



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

GRETCHEN WHITMER
 GOVERNOR

ORLENE HAWKS
 DIRECTOR

July 31, 2023

Krystyna Badoni
 Battle Creek Bickford Cottage, L.L.C.
 13795 S. Mur-Len Road
 Olathe, KS 66062

RE: License #:	AH130278262 Battle Creek Bickford Cottage 3432 Capital Avenue Battle Creek, MI 49015
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Dear Krystyna Badoni:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
 Bureau of Community and Health Systems
 611 W. Ottawa Street
 Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH130278262
Licensee Name:	Battle Creek Bickford Cottage , L.L.C.
Licensee Address:	Suite 301 13795 S. Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Authorized Representative:	Krystyna Badoni
Administrator:	Kimberly Barber
Name of Facility:	Battle Creek Bickford Cottage
Facility Address:	3432 Capital Avenue Battle Creek, MI 49015
Facility Telephone #:	(269) 979-9600
Original Issuance Date:	12/29/2006
Capacity:	55
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/26/2023

Date of Bureau of Fire Services Inspection if applicable: 09/07/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 07/31/2023

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2023A1021070: 1921(1), 1976(6), 1976(8), 1976(9), 1976(1), 1953, 1954,
07/17/2023
- 2023A1021028: 1953 02/06/2023
- 2022A1021042: 1924(1) 05/04/2022
- 2022A1021019: 1931(5) 02/11/2022
- 2022A1010003: 1931(5) 12/20/2021
- 2021A1021031: 325.1921 07/02/2021
- 2021A1021015: 1935(2), 1976(6), 1901 02/17/2021
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p>MCL 333.20201</p>	<p>Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.</p>
	<p>(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.</p>
<p>Inspection of the facility revealed Resident Rights and Responsibilities was not posted.</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>
	<p>(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home. The resident admission contract shall, at a minimum, specify all of the following:</p> <p style="padding-left: 40px;">(a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.</p>
<p>Review of Resident A's documents revealed Resident A did not have a signed admission contract.</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>

	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Haloperidol Con 2mg with instruction to administer 0.5ml by mouth every six hours as needed for agitation. Resident B was also prescribed Lorazepam Tab 0.5mg with instruction to administer one tablet by mouth very six hours as needed for anxiety. Review of Resident B's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.
Review of Resident C's chart documents revealed Resident C admitted to the facility on 06/17/2022 but did not have a tuberculosis test until after admission on 06/22/2022.	
R 325.1923	Employee's health.
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines

	<p>for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>
	<p>Review of Staff Person 2 (SP2) and SP3 employee file revealed the staff persons were not tested for tuberculosis within 10 days and before occupational exposure. In addition, the facility did not complete the annual TB screening.</p>
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions.
	<p>Review of SP1, SP2, and SP3 employee files revealed the staff persons were not trained in reporting requirements, first aid, personal care, resident rights, safety and fire prevention, and standard precautions.</p>
R 325.1931	Employees; general provisions.
	<p>(7) The home's administrator or its designees are responsible for evaluating employee competencies.</p>
	<p>Review of staff training procedures revealed the facility administrator does not evaluate employee competencies.</p>
R 325.1976	Kitchen and dietary.
	<p>(9) An individual portion of food which is served and not eaten shall be destroyed.</p>

Inspection of the facility revealed in the memory care and assisted living refrigerator there was leftover food that had been served and not destroyed.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Inspection of the facility revealed oxygen tanks were stored in a resident's room. The oxygen tanks were not safety secured and posed a risk of harm to those nearby. In addition, in the memory care unit there were push-pins on a whiteboard that posed a risk to residents.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kimberly Host

07/31/2023

Licensing Consultant

Date