



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 14, 2023

Krystyna Badoni
Bickford of W Lansing, LLC
13795 S Mur-Len Road
Olathe, KS 66062

RE: License #:	AH230387590 Bickford of W Lansing 6429 Earlington Ln Lansing, MI 48917
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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, satisfactory fire services report, and paid licensee fee 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
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 #:	AH230387590
Licensee Name:	Bickford of W Lansing, LLC
Licensee Address:	Suite 301 13795 S Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(517) 321-3391
Authorized Representative:	Krystyna Badoni
Administrator:	Fallon Williams
Name of Facility:	Bickford of W Lansing
Facility Address:	6429 Earlington Ln Lansing, MI 48917
Facility Telephone #:	(517) 321-3391
Original Issuance Date:	06/09/2017
Capacity:	72
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/03/2023

Date of Bureau of Fire Services Inspection if applicable: 03/27/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/14/2023

No. of staff interviewed and/or observed 10

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:
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
Review of Resident C's medication administration record (MAR) revealed Resident C was prescribed Haloperidol Con 25mg with instruction to administer 0.5ml by mouth every six hours as needed for agitation. In addition, Resident C was prescribed Lorazepam Tab 0.5mg with instructions to administer one tablet by mouth every four hours as needed for anxiety. Review of Resident C's service plan lack of detailed information on how the resident demonstrates these behaviors and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Review of Resident E's MAR and service plan revealed similar findings.	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
<p>Upon my inspection, Resident D had bedside assistive devices attached to her bed. I reviewed Resident D records and found no physician orders for the bedside assistive devices. The service plan for Resident D lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk. The facility reported they do not allow bedside assistive devices and was unaware Resident D had bedrails attached to her bed.</p>	
R 325.1922	Admission and retention of residents.
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident.
<p>Review of Resident A, C, D, and E's admission agreement revealed the admission agreement was signed by an inactive durable power of attorney (DPOA). Review of Resident B's admission agreement revealed the admission agreement was not signed. Therefore, the admission agreement for these residents is not valid as it was not appropriately signed.</p>	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of initial 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

	<p>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.</p>
<p>Review of Resident A, C, and E’s records revealed the facility did not have a tuberculosis (TB) test within 12 months of admission to the facility. Review of facility documents revealed the facility did not complete an annual TB annual risk assessment.</p>	
R 325.1923	Employee's health.
	<p>(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 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 SP1, SP2, and SP3 employee record revealed all employees did not have record of a tuberculosis test (TB) test within 10 days of hire and before occupational exposure. In addition, the facility did not complete the annual TB risk assessment.</p>	
R 325.1931	Employees; general provisions.
	<p>(7) The home's administrator or its designees are responsible for evaluating employee competencies.</p>

Review of employee files revealed the facility administrator or designees did not ensure resident competencies with the staff training program.	
R 325.1964	Interiors.
	(9) Ventilation shall be provided throughout the facility in the following manner: (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these room.
Inspection of the facility revealed there was no continuous air flow in the bathroom, spa room, and janitor closet on the west side of the building.	
R 325.1964	Interiors.
	(12) A floor, wall, or ceiling shall be covered and finished in a manner that will permit maintenance of a sanitary environment.
Inspection of the facility revealed in various laundry rooms and bathroom there were missing ceiling tiles.	
R 325.1970	Water supply systems.
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.
Inspection of the facility revealed the water temperature reached only 88 degrees.	
R 325.1976	Kitchen and dietary.
	(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.
Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The facility kitchen had no record of testing the heat sanitation. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	

R 325.1976	Kitchen and dietary.
	(9) An individual portion of food which is served and not eaten shall be destroyed.
Inspection of various refrigerators within the facility revealed there was leftover food, ice cream, tea, sandwiches, that was not thrown away.	
R 325.1968	Toilet and bathing facilities.
	(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.
Inspection of the facility revealed the bathroom in the main level was used as a storage room for wheelchairs, walkers, and other various medical equipment devices.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Inspection of the facility revealed in the memory care the janitor closet was unlocked and there was a bin of dirty rags that was easily accessible to the cognitively impaired resident population.	
R 325.1981	Disaster plans.
	(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.
Inspection of the facility revealed there were no written disaster plans.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, satisfactory fire safety report, and paid licensee fee renewal of the license is recommended.

Kimberly Host

11/14/2023

Date

Licensing Consultant