

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 24, 2023

Kory Feetham Reed City Fields Assisted Living II 219 Church St Auburn, MI 48611

> RE: License #: AL670398222 Reed City Fields Assisted Living III 22110 Professional Dr. Reed City, MI 49677

Dear Mr. Feetham:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (616) 356-0183.

Sincerely,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems 931 S Otsego Ave Gaylord, MI 49735 (989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AL670398222
Licensee Name:	Reed City Fields Assisted Living II
Licensee Address:	22109 Professional Dr. Reed City, MI 49677
Licensee Telephone #:	(231) 465-4371
Licensee/Licensee Designee:	Kory Feetham, Designee
Administrator:	Kory Feetham
Name of Facility:	Reed City Fields Assisted Living III
Facility Address:	22110 Professional Dr. Reed City, MI 49677
Facility Telephone #:	(231) 465-4371
Original Issuance Date:	07/27/2020
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	01/20/2023	
Date	of Bureau of Fire Services Inspection if applicable:	04/14/2022	
Date	of Health Authority Inspection if applicable:	N/A	
No. (of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	5 8	
•	Medication pass / simulated pass observed? Yes $igtyree$	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Y	es 🖂 No 🗌 If no, explain.	
	 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 		
•	Fire drills reviewed? Yes 🖂 No 🗌 If no, explain.		
•	Fire safety equipment and practices observed? Yes $oxtimes$ No $oxtimes$ If no, explain.		
	E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes 🛛 No 🗌 If no,		
•	Incident report follow-up? Yes 🗌 No 🗌 If no, expla	ain.	
	Corrective action plan compliance verified? Yes 🗌 N/A 🖾 Number of excluded employees followed-up?	CAP date/s and rule/s: 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:

R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Emergency and evacuation procedures were not conducted and documented from May 2022 to December 2022.

On 1/23/2023 I conducted an exit conference with the licensee designee Kory Feetham. Mr. Feetham concurred with the findings of the inspection. A corrective action plan was requested and approved on 01/24/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

J. I strall

1/24/2023

Matthew Soderquist Licensing Consultant

Date