



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 2, 2024

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

RE: License #: AH230387590
Investigation #: 2024A1021058
Bickford of W Lansing

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 #:	AH230387590
Investigation #:	2024A1021058
Complaint Receipt Date:	03/19/2024
Investigation Initiation Date:	04/24/2024
Report Due Date:	05/18/2024
Licensee Name:	Bickford of W Lansing, LLC
Licensee Address:	Suite 301 13795 S Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(517) 321-3391
Administrator:	Krystyna Badoni
Authorized Representative:	Krystyna Badoni
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
License Status:	REGULAR
Effective Date:	12/09/2023
Expiration Date:	07/31/2024
Capacity:	72
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility is neglecting Resident A's basic care needs.	No
Resident A does not receive showers.	Yes
Facility is understaffed.	Yes
Food is not appetizing.	No
Additional Findings	Yes

III. METHODOLOGY

03/19/2024	Special Investigation Intake 2024A1021058
04/24/2024	Special Investigation Initiated - On Site
05/08/2024	Exit Conference Exit Conference by email

ALLEGATION:

Facility is neglecting Resident A's basic care needs.

INVESTIGATION:

On 03/19/2024, the licensing department received a complaint from Adult Protective Services (APS) with allegations the facility is neglecting Resident A's basic care needs. The reporting source alleged Resident A's bed linens have not been changed. APS denied opening the investigation.

On 04/23/2024, this investigation was assigned to this licensing consultant.

On 04/24/2024, I interviewed administrator Fallon Williams at the facility. Ms. Williams reported Resident A is mostly independent with care needs. Ms. Williams reported Resident A can complete hygiene tasks on her own and dress herself. Ms. Williams reported care staff are to change Resident A's linens on her shower days. Ms. Williams reported she worked the floor and personally changed Resident A's linens. Ms. Williams reported Resident A prefers to wear the same clothes every day, but caregivers are still washing Resident A clothes.

On 04/24/2024, I observed Resident A's room. Resident A's bed was made with clean linens on the bed. Resident A was not in the facility and therefore I was unable to interview Resident A.

On 04/24/2024, I interviewed staff person 5 (SP5) at the facility. SP5 reported Resident A is independent with her basic care needs and does not require staff assistance. SP5 reported she has not observed Resident A to have dirty linens on her bed.

On 04/24/2024, I interviewed SP6 at the facility. SP6 statements were consistent with those made by SP5.

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 and observations made revealed lack of evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A does not receive showers.

INVESTIGATION:

The reporting source alleged Resident A is not receiving showers and has body odor.

Ms. Williams reported Resident A is scheduled to receive at least one shower a week but is on the schedule for two showers a week on Monday and Thursday. Ms. Williams reported Resident A will often refuse a shower. Ms. Williams reported care staff are to document when a resident is offered a shower. Ms. Williams reported upon review, caregivers are not documenting refusal of showers.

SP5 reported all residents receive a shower once a week. SP5 reported no knowledge of Resident A not receiving a shower.

I reviewed Resident A's service plan. The service plan read,

“BFM to offer shower daily to increase chances of (Resident A) taking a shower.

I reviewed shower documentation for Resident A. The facility had shower record for 02/01, 03/21, and 04/08.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Review of facility documentation revealed the facility could not demonstrate that Resident A was offered a shower at least once a week.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility is understaffed.

INVESTIGATION:

The reporting source alleged the facility is understaffed for the number of residents in the facility.

Ms. Williams reported for assisted living on first and second shift there are two employees on the second floor and three employees on the first floor. Ms. Williams reported for third shift in assisted living there are at least two employees. Ms. Williams reported the facility is currently not using any agency staff. Ms. Williams reported the facility is currently training new staff members. Ms. Williams reported employees use walkie-talkies and pagers to communicate between each other. Ms. Williams reported management is working with staff members on time management to ensure care needs are completed.

On 04/24/2024, I interviewed SP2 at the facility. SP2 reported in assisted living there are two residents that require two person assist with transfers, one resident with behavior issues, one resident that is frequently incontinent, and two residents that request frequent staff assistance. SP2 reported there is one resident that two

caregivers are to assist with care as resident has accused staff of not treating her well.

SP5 reported there is sometimes lack of staff at the facility, but the staffing levels have improved. SP5 reported there are two residents that require a lot of caregiver time with getting ready for the day. SP5 reported this makes it difficult as the caregiver is stuck in a resident's room and unable to assist other residents. SP5 reported the medication technician must assist with care and administer medications.

On 04/24/2024, I interviewed SP7 at the facility. SP7 reported there are typically two medication technicians on day shift. SP7 reported it can be difficult to administer medications on time as sometimes the medication technician is also responsible for care tasks.

SP6 reported it can be difficult to complete all care tasks during her shift. SP6 reported it is typically one caregiver and one medication technician per floor. SP6 reported there are three residents that require a two person assist and three residents that frequently call for staff assistance.

On 04/26/2024, I interviewed Resident H at the facility. Resident H reported care staff treat him well, but it can take a long time for staff to respond to his needs.

At the facility I observed the layout of the assisted living unit. The assisted living unit is located on the first and second level of the building. Both floors have two wings for the assisted living unit. I walked the unit and it can take upwards of five minutes to get from one side of the unit to the other.

I reviewed the staff schedule for 04/14-04/27 for assisted living. The following days and shifts the facility was below their staffing guidelines as described by Ms. Williams:

04/14, 04/15, 04/21, 04/25, 04/26, 04/27: first shift had four employees
04/14, 04/15, 04/17-04/25, 04/27: second shift had four employees

I reviewed call light response times for Resident B for 04/18-04/25. The average call light response time was 31 minutes. I reviewed call light response times for Resident C for 04/18-04/25. The average call light response time was 34 minutes.

I reviewed Resident B and Resident C's service plans. The service plans revealed both residents were a two person assist.

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 the facility does not have adequate staff to meet the needs of the residents as evidenced by: <ul style="list-style-type: none"> -Call light response times on average 35 minutes. -Staff schedule for multiple days and shifts below the staffing guidelines set forth by the facility. -Two residents that require two person assists and often times there are only four caregivers in the unit. This leaves the other residents subjected to potential harm due to the lack of available staff to meet their care needs.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Food is not appetizing.

INVESTIGATION:

The reporting source alleged the food is dried out and does not taste good.

Resident H reported the food could be better but overall, the food is decent. Resident H reported no concerns with the food.

On 04/24/2024, I interviewed Resident I and J at the facility. Resident I and J statements were consistent with those made by Resident H.

On 04/24/2024, I observed the lunch meal service. The residents had a variety of food items to choose from. The food was served hot and in an appetizing manner.

APPLICABLE RULE	
R 325.1952	Meals and special diets.

	(5) A home shall prepare and serve meals in an appetizing manner.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Ms. Williams reported Resident A is on the shower schedule for Monday and Thursday. Review of Resident A's service plan revealed caregivers are to offer a shower everyday to increase the likelihood of Resident A taking a shower.

Ms. Williams reported Resident D has alleged staff are mean to her while providing care and the facility has implemented a policy that two caregivers are to respond to Resident D to ensure the safety of the caregivers. Review of Resident D's service plan revealed this information was omitted.

APPLICABLE RULE	
R 325.192	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:	Review of Resident A and Resident D's service plan revealed the service plans were not updated to adequately include the current needs of the residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

05/02/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea Moore

05/08/2024

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

Date