GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2022

Jeremiah Johnson
Portage Bickford Cottage
4707 W. Milham Ave.
Portage, MI 49024

RE: License #: AH390278221
Investigation #: 2022A1010039
Portage 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) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa NW Unit 13 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH390278221
Investigation #:	2022A1010039
Complaint Receipt Date:	05/13/2022
Investigation Initiation Date:	05/17/2022
Report Due Date:	07/12/2022
Licensee Name:	Portage Bickford Cottage LLC
Licensee Address:	Suite 301 13795 S. Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(810) 962-2445
Administrator:	Rick Garlick
Authorized Representative:	Jeremiah Johnson
Name of Facility:	Portage Bickford Cottage
Facility Address:	4707 W. Milham Ave. Portage, MI 49024
Facility Telephone #:	(269) 372-2100
Original Issuance Date:	03/05/2007
License Status:	REGULAR
Effective Date:	06/28/2021
Expiration Date:	06/27/2022
Capacity:	71
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
There are not enough staff at the facility to meet resident care needs.	No
Additional Findings	Yes

III. METHODOLOGY

05/13/2022	Special Investigation Intake 2022A1010039
05/17/2022	Special Investigation Initiated - Letter APS referral emailed to Centralized Intake
05/17/2022	APS Referral APS referral emailed to Centralized Intake
05/18/2022	Contact - Telephone call received Interviewed assigned Kalamazoo Co APS worker Amber Price-Johnson
05/19/2022	Inspection Completed On-site
05/19/2022	Contact - Document Received Received staff schedule and pendant response times
06/08/2022	Exit Conference Completed with administrator Rick Garlick and licensee authorized representative Jeremiah Johnson

ALLEGATION:

There are not enough staff at the facility to meet resident care needs.

INVESTIGATION:

On 5/13/22, the Bureau received the allegations from the online complaint system. The complaint read, “the care that is being provided is not enough for the needs of the residents.” The complaint also read, “Residents are sitting in their own urine for long periods of time. The memory care unit has 16 residents and only 2 staff members” and “The call cords aren’t answered for like 2 hours.”

On 5/17/22, I emailed an Adult Protective Services (APS) complaint to Centralized Intake.

On 5/18/22, I received a telephone call from assigned APS worker Amber Price-Johnson. Ms. Price-Johnson reported she was at the facility and discussed staffing with administrator Rick Garlick. Ms. Price-Johnson stated Mr. Garlick acknowledged staffing at the facility has been difficult. Ms. Price-Johnson stated she spoke with residents as well and the residents she spoke with told her it takes staff 30-60 minutes to respond to their pendants.

On 5/19/22, I interviewed Mr. Garlick at the facility. Mr. Garlick reported that despite staffing challenges, there are enough staff on each shift at the facility to meet resident care needs consistent with their service plans. Mr. Garlick stated there have been staff turnover, however the facility continues to hire and onboard new staff.

Mr. Garlick said there are currently 49 residents in the general assisted living area of the facility and 14 residents in the secured memory care unit. Mr. Garlick reported four residents in the general assisted living area required transfer assistance from two staff persons. Mr. Garlick stated three or four residents in the secured memory care unit required assistance from two staff persons to transfer.

Mr. Garlick reported the facility was staffed as follows:

1st Shift:

- One medication technician (med tech) in the general assisted living area
- One med tech in the secured memory care unit
- Two to three resident care aides in the general assisted living area
- Two resident care aides in the secured memory care unit

2nd Shift:

- One medication technician (med tech) in the general assisted living area
- One med tech in the secured memory care unit
- Two resident care aides in the general assisted living area
- Two resident care aides in the secured memory care unit

3rd Shift:

- One medication technician (med tech) in the general assisted living area
- One med tech in the secured memory care unit
- One resident care aides in the general assisted living area
- One resident care aides in the secured memory care unit

Mr. Garlick stated staff respond to resident pendants in a timely manner. Mr. Garlick reported there was a recent incident in which a resident pendant was missed during staff shift change. Mr. Garlick explained the incident was likely the result of staff miscommunication. Mr. Garlick said he addressed this issue with staff. Mr. Garlick

reported staff respond to resident pendants in less than ten minutes. Mr. Garlick stated he monitors staff response times to resident pendants. Mr. Garlick reported he addresses any long response times with staff.

