STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 6th, 2024

Krystyna Badoni
Lansing Bickford Cottage
3830 Okemos Road
Okemos, MI 48864

RE: License #: AH330278347
Investigation #: 2024A1021027
Lansing Bickford Cottage

Dear Krystyna Badoni:

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 authorized representative 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,

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
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH330278347
Investigation #:	2024A1021027
Complaint Receipt Date:	01/18/2024
Investigation Initiation Date:	01/18/2024
Report Due Date:	03/17/2024
Licensee Name:	Lansing Bickford Cottage L.L.C.
Licensee Address:	13795 S. Murlen Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Administrator:	Jennifer Mullin
Authorized Representative:	Krystyna Badoni
Name of Facility:	Lansing Bickford Cottage
Facility Address:	3830 Okemos Road Okemos, MI 48864
Facility Telephone #:	(517) 706-0300
Original Issuance Date:	09/08/2008
License Status:	REGULAR
Effective Date:	08/24/2023
Expiration Date:	08/23/2024
Capacity:	55
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents are neglected.	No
Facility has insufficient staff.	No
Additional Findings	Yes

III. METHODOLOGY

01/18/2024	Special Investigation Intake 2024A1021027
01/18/2024	Special Investigation Initiated - Letter email sent to complainant for additional information
01/24/2024	Inspection Completed On-site
01/25/2024	Contact-Telephone call made Interviewed SP2
01/25/2024	Contact-Telephone call made Interviewed SP3
02/06/2024	Exit Conference

The complainant alleged staff members are not trained. This was investigated under AH330278347_RNWL_20231214. The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

ALLEGATION:

Residents are neglected.

INVESTIGATION:

The complainant alleged residents are neglected at the facility. The complainant alleged call lights are not answered. The complainant alleged residents wear the same clothes, teeth are not brushed, and residents lay in dried excrement. The

complainant alleged Resident E was found with dried feces on her. The complainant alleged Resident F was found on the floor with dried blood after a significant fall.

On 01/24/2024, I interviewed administrator Jennifer Mullin at the facility. Ms. Mullin reported the expectation is that call lights are answered within five minutes. Ms. Mullin reported she runs the call light response times weekly, and the facility average response time is under five minutes. Ms. Mullin reported when a resident requests assistance, a page is sent to the pager worn by the care staff. Ms. Mullin reported the request is also sent to the computer in the workstation and to her laptop. Ms. Mullin reported if a call light is not answered, the shift supervisor or herself will answer the call light. Ms. Mullin reported there are some residents that will wear the same clothes every day, even when care staff change resident clothes, and the facility respects this. Ms. Mullin reported she completes rounds every morning and has not observed any resident being neglected. Ms. Mullin reported Resident E recently passed away at the facility. Ms. Mullin reported Resident E was on hospice services. Ms. Mullin reported Resident E was incontinent, but staff members always provided appropriate care. Ms. Mullin reported Resident E spent a great deal of time in the common area and therefore received increased staff assistance. Ms. Mullin reported no knowledge of care issues with Resident E. Ms. Mullin reported Resident F did have a fall at the facility on 01/07/2024. Ms. Mullin reported Resident F was found on the floor inside his room. Ms. Mullin reported Resident F was checked on prior to the fall as the fall occurred after the shift change. Ms. Mullin reported Resident F does not use his call light and does not like to request staff assistance. Ms. Mullin reported Resident F had another fall on 01/16/2024 as he was trying to put on his pants and fell on the floor. Ms. Mullin reported Resident F had no injuries from this fall.

On 01/24/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported call lights are answered in a timely manner. SP1 reported if a call light is not answered, the shift supervisor will answer the call. SP1 reported the facility has increased level of assistance for a few residents as they required additional assistance with morning care. SP1 reported residents receive good care at the facility. SP1 reported Resident E was incontinent but staff always provided her excellent care. SP1 reported Resident E spent much time in the common area which resulted in her having additional care and staff oversight.

On 01/24/2024, I interviewed Resident A at the facility. Resident A reported the care staff at the facility are excellent. Resident A reported the care staff are very attentive to the resident needs and are timely in response times.

On 01/24/2024, I interviewed Resident F at the facility. Resident F reported he was trying to get back into his room, the door hit his wheelchair, and he fell out of the wheelchair. Resident F reported he is unsure how long he was on the floor. Resident F reported care staff assist him well and are quick to respond to his call for assistance. Resident F reported no concerns with care received at the facility.

