



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 24, 2025

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

RE: License #: AH230387590
Bickford of W Lansing
6429 Earlington Ln
Lansing, MI 48917

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 #:	AH230387590
Licensee Name:	Bickford of W Lansing, LLC
Licensee Address:	Suite 301 13795 S Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(517) 321-3391
Authorized Representative:	Krystyna Badoni
Administrator:	Amy Price
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
Capacity:	72
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/10/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 04/23/2025

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:
- Number of excluded employees followed up? 5 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
<p>Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Lorazepam 1mg with instruction to administer one tablet by mouth twice daily as needed for anxiety. Review of Resident B's service plan lack of detailed information on how the resident demonstrates these behaviors and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p> <p>REPEAT VIOLATION: AH230387590_RNWL_20231103</p>	
R 325.1922	Admission and retention of residents.
	<p>(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.</p>

Review of Resident A's records revealed the facility did not have an admission agreement on file.	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the 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 Resident A, Resident F, and Resident G's records revealed the residents did not have a Tuberculosis (TB) test 12 months prior to admission.	
REPEAT VIOLATION: AH230387590_RNWL_20231103	
R 325.1923	Employee's health.
	<p>(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? (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. 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.</p>

Review of staff person 1 (SP1) employee file revealed SP1 was not properly screened for TB within 10 days of hire. In addition, the facility did not complete the annual TB risk assessment.	
REPEAT VIOLATION: AH230387590_RNWL_20231103	
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.
Review of Resident E's MAR revealed care staff were to apply skin prep wipes to right foot and cover with foam dressing. Review of the MAR revealed staff did not attest that this task was completed on 03/28-03/29. Similar findings were noted with Resident B.	
R 325.1931	Employees; general provisions.
	(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following: <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions.
Review of SP2, SP3, and SP4 employee records revealed the employees did not complete required staff training.	
R 325.1932	Resident medications.
	(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: <ul style="list-style-type: none"> b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> (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 B's MAR revealed Resident B was prescribed Risperidone Tab 1mg with instruction to administer ½ tablet by mouth three times a day. The March 2025 MAR revealed staff members did not initial that this was administered 03/04/2025 at 2:00pm and 03/07/2025 at 2:00pm.</p> <p>REPEAT VIOLATION: AH230387590_SIR_ 2024A1021002</p>	
R 325.1964	Interiors.
	<p>(9) Ventilation shall be provided throughout the facility in the following manner:</p> <p>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
<p>Inspection of the facility revealed there was no continuous exhaust in the beauty salon, soiled linen room, and janitor closets.</p> <p>REPEAT VIOLATION: AH230387590_RNWL_20231103</p>	
R 325.1976	Kitchen and dietary.
	<p>(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>
<p>Inspection of the common area refrigerators revealed there were items that were not labeled with open and used by date.</p>	
R 325.1976	Kitchen and dietary.
	<p>(9) An individual portion of food which is served and not eaten shall be destroyed.</p>
<p>Inspection of the memory care unit and common area refrigerators revealed multiple food items that were served and were not destroyed.</p> <p>REPEAT VIOLATION: AH230387590_RNWL_20231103</p>	
R 325.1979	General maintenance and storage.
	<p>(3) Hazardous and toxic materials shall be stored in a safe</p>

	manner.
	<p>Inspection of the memory care unit revealed the laundry room was unlocked which led to the janitor closet and the furnace room. There were multiple hazardous and toxic items that were easily accessible to the cognitively impaired population.</p> <p>REPEAT VIOLATION: AH230387590_RNWL_20231103</p>

IV. RECOMMENDATION

Kimberly Host

04/24/2025

Licensing Consultant Date