



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 26, 2026

Kory Feetham
Burton Comfort Care LLC
PO BOX 214407
Auburn Hills, MI 48321

RE: License #: AL250419532
Burton Comfort Care I
5330 Davison Rd
Burton, MI 48509

Dear Kory 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 will be renewed upon receipt of a renewal application and fee. It will be 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

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

I. IDENTIFYING INFORMATION

License #:	AL250419532
Licensee Name:	Burton Comfort Care LLC
Licensee Address:	5310 Davison Rd Burton, MI 48509
Licensee Telephone #:	(810) 228-3520
Licensee Designee:	Kory Feetham
Administrator:	Matthew Brawner
Name of Facility:	Burton Comfort Care I
Facility Address:	5330 Davison Rd Burton, MI 48509
Facility Telephone #:	(810) 228-3520
Original Issuance Date:	11/26/2025
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2026

Date of Bureau of Fire Services Inspection if applicable: 08/21/2025

Date of Health Authority Inspection if applicable: 05/12/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: N/A

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license upon receipt of an application for renewal and application fee..



05/26/2026

Kent W Gieselman
Licensing Consultant

Date