GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 2, 2025

Krystyna Badoni
Lansing Bickford Cottage
3830 Okemos Road
Okemos, MI 48864

RE: License #: AH330278347
Investigation #: 2025A1021080
Lansing 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.
- 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) 335-5985.

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 #:	AH330278347
Investigation #:	2025A1021080
Complaint Receipt Date:	09/29/2025
Investigation Initiation Date:	09/30/2025
Report Due Date:	11/29/2025
Licensee Name:	Lansing Bickford Cottage L.L.C.
LicenseeAddress:	13795 S. Murlen Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Administrator/ Authorized Representative:	Krystyna Badoni
Name of Facility:	Lansing Bickford Cottage
Facility Address:	3830 Okemos Road Okemos, MI 48864
Facility Telephone #:	(517) 706-0300
Original Issuance Date:	09/08/2008
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	55
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility has no director.	No
Facility has no supplies.	No
Residents are not appropriate for Home for the Aged.	No
Facility has insufficient staff.	Yes
Facility has no snacks available.	No
Additional Findings	Yes

III. METHODOLOGY

09/29/2025	Special Investigation Intake 2025A1021080
09/30/2025	Special Investigation Initiated - On Site
10/01/2025	Contact - Telephone call made interviewed authorized representative
10/01/2025	Contact - Document Received received additional documents
10/15/2025	Contact-Face to Face
10/22/2025	Contact-Face to Face
11/03/2025	Contact-Document Received Received additional information
12/02/2025	Exit Conference

ALLEGATION:

The facility has no director.

INVESTIGATION:

On 09/29/2025, the licensing department received an anonymous complaint with allegations that the facility has had no director for three weeks.

On 09/30/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported that the director left a few weeks ago and a new director will be starting in October 2025.

On 10/01/2025, I interviewed authorized representative Krystyna Badoni by telephone. The authorized representative reported that the director has left and went to another facility. The authorized representative reported she has been to the branch twice a week and another corporate director is in the branch two days a week. The authorized representative reported that the facility has a clinical nurse that is on site Monday-Friday. The authorized representative reported that the new director will be starting in October.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(d) Appoint a competent administrator who is responsible for operating the home in accordance with the established policies of the home.**
ANALYSIS:	Interviews conducted revealed that while the administrator left the facility, the licensee has ensured there is leadership in the building.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Facility has no supplies.

INVESTIGATION:

On 10/14/2025, the licensing department received a complaint with allegations that the facility is constantly low on supplies.

The authorized representative reported that each resident is responsible for supplying linens and towels. The authorized representative reported that there should be a supply of incontinence supplies and personal protective equipment.

SP1 reported that the previous administrator reported that gloves could not be ordered and gloves are to be ordered by the residents' families. SP1 reported the facility believed they could not accept donations and there is no extra supply of linens or towels. SP1 reported there is a supply of incontinent products.

SP4 reported that gloves are difficult to obtain. SP4 reported that residents' families are responsible for purchasing gloves. SP4 reported that if gloves run out in a room, caregivers will go to a different room to get gloves. SP4 reported there is a supply of incontinent supplies.

While onsite, I did observe a significant supply of incontinence products at the facility.

The authorized representative reported the facility will now be purchasing gloves and will obtain an additional supply of linens and towels.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(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.**
For Reference: **R 325.1901**	**Definitions.**
	(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.
ANALYSIS:	Interviews conducted revealed the facility believed residents were responsible for obtaining supplies. Interview with the authorized representative revealed this information was incorrect and the facility will begin to order required supplies. While this did occur, it was an isolated incident, and the licensee has taken steps to address the issue.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents are not appropriate for Home for the Aged.

INVESTIGATION:

The complainant alleged the type of residents the facility accepts is beyond the limit of the facility.

The authorized representative reported that the acuity is within normal range at the facility. The authorized representative reported that there are quite a few residents on hospice care services, however, they are still appropriate for the facility. The authorized representative reported that there are a few residents that are a two person assist, but the facility can manage this level.

