



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 12, 2024

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

RE: License #: AH730279101
Investigation #: 2024A0784037
Saginaw 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH730279101
Investigation #:	2024A0784037
Complaint Receipt Date:	02/28/2024
Investigation Initiation Date:	03/01/2024
Report Due Date:	04/29/2024
Licensee Name:	Saginaw Bickford Cottage, LLC
Licensee Address:	13795 S. Mur Len Olathe, KS 66062
Licens Telephone #:	(913) 782-3200
Administrator:	Melissa Kline.
Authorized Representative:	Krystyna Badoni
Name of Facility:	Saginaw Bickford Cottage
Facility Address:	5275 Mackinaw Rd. Saginaw, MI 48603
Facility Telephone #:	(989) 799-9600
Original Issuance Date:	02/08/2007
License Status:	REGULAR
Effective Date:	03/24/2023
Expiration Date:	03/23/2024
Capacity:	71
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
MC residents were not provided adequate meal portions.	Yes
Additional Findings	No

III. METHODOLOGY

02/28/2024	Special Investigation Intake 2024A0784037
03/01/2024	Special Investigation Initiated - On Site
03/01/2024	Inspection Completed On-site
03/01/2024	Exit Conference Conducted with wellness director Alana Brissett

ALLEGATION:

MC residents were not provided adequate meal portions.

INVESTIGATION:

On 2/28/2024, the department received this complaint from adult protective services (APS). Information provided within the complaint indicated APS denied the allegation for investigation. Due to no witness information being provided in the complaint, additional information could not be obtained.

According to the complaint, food portions being served to memory care (MC) residents was very “concerning” as they appeared to be “very little and small”. No names, dates or times were provided in reference to this complaint.

On 3/01/2024, I interviewed wellness director Alana Brissett at the facility. Ms. Brissett stated that shortly after she started working with the facility, on 2/19/2024, some staff had reported to her that when MC residents asked for additional food at meals as the portions served were small, it was not made available to them. Ms. Brissett stated food is cooked for the entire facility in the main kitchen located in the assisted living (AL) and that food for the MC residents is brought to them on carts. Ms. Brissett state food to be served to MC residents is set out, covered, on the kitchenette counter located next to the MC dining area where staff serve from. Ms. Brissett stated there appeared to be a breakdown of communication as staff in MC

were asking for additional food and the kitchen staff were apparently pushing back believing the food portions to be sufficient. Ms. Brissett stated kitchen staff also reported issues with the food budget in not making more food available. Ms. Brissett stated she has since been making sure this issue is being addressed. Ms. Brissett stated she has made sure additional food supplies are ordered and served to MC residents. Ms. Brissett stated staff have also been instructed to provide double portions to the men in MC as more of the men appeared to require additional food and to offer additional servings as a general rule. Ms. Brissett stated she has also taken upon herself to ensure more staple food items, such as bread and milk, are stocked in the MC refrigerator and cabinets. Ms. Brissett stated the kitchen is also always open and snacks are available upon request.

During the onsite, I observed MC staff during breakfast time eating in the dining area. Each MC resident sitting in the dining area had a plate of food from which they appeared to be eating from. I observed several trays of food, as described by Ms. Brissett, on the kitchenette counter with staff serving drinks and foods to residents. I observed several food items, or “staples” as referred to by Ms. Brissett, stored in the MC cabinets and refrigerator.

Upon request, Ms. Brissett was unable to provide meal census records as kitchen staff had reportedly not been maintaining such records.

APPLICABLE RULE	
R 325.1951	Nutritional need of residents.
	A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.
R 325.1954	Meal and food records.
	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.

ANALYSIS:	The complaint alleged MC residents were not being served adequate amounts of food. Ms. Brissett admitted this was an issue for a period of time. Additionally, the facility was unable to demonstrate what residents were being served or how much they were served as the kitchen staff apparently were not tracking food census data. Based on the findings, the facility is not in compliance with these rules.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

3/12/2024

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

03/12/2024

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

Date