



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 17, 2024

Kory Feetham  
Bay City Comfort Care  
4130 Shrestha Drive  
Bay City, MI 48706

RE: License #: AH090371811  
Bay City Comfort Care  
4130 Shrestha Drive  
Bay City, MI 48706

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 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH090371811
<b>Licensee Name:</b>	Bay City Comfort Care LLC
<b>Licensee Address:</b>	2635 Lapeer Road Auburn Hills, MI 48326
<b>Licensee Telephone #:</b>	(989) 607-0001
<b>Authorized Representative:</b>	Kory Feetham
<b>Administrator:</b>	Morgan Harrington
<b>Name of Facility:</b>	Bay City Comfort Care
<b>Facility Address:</b>	4130 Shrestha Drive Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 545-6000
<b>Original Issuance Date:</b>	10/24/2016
<b>Capacity:</b>	67
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/17/2024

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 5/17/2024

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 35  
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 2021A1019052: 1932(5), 2022A1022004: 1921(1), 2022A1022021: 1931(5), 1944(2), 2023A0784082: 1921(1), 1932(2), 20201(2)(1), 2023A1021007: 1932(1), 2023A1022011: 1931(5), 1933(1), 2023A1022034: 1921(1), 2023A1022055: 20175(1), 1921(1)
- Number of excluded employees followed up? 7 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Aaron L. Clum*

5/17/2024

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Licensing Consultant

Date