



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 9, 2026

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

RE: License #: AL540415024
Investigation #: 2026A1033052
Big Rapids Fields II Assisted Living

Dear Mr. Feetham:

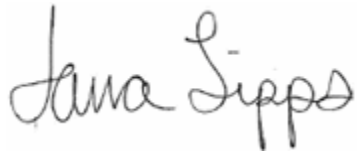
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL540415024
Investigation #:	2026A1033052
Complaint Receipt Date:	08/13/2026
Investigation Initiation Date:	08/18/2026
Report Due Date:	10/12/2026
Licensee Name:	Big Rapids Fields Assisted Living LLC
Licensee Address:	18900 16 Mile Road Big Rapids, MI 49703
Licensee Telephone #:	(989) 450-8323
Administrator:	LaTasha Elton
Licensee Designee:	Kory Feetham
Name of Facility:	Big Rapids Fields II Assisted Living
Facility Address:	18880 16 Mile Rd Big Rapids, MI 49307
Facility Telephone #:	(231) 426-2521
Original Issuance Date:	08/08/2023
License Status:	REGULAR
Effective Date:	01/25/2026
Expiration Date:	01/24/2028
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff are not monitoring the temperature of the food being served to residents.	No
The facility is not properly equipped with serving utensils and eating utensils. The direct care staff must wash utensils during serving times to have enough for all residents.	No
The hood for the stove is broken, and the grease fire suppression system is non-functional.	No
Additional Findings	Yes

III. METHODOLOGY

08/13/2026	Special Investigation Intake 2026A1033052
08/13/2026	Contact - Document Sent Email correspondence sent to Complainant.
08/17/2026	Special Investigation Initiated - On Site Interviews conducted with direct care staff/kitchen manager, Kathy Burgess, direct care staff/Medication Coordinator, Jessica Caldwell, direct care staff/Operations Manager, Bettie Hubbard. Observation of lunch meal service completed.
08/17/2026	Contact – Telephone call made Interview conducted with Complainant.
08/18/2026	APS Referral No current suspicion of abuse, neglect, or exploitation.
08/18/2026	Contact - Telephone call made Telephone interview with Administrator, LaTasha Elton.
08/18/2026	Inspection Completed-BCAL Sub. Compliance
09/04/2026	Exit Conference- Telephone call made to licensee designee, Kory Feetham. Voicemail message left and email sent addressing allegations and findings.
09/08/2026	Email correspondence received from licensee designee, Kory Feetham, acknowledging the exit conference findings.

ALLEGATION:

- **Direct care staff are not monitoring the temperature of the food being served to residents.**
- **The facility is not properly equipped with serving utensils and eating utensils. The direct care staff must wash utensils during serving times to have enough for all residents.**
- **The hood for the stove is broken, and the grease fire suppression system is non-functional.**

INVESTIGATION:

On 8/13/26 I received an online complaint regarding the Big Rapids Fields II Assisted Living, adult foster care facility (the facility). The complaint alleged that direct care staff who work in the kitchen are not taking temperatures of the food being served. The complaint alleged that the food is not at a proper temperature before it is served to residents, putting residents at risk for a foodborne illness. The complaint further alleged that the stove/oven in the kitchen at the facility is not in good working condition. Alleging the hood is broken and the “grease fire suppression system are completely non-functional.” Lastly, the complaint reported that there are not adequate eating utensils or serving utensils available at the facility. The complaint alleged that direct care staff are required to wash utensils during meal service and are not left adequate time to sanitize and properly dry the utensils prior to using. On 8/13/26 I sent email correspondence to Complainant and left a voicemail message.

On 8/17/26 I conducted an unannounced on-site investigation at the facility during the noon meal. I was able to observe the protocol in place for preparing and serving the noon meal. I observed direct care staff/Kitchen Manager, Kathy Burgess, serving residents from a heated staging unit. Ms. Burgess had prepared a pulled meat sandwich, baked beans, and pasta salad on this date. Ms. Burgess took the temperature of each item. The baked beans and the pulled meat were 146 degrees Fahrenheit. The pasta salad was 38 degrees Fahrenheit. Ms. Burgess reported that she is responsible for preparing and serving meals for this facility and another licensed adult foster care facility located on the same campus. After Ms. Burgess served everyone at the facility, she took the heated unit to the next facility and repeated the same procedure. When Ms. Burgess took the temperature of the baked beans, they were still at 146 degrees Fahrenheit, and the pasta salad was still 38 degrees Fahrenheit. The pulled meat had dropped to 138 degrees Fahrenheit. Ms. Burgess removed the pan of pulled meat from the heated unit and took it to the stove to reheat the product. She was able to return the product to the desired temperature, above 140 degrees Fahrenheit, and served the food to the residents at this location. During my observations of Ms. Burgess, I did not witness her needing to wash the serving utensils or any eating utensils in the middle of the meal service. I was able to speak with residents in the

