



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 24, 2025

Krystyna Badoni
Battle Creek Bickford Cottage , L.L.C.
Suite 301
13795 S. Mur-Len Road
Olathe, KS 66062

RE: License #: AH130278262
Battle Creek Bickford Cottage
3432 Capital Avenue
Battle Creek, MI 49015

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, 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, 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 #:	AH130278262
Licensee Name:	Battle Creek Bickford Cottage , L.L.C.
Licensee Address:	Suite 301 13795 S. Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Authorized Representative:	Krystyna Badoni
Administrator:	Brandy Aucunas
Name of Facility:	Battle Creek Bickford Cottage
Facility Address:	3432 Capital Avenue Battle Creek, MI 49015
Facility Telephone #:	(269) 979-9600
Original Issuance Date:	12/29/2006
Capacity:	55
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/17/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 03/24/2025

No. of staff interviewed and/or observed 5
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:
2025A1021023: R 325.1922(5) 01/29/2025
- 2024A1010032: R 325.1976(6); R 325.1976(5) 06/01/2024
- 2025A1010013: R 325.1932(2); R 325.1932(1) 02/11/2025
- Number of excluded employees followed up? 3 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization that is subject to chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or agency shall post the policy at a public place in the health facility or agency and shall provide the policy to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.
Inspection of the facility revealed Resident Rights and Responsibilities was not posted.	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.
	(3) An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a staffing agency or covered facility and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification

	<p>acceptable to the department of state police. If the applicant has been the subject of a criminal history check conducted in compliance with this section, the applicant shall give written consent at the time of application for the covered facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (10) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the applicant is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that applicant to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (10) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the applicant is necessary, the covered facility or staffing agency shall proceed in the manner required in subsection (4).</p>
Review of staff person 1 (SP1) employee record revealed the facility did not complete the appropriate background check.	
R 325.1913	Licenses and permits; general provisions.
	(4) The current license, provisional license, or temporary nonrenewable permit shall be posted in a conspicuous public area of the home.
Inspection of the facility revealed the current license was not posted.	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the

	<p>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 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>
Review of facility records revealed the facility did not complete the tuberculosis (TB) Risk Assessment.	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Lorazepam Tab 0.5mg with instruction to take one tablet by mouth every four hours as needed for anxiety. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident C.	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
Review of Resident B's MAR revealed Resident B was prescribed Buspirone Tab 10mg with instruction to administer one tablet by mouth three times daily. Resident B did not receive this medication on 03/11, 03/13, 03/15-03/17. In addition, Resident B was prescribed Donepezil Tab 5mg with instruction to administer one tablet by mouth every day for dementia. Resident B did not receive this medication 03/01-	

03/04. Review of the MAR revealed the reasoning for these missed medications was waiting for a new order or medication unavailable. By not ensuring Resident C had medications available, Resident C did not receive medications as prescribed.	
R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</p>
Review of Resident C's MAR revealed Resident C was prescribed Hydrocodone 10/325 tab with instruction to administer one tablet by mouth three times daily. Review of the March 2025 MAR revealed caregivers did not initial that this medication was administered on 03/09/2025 at 8:00pm.	
R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.
Review of documentation revealed two residents were on mechanical soft diet. However, the mechanical soft diet was not posted.	
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 was unable to demonstrate how they ensure the dishwasher is properly working by conducting testing of the machine. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	
R 325.1976	Kitchen and dietary.

	(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.
<p>Inspection of the facility revealed multiple items in the refrigerator and freezer that were opened and were not dated (including but not limited to pancakes, pasta noodles, etc).</p> <p>REPEAT VIOLATION: AH130278262_SIR_2024A1010032 CAP dated 06/10/2024.</p>	
R 325.1976	Kitchen and dietary.
	(9) An individual portion of food which is served and not eaten shall be destroyed.
<p>Inspection of the facility revealed there was leftover ice cream that was served and was not destroyed.</p>	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Hazardous and toxic material (cleaning agent) was found unsecured under the sink in the dining room. The item is an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.</p>	

IV. RECOMMENDATION

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

Kimberly Host

03/24/2025

Date

Licensing Consultant