GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 5, 2022

Jeremiah Johnson
Saginaw Bickford Cottage
5275 Mackinaw Rd.
Saginaw, MI 48603

RE: License #: AH730279101
Investigation #: 2022A0585028
Saginaw Bickford Cottage

Dear Mr. Johnson:

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) 284-9730.

Sincerely,

Brender L. Howard

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730279101
Investigation #:	2022A0585028
Complaint Receipt Date:	01/19/2022
Investigation Initiation Date:	01/19/2022
Report Due Date:	03/18/2022
Licensee Name:	Saginaw Bickford Cottage, LLC
Licensee Address:	13795 S. Mur Len Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Administrator:	SueNae Blankenship
Authorized Representative:	Jeremiah Johnson
Name of Facility:	Saginaw Bickford Cottage
Facility Address:	5275 Mackinaw Rd. Saginaw, MI 48603
Facility Telephone #:	(989) 799-9600
Original Issuance Date:	02/08/2007
License Status:	REGULAR
Effective Date:	03/24/2021
Expiration Date:	03/23/2022
Capacity:	55
Program Type:	ALZHEIMERS AGED

ALLEGATION(S)

	Violation Established?
The facility does not have sufficient staff to care for the needs of the residents.	Yes
Additional Findings	Yes

II. METHODOLOGY

01/19/2022	Special Investigation Intake 2022A0585028
01/19/2022	Special Investigation Initiated - Letter Letter received from Adult Protective Services (APS) with allegations.
01/21/2022	Comment Additional allegations received.
02/01/2022	Inspection Completed On-site Completed with observation, interview and record review.
04/05/2022	Exit conference Conducted with authorized representative Jeremiah Johnson

ALLEGATION:

The facility does not have sufficient staff to care for the needs of the residents.

INVESTIGATION:

On 1/19/2022, the department received the allegations from Adult Protective Services (APS) via the BCAL Online complaint website. The complaint alleges that there are not enough staff to care for the needs of the residents and showers are not being completed.

On 1/21/2022, the department received additional complaints via the BCAL Online complaint website. The complaint alleges that they arrived at the facility and there was no care staff working on that shift.

On 1/21/2022, I interviewed complainant from the second complaint by phone. She stated that on 1/17/2022, there was no staff in the building when she came there at 7:30 a.m. She stated that finally at 9:30 a.m. someone from the agency staffing company came but it still was not a med passer there. She stated that it was only one staff member in the building.

On 2/1/2022, an onsite was completed at the facility. The administrator Justin Stein was not present in the building at the time of the onsite. I interviewed Krystyna Badoni who was an administrator from another one of their sister facilities in Mr. Stein's absent. She stated that they are in the process of hiring and they also utilize agency staff. She stated that they also have a nurse on duty five times a week. She stated that medication technician also assists with personal care when they are not passing medication. She stated that the expected response time is ten minutes or less. She explained that there was enough staff between their regular staff and the agency staff on the date in question of January 17, 2022. She stated that the census is 42, which includes 36 in the assisted living and six in the memory care. She stated that they have two residents who uses Hoyer lifts. She stated that the facility did not have shower sheets, but it is something that will be implemented.

On 2/1/2022, I interviewed LPN Marquita Crudp at the facility. She stated that she works four days a week. She stated that she passes medication but also assist with care when needed. She stated that it is usually six total caregivers which includes agency staff. She stated that she did not remember how many staff was there on 1/17/2022.

On 2/1/2022, I interviewed Relative A1 at the facility. She stated that staff do what they can but feels that there isn't enough staff.

On 2/1/2022, during my onsite I observed residents at the facility. The residents were all clean, and well groomed.

On the day of my onsite, I saw a total of six staff members caring for the needs of the residents.

Service plan for Resident A read, knows when she needs to use the restroom and is independent with toileting but will occasionally have an accident. Resident will change her underclothes on her own but will not notify staff. Assist when necessary. Resident has a history of wandering. Try to redirect.

Service plan for Resident B read, dependent with toileting and to be checked and changed while in bed every two hours while in bed, before and after meals during the day. Resident is dependent on staff for showers, hygiene, and grooming. Resident uses a Hoyer lift with transfers. Two assists with transferring with Hoyer lift at all times. The plan also notes that resident to be checked on every hour in the room and throughout the night for safety.

The service plan for Resident C reads, Resident at times will need assistance with peri care. Resident has a history of exit seeking. She is able to recognize alarms but has on a wander watch on due to history of exit seeking.

The service plan for Resident D reads, likes to get up 7 to 7:30 a.m. in the morning and would like the staff to come in and assist her getting her out of bed due to the fear of falling. She likes for staff to stand next to her and assist in transferring to her wheelchair. The plan read, resident knows when she has to use the restroom but would like staff to cue and assist her in transferring due to safety concerns. Resident is stand by assist for mobility.

A review of the staffing schedule, revealed that two staff were on duty during the morning of January 17, 2022.

A review of the medication administration records, indicates missing medication on the morning of January 17, 2022.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The facility did not have sufficient staff on January 17, 2022, based on residents not receiving their medication and it is unknown if showers were given due to no records of showers given.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS

INVESTIGATION:

Ms. Badoni explained that they have some problems with the MAR (medication administration report), with medication availability, and distribution of the medications.

A review of the MAR for Resident C notes the following: 1/17/2022, morning medication was not given which includes Atenolol 100 one daily (used to treat high blood pressure) milligrams, Lisinopril (used for high blood pressure) once day and Vitamin B 100 milligrams to be given once a day. The MAR notes that on the dates

of 1/02, 1/04, 1/5, 1/7, and 1/13, 9:30 morning medication was given late and marked as nurse busy for the reason.

A review of the MAR for Resident D notes the following: 1/17/2022 morning medication was not given which includes Amlodipine 10 mg (used to treat high blood pressure) to be given once a day, Armour Thyroid Tab 60 mg (used to treat enlarged thyroid gland) once a day, Aspirin 81 mg to be given once a day, Furosemide (used for fluid retention) to be given once day, hydrocodone (used to treat pain) to be given every twelve hours, Senna plus one tablet every day and Timolol (eye drop) to be administered in the eyes twice daily. The MAR for Resident D read that 9:30 a.m. medication was given late on 1/2 – 1/5, 1/7, and 1/13 reason being nurse was busy. On 1/16 the MAR was marked as medication given early at 8:13 a.m. instead of 9:30 with reason being short staffing.

APPLICABLE RULE	
R325.1932	**Resident medications.**
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or signed orders by the prescribing licensed health care professional.
ANALYSIS:	A review of the MAR for Resident A, Resident B, Resident C and Resident D shows that residents were not given their medications at the prescribed times. Therefore, the facility did not reasonably comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Ms. Badoni stated that there have been issues with the MAR and they are working to correct this issue.

A review of the MARs for Resident C and Resident D revealed that the residents were not given medication and there was no explanation as to why the medication was not given.

APPLICABLE RULE	
R325.1932	**Resident medications.**
	(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions. **(e) Adjust or modify a resident's prescription medication**

	with written instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.
ANALYSIS:	A review of the MAR for Resident A, Resident B, Resident C and Resident D shows that residents were not given their medications but there was no reason recorded as to the reason why. Therefore, the facility did not reasonably comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 4/5/2022, I conducted an exit conference with licensee authorized representative Jeremiah Johnson by telephone.

III. RECOMMENDATION

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

Brender L. Howard 04/05/2022

Brender Howard Date
Licensing Staff

Approved By:

Andrea L. Moore 04/04/2022

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