Mr. Garlick provided me with a copy of the staff schedule from 5/1/22 through 5/18/22 for my review. I observed the schedule was consistent with Mr. Garlick's statements. Mr. Garlick provided me with a copy of the staff pendant response times for 5/8/22 through 5/14/22 for my review. There were 426 alarms with an average staff response time of 26 minutes. Mr. Garlick reported some of the longer staff response times were the result of staff forgetting to clear the resident's pendant after they responded.

On 5/19/22, I interviewed resident care staff person Sam Scogin at the facility. Mr. Scogin's statements regarding staffing were consistent with Mr. Garlick. Mr. Scogin reported during the instances when there are two resident care aides on first shift in the general assisted living area, resident care needs were still met consistent with their service plans. Mr. Scogin said there were currently no residents in the general assisted living area who required assistance from two staff persons to transfer.

Mr. Scogin reported staff first volunteer to fill any shift vacancies. Mr. Scogin stated if there are no volunteers, staff are mandated to fill vacancies. Mr. Scogin said staff were assigned "mandate days" to fill any vacancies. Mr. Scogin reported staff utilize two-way radios to communicate with each other while working on the floor. Mr. Scogin's statements regarding staff response times to resident pendants were consistent with Mr. Garlick.

On 5/19/22, I interviewed med tech Jazz White at the facility. Ms. White's statements were consistent with Mr. Scogin.

On 5/19/22, I interviewed med tech Yalin Lopez at the facility. Ms. Lopez's statements were consistent with Mr. Scogin and Ms. White.

On 5/19/22, I interviewed Resident A at the facility. Resident A reported staff did a "good job" meeting his care needs. Resident A stated some days there are more staff in the facility than others, however his care needs have always been met. Resident A stated the staff response times when he has pushed his pendant has also varied. Resident A reported there were some instances when staff responded within a few short minutes after he pressed his pendant. Resident A said he has not had to wait more than 15 minutes after he pushed his pendant.

On 5/19/22, I interviewed Resident B at the facility. Resident B's statements were consistent with Resident A.

On 5/19/22, I interviewed Resident C at the facility. Resident C's statements were consistent with Resident A and Resident B.

On 5/19/22, I interviewed Resident D at the facility. Resident D's statements were consistent with Resident A, Resident B, and Resident C.

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 interviews with Mr. Garlick, direct care staff, and residents, along with review of the staff schedule, revealed there is adequate and sufficient staff scheduled to meet resident care needs consistent with their services plans.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDING:

INVESTIGATION:

On 5/19/22, Mr. Garlick reported the facility occasionally used agency staff to fill shift vacancies at the facility. Mr. Garlick stated the facility does not maintain any employee records or documentation for the agency staff used in the facility.

APPLICABLE RULE	
R 325.1944	**Employee records and work schedules.**
	(1) A home shall maintain a record for each employee, which shall include all of the following: **(a) Name, address, telephone number, and social security number.** **(b) License or registration number, if applicable.** **(c) Date of birth.** **(d) Summary of experience, education, and training.** **(e) Beginning date of employment and position for which employed.** **(f) References, if provided.** **(g) Results of initial TB screening as required by R 325.1923(2).** **(h) Date employment ceases and reason or reasons for leaving, if known.** **(i) Criminal background information, consistent with section 20173a, MCL 333.20173a, of the code**

ANALYSIS:	The interview with Mr. Garlick revealed employee records for agency staff used at the facility are not maintained. Mr. Garlick reported there are no records or any documents to show agency staff were trained on the facility's disaster plans or where to review resident service plans. Mr. Garlick stated the facility also does not have agency staff's criminal background information or TB test results from their hiring agency.
CONCLUSION:	**VIOLATION ESTABLISHED**

I shared the findings of this report with administrator Rick Garlick and licensee authorized representative Jeremiah Johnson by telephone on 6/8/22. Mr. Garlick reported documentation for agency staff persons is now gathered and maintained by the facility. Mr. Garlick stated documentation that agency staff are shown where to locate resident service plans and facility disaster plans will also be maintained.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

06/01/2022

Lauren Wohlfert   Date
Licensing Staff

Approved By:

06/07/2022

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