dining room. Not one resident had any complaints about the meal service, the quality of the food, or the temperature of the food being served.

During the on-site investigation, I interviewed Ms. Burgess about the allegations. Ms. Burgess reported that she has been in the position of kitchen manager since June 2026. She reported that she is currently taking a ServSafe training to expand her knowledge of running a commercial kitchen. She reported that she has received nutrition training and food preparation training at the facility. Ms. Burgess reported that the protocol at the facility is to take the temperature of all cold and hot foods prior to serving to ensure cold foods are at or under 40 degrees Fahrenheit and hot foods are at or above 140 degrees Fahrenheit. Ms. Burgess reported that the process is to record these temperatures in a logbook for each meal service to keep track of temperatures. She reported that if the food does not have a correct temperature, it will be reheated or not served if it is a cold food item. Ms. Burgess reported that to her knowledge there are no issues with the stove. She reported that she prepared the meal being served on the stove and she was not aware of any issues with the hood or the grease fire suppression system. Ms. Burgess reported that the facility is adequately stocked with serving and eating utensils. Ms. Burgess was able to walk me through both kitchens and dining rooms to identify all the utensils available. There was a large stock of both serving and eating utensils.

During the on-site investigation on 8/17/26 I interviewed direct care staff/Medication Coordinator, Jessica Caldwell, and direct care staff/Operations Manager, Bettie Hubbard, regarding the allegations. Ms. Caldwell and Ms. Hubbard both reported that the direct care staff who prepare meals are required to take the temperatures of all hot and cold food products being served prior to serving the residents. They reported that these temperatures are recorded on a log in the kitchen. Ms. Caldwell and Ms. Hubbard reported that they had not received any complaints that the food was not at an acceptable temperature for the residents. They reported that they have no knowledge of the stove hood or grease fire suppression system not functioning. Ms. Caldwell reported that they had recently received their annual inspection on the stove from Summit Fire Protection on 6/3/26. She provided this documentation for my review. She reported that there were no violations noted in this inspection. I observed the inspection report and noted this being an accurate statement. Ms. Caldwell and Ms. Hubbard reported no knowledge of any shortage of serving or eating utensils at the facility. They reported that Ms. Burgess has completed food service and nutrition trainings through the facility and is in process of completing her ServSafe certification.

During the on-site investigation I reviewed the tracking logs the direct care staff have been tasked with completing when taking food temperatures. I reviewed the logs from 8/1/26-8/17/26. I observed that out of 49 meals there were 23 times the food temperatures were not recorded by the direct care staff members.

On 8/17/26 I interviewed Complainant, via telephone regarding the allegations. Complainant reported that their knowledge of the facility's kitchen dates back to August 2025. They reported that they had no current knowledge of the kitchen, the direct care staff providing the meals in the kitchen, the current kitchen protocols, or the current

kitchen supplies. Complainant reported that the allegations were based upon information observed in 2025.

On 8/18/26 I interviewed Administrator, LaTasha Elton, regarding the allegations. Ms. Elton reported that the direct care staff who work in the kitchen are required to take temperatures of hot and cold foods prior to serving residents. She reported the protocol is to record these temperatures in a logbook in the kitchen. Ms. Elton reported that to her knowledge this protocol is being followed. Ms. Elton reported that there is no current shortage of serving or eating utensils at the facility. She further reported that the stove was identified as having a mechanical issue multiple months prior, at least six to eight months ago, and this issue was addressed and resolved. Ms. Elton reported that the stove was recently inspected and passed inspection in June 2026. Ms. Elton reported that Ms. Burgess has been trained in food preparation and nutrition guidelines. During this interview I provided consultation to Ms. Elton that the protocol to record the food temperatures at each meal is not being followed by her direct care staff. I reported to Ms. Elton that there were 23 meals where direct care staff had failed to record the temperature. Ms. Elton was advised that if this is the protocol of the facility then the direct care staff should be following this directive. Ms. Elton verbalized acknowledgement of this consultation.

