



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

March 4, 2024

Krystyna Badoni  
Saginaw Bickford Cottage  
5275 Mackinaw Rd.  
Saginaw, MI 48603

RE: License #: AH730279101  
Saginaw Bickford Cottage  
5275 Mackinaw Rd.  
Saginaw, MI 48603

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 licensee or licensee designee or home for the aged authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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,

A handwritten signature in cursive script that reads "Aaron Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH730279101
<b>Licensee Name:</b>	Saginaw Bickford Cottage, LLC
<b>Licensee Address:</b>	13795 S. Mur Len Olathe, KS 66062
<b>Licensee Telephone #:</b>	(913) 782-3200
<b>Authorized Representative:</b>	Krystyna Badoni
<b>Administrator:</b>	Melissa Kline
<b>Name of Facility:</b>	Saginaw Bickford Cottage
<b>Facility Address:</b>	5275 Mackinaw Rd. Saginaw, MI 48603
<b>Facility Telephone #:</b>	(989) 799-9600
<b>Original Issuance Date:</b>	02/08/2007
<b>Capacity:</b>	71
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/01/2024

Date of Bureau of Fire Services Inspection if applicable: 01/05/2024

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/01/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 40

No. of others interviewed N/A Role

- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Facility unable to produce fire drill documentation
- Water temperatures checked? Yes  No  If no, explain.  
Facility unable to demonstrate water temperature tracking
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
20201A1019049:1921(1),1921(1),1931(2) - 20201A1027035:1931(2) -  
2022A0585028:1931(5),1932(1)(3) - 2023A0784079:1921(1)(b),1932(2) -  
2023A1027022:20173a(2)1924(1)
- Number of excluded employees followed up? 4 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1917</b>	<b>Compliance with other laws, codes, and ordinances.</b>
	<b>(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.</b>
Upon request, the facility was unable to produce documentation pertaining to quarterly fire drills as required by fire safety rules of the Michigan Administrative Code.	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(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.</b>
Upon inspection of the memory care (MC), Resident A was observed to have an assistive device attached to her bed. When interviewed, Associate 7 reported it was her understanding that the device was used as a measure to keep Resident A from possibly falling out of bed. Associate 7 reported she had not been specifically instructed or trained on how to use or monitor the device. Visual and physical inspection of Resident A's mattress and the device revealed a loose attachment of the device to the bedframe which posed a risk of entrapment. Additionally, review of Resident A's service plan revealed no instructions or training were provided regarding the purpose of the device, how to use it or conditions for monitoring its use.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(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.</b>

Upon request, the facility was unable to provide a completed service plan for Resident E.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority 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” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b>
Upon request, the facility was unable to provide evidence of initial T.B. screening for Residents B, C, D and E.	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b>

Upon request, the facility was unable to provide evidence of completed T.B. screening results for Associates 1,2,4,5 and 6.	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<b>(1) A home shall maintain a record for each employee which shall include all of the following: (i) Criminal background information, consistent with MCL 333.20173.</b>
Upon request, the facility was unable to provide criminal background information, consistent with MCL 333.20173, for Associates 2,3,4,5 and 6.	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>
Upon request, the facility was unable to provide a meal census record.	
<b>R 325.1970</b>	<b>Water supply systems.</b>
	<b>(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.</b>
Upon request, the facility was unable to provide water temperature regulation tracking. Additionally, when interviewed, Associate 8, responsible for this task, reported he had been working with the facility for approximately two months and had not been checking room water temperatures due to no thermometer being made available to him.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>

Several food items were observed within the MC refrigerator and cabinets, located in the kitchen area, with no date labels. Additionally, several food items were observed to be stored in adequately, for example, a box of Reece's cereal was observed to be opened and unsealed.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b>
Upon inspection, there was no thermometer within the refrigerator located in Resident G's room.	

#### IV. RECOMMENDATION

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

*Aaron L. Clum*

3/04/2024

\_\_\_\_\_  
Licensing Consultant

\_\_\_\_\_  
Date