STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

March 8, 2023

Jeremiah Johnson
Bickford of Canton
5969 N Canton Center Rd
Canton, MI 48187

RE: License #: AH820395445
Investigation #: 2023A0585015
Bickford of Canton

Dear Mr. Johnson:

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 responsible party 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,

Brender L. Howard

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH820395445
Investigation #:	2023A0585015
Complaint Receipt Date:	12/12/2022
Investigation Initiation Date:	12/13/2022
Report Due Date:	02/11/2023
Licensee Name:	Bickford of Canton, LLC
Licensee Address:	Suite 301 13795 S Mur-Len Rd. Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Administrator:	Chanda Pantano
Authorized Representative:	Jeremiah Johnson
Name of Facility:	Bickford of Canton
Facility Address:	5969 N Canton Center Rd Canton, MI 48187
Facility Telephone #:	(734) 656-5580
Original Issuance Date:	04/02/2020
License Status:	REGULAR
Effective Date:	10/02/2022
Expiration Date:	10/01/2023
Capacity:	78
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A fell out of the bed and was on the floor for an hour.	Yes
Additional Findings	No

III. METHODOLOGY

12/12/2022	Special Investigation Intake 2023A0585015
12/13/2022	Special Investigation Initiated - Letter Emailed referral to Adult Protective Services (APS).
12/14/2022	Inspection Completed On-site Completed with observation, interview and record review.

ALLEGATION:

Resident A fell out of the bed and was on the floor for an hour.

INVESTIGATION:

On 12/12/2022, the department received the allegations via the BCHS Online Complaint website. These allegations were submitted as anonymous; therefore, no additional information could be obtained.

The complaint alleges that Resident A fell headfirst out of the bed and the call were never answered by staff. The complaint alleges that after staff didn’t answer the call pendant, Resident A pushed her Alexa device and called her son and her son called 911. The complaint alleges that by time 911 came, Resident A had been on the floor for two hours.

On 12/13/2022, a referral was made to Adult Protective Services (APS).

On 12/13/2022, I received a call from APS worker Mohammad Musluh stating that he is the assigned APS worker.

On 12/14/2022, an onsite was completed at the facility. I interviewed administrator Chanda Pantano at the facility. Ms. Pantano explained that she has only been at the

facility as an administrator for two weeks and they are addressing the incident that took place. She stated that Resident A had a fall, and they don't know how long she had been on the floor. She stated the expected response time for call lights are less than fifteen minutes. She stated the census was 53. She stated that medication technician assists with personal care when they are not administering medication.

Resident A's alarm history and daily assignment sheet was given upon request.

During the onsite, I interviewed employee #1 at the facility. Employee #1 stated that on morning and afternoon shift there are 5-6 care staff and two medication technicians: with three caregivers and one medication technician on midnight.

On 12/14/2022, I interviewed Employee #2 at the facility. Employee #2 stated that Resident A had a fall. Employee #2 stated that she doesn't know how long Resident A was on the floor. She stated that there were two aides on that side, and they were probably in another resident's room. She stated that they are trying to implement things to try to rectify long waits for the residents.

Alarm History revealed that Resident A push pendant on 11/25/22 at 11:23:30 pm. and the call light response time were 11/26/22 at 3:16:08 am (232.63 minutes).

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator and governing body of a hoe 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.**
ANALYSIS:	The facility did not provide protection to Resident A as evidence by her being on the floor for an extended period. It is unknown how long Resident A was on the floor; however, the alarm history shows that Resident A's alarm went off at 11/25/22 at 11:23:30 pm. and the call light response time were 11/26/22 at 3:16:08 am (232.63 minutes). Therefore, the facility did not comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

03/08/2023

Brender Howard Date
Licensing Staff

Approved By:

03/07/2023

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