On 01/24/2024, I observed 20 residents in the dining room. The residents appeared taken care of as they were out of bed, clean, and were dressed. I walked the facility and did not smell any excrement on residents or within the facility.

On 01/25/2024, I interviewed Care Team hospice worker Kimberly Weaver by telephone. Ms. Weaver reported Resident E was active with their hospice services. Ms. Weaver reported there were no care concerns with Resident E. Ms. Weaver reported resident and resident's family members expressed satisfaction with care at the facility.

I reviewed call light response times for the week of December 28th, 2023, January 4th, 2023, and January 11th, 2023. The average call light response time was three minutes, four minutes, and four minutes.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted, observations made, and review of documentation revealed lack of evidence to support the allegation residents are neglected.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged the facility has insufficient staff. The complainant alleged on 01/13/2024 there was only one staff member in the facility. The complainant alleged there are no supervisors or managers on second and third shift.

Ms. Mullin reported the facility staffing guidelines for assisted living is four employees on first and second shift and two employees on third shift. Ms. Mullin reported in memory care there is to be two employees on first shift and second shift, and one employee in third shift. Ms. Mullin reported the second employee in memory care will float to assisted living. Ms. Mullin reported employees wear pagers and walkie-talkies to communicate between each other. Ms. Mullin reported there are 36

residents in assisted living and four residents in memory care. Ms. Mullin reported in memory care there are two residents that are a two person assist and two residents in assisted living that are a two person assist. Ms. Mullin reported in assisted living there are two residents that are 1:1 feed, one resident with frequent falls that is placed in a common area, and three residents on oxygen. Ms. Mullin reported when the schedule is developed, if there are any open shifts they are highlighted in yellow, and staff are encouraged to sign up for additional shifts. Ms. Mullin reported typically all shifts are picked up by staff members. Ms. Mullin reported if a shift is not picked up, the mandated worker will have to work the shift. Ms. Mullin reported the mandated worker is assigned on the schedule so that all employees know in advance. Ms. Mullin reported on the staff schedule and assignment sheet, the supervisor is noted. Ms. Mullin reported she has not heard complaints from residents or family members on staffing levels.

SP1 reported staffing has improved over the past months. SP1 reported the facility typically has appropriate staffing levels. SP1 reported no concerns with lack of staff at the facility.

Resident A reported staffing has improved at the facility. Resident A reported there is adequate number of staff in the building. Resident A reported no concerns with staffing levels.

On 01/25/2024, I interviewed SP2 by telephone. SP2 reported employees are busy during their shifts but there is adequate number of staff. SP2 reported staff members will pick up open shifts and the facility does mandate workers, if needed. SP2 reported no concerns with lack of staff.

On 01/25/2024, I interviewed SP3 by telephone. SP3 statements were consistent with those made by SP1 and SP2.

I reviewed the staff schedule for 01/07-01/13. The schedule revealed there was a manager on each shift. I reviewed the staffing sheet for 01/13/2024 and 01/14/2024. The staffing sheet revealed there was a supervisor for each shift. In addition, the staffing guidelines as described by Ms. Mullin were met.

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:	Interviews conducted and review of documentation revealed lack of evidence to support the allegation there is insufficient staff at the facility.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

Ms. Mullin reported care staff are to check on Resident F every one to two hours. Ms. Mullin reported since Resident F's falls, care staff are to provide increased assistance.

SP1 reported care staff have increased staff assistance with Resident F. SP1 reported care staff have increased safety checks on Resident F.

SP3 reported Resident F does not like to request staff assistance. SP3 reported caregivers have increased checks on Resident F to ensure his safety.

I reviewed Resident F's service assessment. The assessment read,

> *"Resident F likes to get up around 8am. He is independent with AM care and is able to transfer himself out of bed, select clothing, and dress himself. Resident F is independent with PM care, he is able to put on pajamas, complete hygiene/grooming, and transfer himself in to bed independently. He often transfers himself. He has been encouraged to call BFMs for assistance with transferring, but insists he does not need assistance transferring in the bathroom or bed."*

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(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.

ANALYSIS:	Interviews conducted and review of documentation revealed Resident F has had two falls at the facility. Since the falls, caregivers report they are to provide increased checks and assistance. However, review of Resident F's service plan does not reflect these changes.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

02/02/2024

Kimberly Horst Date
Licensing Staff

Approved By:

02/05/2024

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