



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 13, 2025

Kory Feetham
Ridgeline Burton, LLC
5310 Davison Rd.
Burton, MI 48509

RE: License #: AL250417957
Investigation #: 2025A0569048
The Ridge at Burton Memory Care North

Dear Kory 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman". The signature is written in dark ink on a light-colored background.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250417957
Investigation #:	2025A0569048
Complaint Receipt Date:	08/21/2025
Investigation Initiation Date:	08/21/2025
Report Due Date:	10/20/2025
Licensee Name:	Ridgeline Burton, LLC
LicenseeAddress:	5310 Davison Rd. Burton, MI 48509
Licensee Telephone #:	(989) 534-1772
Administrator:	Matthew Brawner
Licensee Designee:	Kory Feetham
Name of Facility:	The Ridge at Burton Memory Care North
Facility Address:	5330 Davison Rd. Burton, MI 48509
Facility Telephone #:	(810) 228-3520
Original Issuance Date:	10/02/2024
License Status:	REGULAR
Effective Date:	04/02/2025
Expiration Date:	04/01/2027
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The staffing pattern is insufficient to meet the residents' needs.	Yes

III. METHODOLOGY

08/21/2025	Special Investigation Intake 2025A0569048
08/21/2025	APS Referral Referral to APS.
08/21/2025	Special Investigation Initiated - Letter Email to ORR.
10/02/2025	Inspection Completed On-site
10/02/2025	Contact - Telephone call made Contact with staff 1.
10/02/2025	Contact - Telephone call made Contact with staff 2.
10/13/2025	Inspection Completed-BCAL Sub. Compliance
10/13/2025	Contact - Telephone call made Attempted contact with Kory Feetham, licensee designee. Left voicemail.
10/13/2025	Exit conference. Exit conference with Kory Fleetham, licensee designee.
10/13/2025	Corrective action plan requested and due on 10/30/2025.

ALLEGATION:

The staffing pattern is insufficient to meet the residents' needs.

INVESTIGATION:

This complaint was received via LARA-BCHS-Complaints@michigan.gov. The anonymous complainant reported that this facility is “short staffed” resulting in “neglect and poor care for the residents”.

An unannounced inspection of this facility was conducted on 10/02/2025. The resident registry and written assessments were reviewed. There are currently 16 residents residing in this facility. The resident needs documented are;

- Needs staff assistance with Eating/feeding- 3
- Needs staff assistance with toileting- 11
- Needs staff assistance with bathing- 14
- Needs staff assistance with grooming- 13
- Needs staff assistance with dressing- 13
- Needs staff assistance with hygiene- 13
- Needs staff assistance with mobility- 9
- Uses assistive devices- 7
- Receiving Hospice Services- 3
- “Bed bound”- 1

The staff schedule was reviewed. There are currently two (2) staff assigned per shift to meet the needs of the 16 residents. The fire drill records were reviewed for 2025. The average evacuation time for January to September 2025 is 10 minutes. This facility is a “memory care” facility and all residents have a diagnosis of varying degrees of dementia. Two of the residents were able to give reliable statements regarding this allegation.

Resident A was alert and oriented to person, place, and time. Resident A was appropriately dressed and groomed with no visible injuries. Resident A stated that “there definitely are not enough staff working to help the residents”. Resident A stated that several of the residents are not able to get out of bed or “move around” without staff helping them and with only two staff working, the staff simply can’t get to all of the residents. Resident A stated that the staff “are nice” but they just can’t assist all of the residents when needed. Resident A stated that she requires assistance with toileting, and sometimes she will push her call button and it “takes a long time” for anyone to come and help her. Resident A stated that several of the residents “wander around” and can be aggressive with the staff, and those are the residents that take up a lot of staff attention. Resident A stated that she has observed other residents “calling for staff” but staff are busy and can’t help the other residents. Resident A stated that she uses a

wheelchair for mobility and needs assistance getting out of the wheelchair but will be left to sit for long periods of time because there isn't enough staff to help her.

Resident B was alert and oriented to person, place, and time. Resident B was appropriately dressed and groomed with no visible injuries. Resident B stated that she is confined to her bed and requires staff assistance to get out of bed. Resident B stated that she spends most of her day in bed because there are not enough staff to help her get out of bed. Resident B stated that most of the staff work hard, but there just are not enough staff to help everyone when they need assistance. Resident B stated that "there used to be three staff for each shift" and that staff were more likely to respond immediately when residents would "push their call light" buttons. Resident B stated that the residents that "wander around" and "are aggressive" take up all of the staff attention and the "quiet residents" are left to "fend for themselves".

Staff 1 stated on 10/02/2025 that they did not want to be identified in this report for fear of losing their job. Staff 1 stated that there are currently two (2) staff assigned to each shift. Staff 1 stated that this staffing pattern is not enough for the staff to meet the residents' needs. Staff 1 stated that several of the residents get "aggressive" when staff assist them with toileting, grooming, dressing, and hygiene which requires both staff to assist one resident. Staff 1 stated that they are not able to assist all of the residents as needed and the residents who are "more quiet" will not receive the assistance they need.

Staff 2 stated on 10/02/2025 that they did not want to be identified in this report for fear of losing their job. Staff 2 stated that there are currently 2 staff scheduled per shift. Staff 2 stated that this staffing pattern is not sufficient to meet the residents' needs. Staff 2 stated that several residents require 2 staff because of "aggressive behaviors" leaving the other residents to wait "long periods" for assistance if they need it. Staff 2 stated that it is difficult to evacuate all of the residents with only 2 staff if needed, and several of the residents "wander" needing more supervision. Staff 2 stated that if a resident wanders out of the facility, there are alarms to notify staff, but it is difficult for one staff to follow a resident who has eloped while the other tries to supervise the remaining residents.

An exit conference was conducted on 10/13/2025 with Kory Fleetham, licensee designee. The findings in this report were reviewed and a corrective action plan was requested. Kory Fleetham stated that he would submit a corrective action plan.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services

	specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	There are currently 16 residents residing in this memory care facility. The staff schedule and statements from Resident A, Resident B, Staff 1, and Staff 2 indicate that there are only two staff scheduled per shift. Resident A, Resident B, Staff 1, and Staff 2 all stated that this is not enough staff to meet the residents' needs, and residents will go for "long periods of time" without receiving staff assistance when needed. The resident written assessments document that the majority of residents in this facility require staff assistance to insure their supervision, care, and safety. The fire drill logs document that evacuation times for the residents averages around 10 minutes for 2025. Based on the documents reviewed and statements given, it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend that the status of this license remains unchanged with the receipt of an acceptable corrective action plan.



10/13/2025

Kent W. Gieselman
Licensing Consultant

Date

Approved By:



10/13/2025

Mary E. Holton
Area Manager

Date