I reviewed the Bureau of Fire Services (BFS) report for this facility dated 1/30/26. This is the most recent BFS report available for review. This report identified that the facility was "Approved".

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(2) Meals must be of proper form, consistency, and temperature.
ANALYSIS:	Based upon the observations made during the on-site investigation and interviews conducted it can be determined that there is not adequate evidence to suggest the direct care staff are not taking temperatures of the food prior to serving the food to the residents. I made direct observations of Ms. Burgess' approach to serving the noon meal. She took temperatures of both cold and hot food and reheated the hot food to bring it to the proper temperature. Even though the food temperature logs were incomplete, proper protocol was observed. Also, Complainant's information was not current and could not be used as a reliable source. Therefore, a violation will not be established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.665	Food service.
	(1) A facility shall be properly equipped to prepare and serve adequate meals. (4) Food must be stored at temperatures that will protect against spoilage. Cold foods must be stored at 40 degrees Fahrenheit or below and hot foods stored at 140 degrees Fahrenheit or above until served to residents, except during periods that are necessary for preparation. (6) Food service equipment and utensils must be constructed of materials that are nontoxic, easily cleaned, and maintained in good repair. Food service equipment and eating and drinking utensils must be thoroughly cleaned and air dried after each use. (8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions. (9) Kitchen hoods or canopies must be equipped with filters. Filters must be maintained in an efficient condition and always clean.
ANALYSIS:	Based upon observations made during the on-site investigation and interviews conducted it can be determined that there is no current, available evidence to suggest that the facility is in short supply of serving or eating utensils. During the on-site investigation, I observed a plethora of each type of utensil. Ms. Burgess was not in short supply and demonstrated multiple locations where additional utensils could be found. Further, the stove/oven was functional at the time of this on-site investigation. There was recent documentation from the on-site fire safety inspection performed by Summit Fire Protection on 6/3/26. I also reviewed the BFS report dated 1/30/26 which provided approval for this facility's fire safety. Due to the Complainant not having current information to provide to this investigation, there will not be a violation cited at this time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

During the on-site investigation on 8/17/26 I reviewed the *Resident Register* for the facility. I observed the *Resident Register* listed 22 active residents in the facility. I inquired about the document and whether this document was up to date. I was advised by Ms. Caldwell, Ms. Hubbard, and Ms. Burgess that there are currently 22 residents residing at the facility. I was also advised that two of these residents were being prepared to move to another licensed adult foster care facility on this campus. I reviewed the admission dates for the 22 residents and noted that Resident A was admitted on 5/22/26, putting the census to 21 residents and Resident B was admitted on 6/25/26, putting the census to 22 residents.

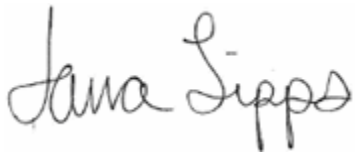
On 8/18/26 I interviewed Ms. Elton, via telephone, regarding the current census at the facility. Ms. Elton acknowledged that she understood the licensed capacity for this facility is 20 residents and that the facility had been at 22 residents. She reported that two residents were being prepared to move to another licensed adult foster care facility on this campus.

On 9/4/26 I conducted an exit conference, via email, with licensee designee, Kory Feetham, as I could not reach Mr. Feetham via telephone. It was explained that the facility had been over capacity at the time of the on-site investigation on 8/17/26. Mr. Feetham responded to this email correspondence on 9/8/26, acknowledging this fact.

APPLICABLE RULE	
R 400.613	Licensed capacity, occupants.
	(1) The number of residents and number of resident beds must not be greater than the capacity authorized on the license.
ANALYSIS:	Based upon the interviews conducted and review of the Resident Register, it has been determined that the facility was over capacity by two residents at the time of the on-site investigation on 8/17/26. It was established that the facility had been over capacity since Resident A was admitted on 5/22/26. Therefore, a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the current status of the license recommended at this time.



9/8/26

Jana Lipps
Licensing Consultant

Date

Approved By:



09/09/2026

Dawn N. Timm
Area Manager

Date