Staff 1 confirmed Resident A went to the hospital on 5/25/2026. Staff 1 stated she was not familiar with the details of his hospital visit. Staff 1 stated she was not aware of any issues as indicated in the complaint. Staff 1 stated she has not had contact with the hospital or been made aware of concerns regarding Resident A. Staff 1 stated Staff 2 and 3 would have more details related to the circumstances surrounding Resident A's hospital visit.

On 6/24/2026, I interviewed Staff 2 at the facility. Staff 2 stated Resident A was sent out to the hospital for evaluation related to chest pains. Staff 2 stated Resident A

is unable to get out of bed or ambulate on his own. Staff 2 stated Resident A is on hospice.

On 6/24/2026, I interviewed Staff 3 at the facility. Staff 3 stated she was not aware of the extent of issues noted in the complaint. Staff 3 stated Resident A did have a small bed sore on his buttock which she stated is healing.

On 6/24/2026, I interviewed Resident A at the facility. Resident A appeared comfortable and well groomed. Resident A stated he felt safe at the facility.

I reviewed discharge documentation from *Covenant Health Care* for Resident A, provided by Staff 1. Under a section titled *History of Present Illness*, the document read, in part, “male brought in by EMS for evaluation of chest pain and shortness of breath”. Under a section titled *ED Provider Note*, and subsection titled *Skin,* the document read, in part, “Comments: Stage 1 and 2 skin break down on the back, buttocks and groins with skin caked in stool”. Under a section titled Discharge Summary Note, the document read, in part, “Regarding UTI, he initially had a Foley catheter in place on arrival which appeared dirty with purulent-appearing [thick, creamy, or paste-like fluid that emerges from a wound and is a strong indicator of infection] material, and was also found soiled on presentation from facility” and “there was also concern for possible neglect at this facility given the condition in which he arrived including being found soiled and with concern for inadequate Foley catheter care.”

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 consistently with the resident's service plan.
For Reference: R 325.1901	**Definitions**
	(w) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.

ANALYSIS:	The complaint alleged Resident A did not receive adequate care as evidenced by his condition when he was taken to the hospital on 5/25/2026. While staff interviewed reported they were not aware of the issues stated in the complaint, aside from a small bed sore, notes from the hospital revealed his condition was consistent with the allegation. Based on the findings, the allegation is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDING:

INVESTIGATION:

I reviewed Resident A's service plan, provided by staff 1. Review of the plan revealed no information was included regarding the care, treatment or maintenance of Resident A's Foley Catheter or his bed sores.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan not less than annually or if there is a significant change in the resident's care needs. Changes must be communicated to the resident and the resident's authorized representative, if any.
ANALYSIS:	The investigation established Resident A's is a person that requires the use of a foley catheter. Foley catheters require maintenance such as draining the bag and cleaning the tubing. Review of the service plan revealed the plan did not include any information regarding the monitoring, care or maintenance required for the use of a foley catheter. Additionally, when interviewed, Staff 3 reported that Resident A had a small bed sore. While staff 3 reported the bed sore was healing, that one still existed would require ongoing monitoring and treatment of the wound which was also not included in the plan. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

7/17/2026

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Aaron Clum — Date
Licensing Staff

Approved By:

07/20/2026

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