



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 13, 2021

Justin Stein
Midland Bickford Cottage
101 Joseph Dr
Midland, MI 48642

RE: License #: AH560278460
Midland Bickford Cottage
101 Joseph Dr
Midland, MI 48642

Dear Mr. Stein:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (810) 787-8031.

Sincerely,

A handwritten signature in cursive script that reads "Aaron Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 230-2778

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH560278460
Licensee Name:	Midland Bickford Cottage, LLC
Licensee Address:	13795 S Murlen Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Authorized Representative:	Justin Stein
Administrator:	Kim Arnett
Name of Facility:	Midland Bickford Cottage
Facility Address:	101 Joseph Dr Midland, MI 48642
Facility Telephone #:	(989) 835-5300
Original Issuance Date:	11/22/2006
Capacity:	55
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/10/21

Date of Bureau of Fire Services Inspection if applicable: 5/18/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/10/21

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 25
No. of others interviewed N/A Role

- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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: SI#2020A0784038: 1921(1)(b)/CAP dated 5/6/21 - SI#2021A0784014: 1922(5), 1924(3)/CAP dated 4/26/21
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Aaron L. Clum

9/13/21

Licensing Consultant

Date