SP2 reported that there are no residents that require continuous nursing services. SP2 reported that there are a few residents who are on hospice and are a two person assist, but those residents are still appropriate for the facility.

I reviewed various resident service plans. The service plans revealed the residents were within the scope of home for the aged and were appropriate for the facility.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(10) A home shall not retain a resident who requires continuous nursing care services of any kind normally provided in a nursing home as specified in section Page 8 *Courtesy of Michigan Administrative Rules* 21711(3), MCL 333.21711(3), and section 21715(2), MCL 333.21715(2), of the code unless the home meets the provisions of section 21325, MCL 333.21325, of the code or the individual is enrolled in and receiving services from a licensed hospice program or a home health agency.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged that the facility is understaffed and there are only two staff in the facility on the overnight shift

On 10/14/2025, the licensing department received another anonymous complaint with allegations that the facility is short staffed with only one caregiver in memory care.

On 10/14/2025, the licensing department received another anonymous complaint with allegations that the facility is short staffed.

On 10/15/2025, the licensing department received another anonymous complaint with allegations on 10/09/2025, the facility is short staffed with only one caregiver in memory care and two caregivers in assisted living.

The authorized representative reported that when the administrator left the facility, many staff members also left. The authorized representative reported that the facility is now utilizing agency staff to fill staff shortages. The authorized representative reported that on first and second shift there are to be four employees and on third shift there are to be three employees. The authorized representative reported that there is always at least one employee in memory care. The authorized representative reported that there is always one medication technician on every shift. The authorized representative reported that caregivers are responsible for some laundry tasks and some dietary tasks. The authorized representative reported that caregivers in memory care are responsible for housekeeping.

On 10/15/2025, I interviewed SP2 at the facility. SP2 reported that quite a few employees left the facility. SP2 reported that the facility is now using agency workers to fill in shift openings.

I reviewed the staff schedule for 10/09/2025. The schedule revealed the staffing guidelines were met as described by the authorized representative.

I reviewed the staff schedule and timecards for 9/21/2025-10/04/2025. The documents revealed that on third shift on 09/22, 09/23, 09/25, and 09/30 there were only two employes that worked.

I reviewed resident service plans. The service plans revealed there were two residents that require nighttime incontinence care and could not be left alone in the bathroom, two residents that were a two person assist with transfers, three residents that wander, and two residents that require assistance with nighttime incontinence care that could be unsupervised.

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:	Review of staff schedules revealed multiple instances on third shift in which the facility worked below their staffing ratios as described by the facility.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Facility has no snacks.

INVESTIGATION:

On 10/17/2025, the licensing department received an anonymous complaint with allegations that the facility has no snacks. The complainant alleged at times residents get one snack a day.

On 10/21/2025, I interviewed SP5 at the facility. SP5 reported there is a snack counter that is always filled with fruit, crackers, and some desserts. SP5 reported she has not observed the counter to be empty.

On 10/21/2025, I interviewed SP6 at the facility. SP6 reported that the snack counter is filled every morning and sometimes throughout the day. SP6 reported there is always fruit, crackers, and some cookies. SP6 reported that if a resident is hungry, they can request additional food from the kitchen. SP6 reported the activities department also has snacks and pops popcorn.

On 10/21/2025, I interviewed Resident A at the facility. Resident A reported the facility is a good place to live. Resident A reported that she receives meals and snacks. Resident A reported no concerns with availability of food.

APPLICABLE RULE	
R 325.1952	**Meals and special diets.**
	(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.

ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

The authorized representative reported that she believed she sent this notice of the change in administrator and temporary appointment of herself as the administrator] to the Licensing Department but now realizes she did not.

On 10/01/2025, I received notification from the authorized representative that she will be acting as the administrator until the new begins in October.

APPLICABLE RULE	
R 325.1913	**Licenses and permits; general provisions.**
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.
ANALYSIS:	Interviews conducted revealed the facility did not notify the Licensing Department of the change of administrator.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

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

11/07/2025

Kimberly Horst — Date
Licensing Staff

Approved By:

12/02/2025

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