

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 21, 2025

Kory Feetham Big Rapids Fields Assisted Living LLC 4180 Tittabawassee Rd Saginaw, MI 48604

AL540402190

RE: License #: Big Rapids Fields Assisted Living

18900 16 Mile Road Big Rapids, MI 49307

Dear Mr. 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 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) 335-5985.

Sincerely,

Jennifer Browning, Licensing Consultant Bureau of Community and Health Systems browning 1@michigan.gov - 989-444-9614

nnifer Browni

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

I. IDENTIFYING INFORMATION

License #: AL540402190

Licensee Name: Big Rapids Fields Assisted Living LLC

Licensee Address: 18900 16 Mile Road

Big Rapids, MI 49703

Licensee Telephone #: (989) 450-8323

Licensee Designee: Kory Feetham

Administrator: LaTasha Elton

Name of Facility: Big Rapids Fields Assisted Living

Facility Address: 18900 16 Mile Road

Big Rapids, MI 49307

Facility Telephone #: (810) 931-1961

Original Issuance Date: 12/21/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

No. of residents interviewed and/or observed No. of others interviewed Role: 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. There were no personal funds on-site. Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals. 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.	Date of On-site Inspection(s):	05/21/2	2025	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: 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. There were no personal funds on-site. Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals. 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. Mater temperatures checked? Yes ⋈ No ☐ If no, explain. Corrective action plan compliance verified? Yes ⋈ CAP date/s and rule/s: 2024A1029044 SI regarding heaters being too hot. I was able to verify new heaters were placed in all resident bedrooms and they were an appropriate temperature. N/A ☐ Number of excluded employees followed-up? N/A ⋈	Date of Bureau of Fire Services Inspection	if applicable:	08/13/2024	
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(b) First aid.

Direct care staff members O. Selbee and D. Anderson did not have an updated First Aid training course in their employee record.

R 400.15204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
 - (c) Cardiopulmonary resuscitation.

Direct care staff members O. Selbee and D. Anderson did not have an updated cardiopulmonary resuscitation (CPR) training course in their employee record.

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff member B. Hubbard's medical clearance was not completed within 30 days of her employment date of 1/13/2022. Her medical clearance was not completed until 4/2022.

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff member B. Hubbard did not have an updated TB test in her employee record. She was due for an updated TB April 2025.

R 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A and Resident B were both missing a monthly weight for February 2025.

R 400.15403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

The door on the back patio was hard to open and appeared to be warped on the bottom causing the door to stick.

IV. RECOMMENDATION

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

Genrifer Browning	05/21/2025	
Jennifer Browning	Date	
Licensing Consultant		