GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

Kory Feetham
Shelby Comfort Care
51831 VanDyke Ave.
Shelby Township, MI 48315

RE: License #: AH500413843
Investigation #: 2026A1035028
Shelby Comfort Care

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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500413843
Investigation #:	2026A1035028
Complaint Receipt Date:	02/25/2026
Investigation Initiation Date:	02/26/2026
Report Due Date:	04/27/2026
Licensee Name:	Shelby Comfort Care, LLC
Licensee Address:	2635 Lapeer Road Auburn Hills, MI 48326
Licensee Telephone #:	(989) 607-0001
Administrator:	Alison VanRyckeghem
Authorized Representative:	Kory Feetham
Name of Facility:	Shelby Comfort Care
Facility Address:	51831 VanDyke Ave. Shelby Township, MI 48315
Facility Telephone #:	(586) 333-4940
Original Issuance Date:	02/16/2023
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	77
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The kitchen is not being maintained in a clean and sanitary environment. Staff Person (SP)1 improperly handles perishable and nonperishable food items.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/25/2026	Special Investigation Intake 2026A1035028
02/26/2026	Special Investigation Initiated - Letter
03/03/2026	Contact - Face to Face
03/30/2026	Inspection Complete. BCAL Sub Compliance.
03/30/2026	Exit Conference.

ALLEGATION:

The kitchen is not being maintained in a clean and sanitary environment. Staff Person (SP)1 improperly handles perishable and nonperishable food items.

INVESTIGATION:

On February 25, 2026, the Department received an anonymous complaint through the online complaint system which read:

> "Staff Person (SP)1, is seen on a daily basis, not using gloves or hair nets in the public kitchen. He eats with his fingers out of the pans and trays that he is cooking residents of food out of. He also uses his bare hands to handle loose foods and serve people's plates while also snacking on everyone's food. He will cut up residents' food and then lick the fork and knife before he cuts up somebody else's food. I have never once saw him wash his hands or wear gloves in the kitchen while serving meal."

On March 3, 2026, an onsite investigation was conducted. While onsite, I interviewed Alison Van Ryckegham, Administrator, who states she is unaware of issues related to the kitchen.

While onsite, I interviewed SP1 who states he is new to the position and has not been taught everything he needs to know.

Through direct observation counter tops, multiuse equipment, ovens, and floors observed in kitchen are dirty and unkept. Multiple perishable and nonperishable items observed open to air. Several food items such as frozen fish, chicken strips, cheese, observed opened and not dated. Freezer observed with debris on the floor. Freezer observed with stacked boxes of food toppling over. SP1 states temperature logs and dishwasher logs are not maintained.

APPLICABLE RULE	
R 325.1976	**Kitchen and dietary.**
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources. **(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.** **(7) Perishable foods shall be stored at temperatures which will protect against spoilage.** **(8) A reliable thermometer shall be provided for each refrigerator and freezer.** **(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.**
ANALYSIS:	The kitchen is not maintained in a sanitary and safe manner. Facility does not maintain refrigerator temperature logs. Facility does not maintain temperature logs for the dishwasher. Multi-use items are observed soiled with debris. Multiple perishable and nonperishable items observed opened, not dated, and not stored properly.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

While onsite Resident A was observed in dining area restrained to the wheelchair with a gait belt. The Administrator states this is not within policy.

Through record review Resident A is at risk for falls. Resident A has bed alarms and chair alarms care plan devices not observed during survey. Activities of daily living (ADL's) charting inclusive of "bed alarms, chair alarms, showers, ambulation, dining assistance" reviewed for the month of February most of the assigned charting was not documented.

APPLICABLE RULE	
MCL 333.20201	**Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.**
	(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following: **(a) A patient or resident shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment.** **(l) A patient or resident is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by the attending physician, by a physician's assistant with whom the physician has a practice agreement, or by an advanced practice registered nurse, for a specified and limited time or as are necessitated by an emergency to protect the patient or resident from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician, physician's assistant, or advanced practice registered nurse who authorized the restraint. In case of a chemical restraint, the physician, or the advanced practice registered nurse who authorized the restraint, shall be consulted within 24 hours after the commencement of the chemical restraint.**

ANALYSIS:	Resident observed restrained to wheelchair. Facility is not following service plan related to ADL care. Resident A's care needs are not being consistently charted on therefore, it could not be determined if ADL care needs were being provided.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

While onsite SP1 states he had not been taught about food census logs, food records, nor food production logs.

APPLICABLE RULE	
R 325.1954	**Meal and food records.**
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	The facility does not maintain meal census logs.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action, I recommend the status of this license remain unchanged.

03/23/2026

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Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:

03/30/2026

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