STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

June 30, 2023

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

RE: License #: AH130278262
Investigation #: 2023A1021070
Battle Creek Bickford Cottage

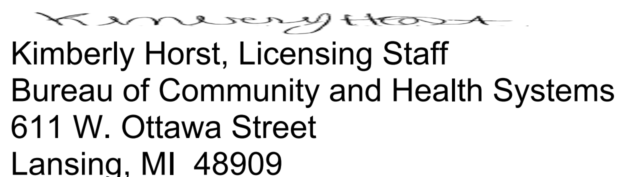
Dear Krystyna Badoni:

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) 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
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH130278262
Investigation #:	2023A1021070
Complaint Receipt Date:	06/27/2023
Investigation Initiation Date:	06/27/2023
Report Due Date:	08/27/2023
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
Administrator:	Kimberly Barber
Authorized Representative:	Krystyna Badoni
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
License Status:	REGULAR
Effective Date:	10/15/2022
Expiration Date:	10/14/2023
Capacity:	55
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff does not properly prepare food.	Yes
Facility has bed bugs.	No
Facility is unclean.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/27/2023	Special Investigation Intake 2023A1021070
06/27/2023	Special Investigation Initiated - Letter referral placed to APS
06/28/2023	Inspection Completed On-site
06/29/2023	Contact-Telephone call made Interviewed account manager Jim Nelson with Rose Pest Control.
	Exit Conference

ALLEGATION:

Staff does not properly prepare food.

INSPECTION:

On 06/27/2023, the licensing department received an anonymous complaint with allegations the facility does not properly prepare food or wear hair nets.

On 06/27/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 06/28/2023, I interviewed administrator Kimberly Barber at the facility. Ms. Barber reported there has been changes in the kitchen staff. Ms. Barber reported on 06/27/2023, she fired the kitchen manager as the manager was not fulfilling her job duties. Ms. Barber reported she has brought in floor staff to assist with kitchen duties. Ms. Barber reported maintenance and herself have also been assisting in the

kitchen. Ms. Barber reported the corporate office will also be assisting until the facility can hire a new kitchen manager.

I observed the facility kitchen. On the door outside the kitchen there was a sign posted that told caregivers to stop and put a hair net on. In the kitchen I observed three staff members all of which were not wearing hair nets.

On 06/28/2023, I interviewed staff person 3 (SP3) in the kitchen. SP3 reported she recently took over in the kitchen following the termination of the kitchen manager. SP3 reported she is working to get the kitchen more organized and in order. SP3 reported no knowledge of taking temperatures of the food.

On 06/28/2023, I interviewed Resident B at the facility. Resident B reported the food is always cold. Resident B reported often residents will take their food back to their room to warm it up in the microwave.

On 06/28/2023, I observed the lunch service. I did not observe staff taking temperatures of food to ensure food was properly prepared.

APPLICABLE RULE	
R 325.1976	**Kitchen and dietary.**
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination.
ANALYSIS:	The facility was unable to demonstrate that food is handled, stored, prepared, and transported safely for human consumption by not appropriately taking and recording the temperature of the food.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Facility has bed bugs.

INVESTIGATION:

Ms. Barber reported Resident A moved into the facility on 02/02/2023 and soon after a bed bug was found in her room. Ms. Barber reported the facility partnered with Rose Pest Control Solutions and used canine dogs. Ms. Barber reported a few weeks after another bed bug was found in Resident A’s room. Ms. Barber reported the facility heat treated her room and her neighbor’s room. Ms. Barber reported the bed bugs were found in her recliner chair that she brought from her home. Ms.

Barber reported since Resident A's room has been treated no additional bed bugs have been found.

On 06/28/2023, I interviewed staff person 1 (SP1) at the facility. SP1 reported he was contacted very late one night as a staff person found a bed bug in Resident A's room. SP1 reported he came into the facility and confirmed it was a bed bug. SP1 reported he contacted Rose Pest Control, and they brought out canine dogs and the dogs did not find any more bed bugs. SP1 reported a few weeks later, another bed bug was found in Resident A's room. SP1 reported he contacted Rose Pest Control, and they provided heat treatment to Resident A's room and her neighbor's room. SP1 reported the bed bugs were found in Resident A's recliner chair that she brought from home. SP1 reported no bed bugs have been found since the rooms have been heat treated. SP1 reported Rose Pest Control comes to the facility once a month for routine treatments. SP1 reported the facility acted quickly to arrange for bed bug treatments.

On 06/28/2023, I interviewed SP2 at the facility. SP2 reported Resident A had bed bugs in her room but there were not found throughout the facility. SP2 reported the facility heat treated Resident A's room and no more bed bugs have been found.

On 06/28/2023, I interviewed Resident A at the facility. Resident A reported she had bed bugs in her room. Resident A reported staff members found the bed bugs and informed management. Resident A reported she left the facility for two days so that her room could be treated for the bed bugs. Resident A reported she has not seen any bed bugs since her room has been heat treated. Resident A reported no concerns with bed bugs or living at the facility.

APPLICABLE RULE	
R 325.1978	**Insect and vermin control.**
	(1) A home shall be kept free from insects and vermin.
ANALYSIS:	Interviews conducted and review of documentation revealed the facility had an isolated incident with bed bugs in Resident A's room. The facility acted quickly to address and treat the bed bugs. While this event did occur, it was an isolated incident and is not a systemic issue throughout the facility.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Facility is unclean.

INVESTIGATION:

The complainant alleged the facility is unclean. The complainant alleged there is mold in the kitchen.

In the facility kitchen I observed the kitchen stove. The stove was dirty and did not appear to be cleaned as was observed by food dried in the burners. I observed the floor in the kitchen. There was spilled food on the floor and the floor appeared to not have been cleaned as it was very sticky. One of the refrigerator doors had a padlock on the door to ensure it was shut. However, after the door was opened, it was difficult to ensure it was securely closed. I did not observe any mold or bugs within the facility.

I observed the facility including common rooms, bathroom, and resident rooms. The common areas of the facility were clean as observed by the floors were vacuumed, there was no litter on the floor, and the facility smelt clean. The resident rooms were tidy and clean, and the bathrooms were also clean.

Resident B reported her room is cleaned by the housekeeper. Resident B reported no concerns with tidiness of the facility.

APPLICABLE RULE	
R 325.1979	**General maintenance and storage.**
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Observations made in the facility kitchen revealed the facility kitchen was not clean as evidenced by a dirty stove, dirty floor, and faulty closing refrigerator doors.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

SP1 reported Rose Pest Control provided bed bug monitors to be placed in Resident A's room. SP1 reported these monitors trap bed bugs. SP1 reported he has checked the monitors a few times.

SP2 reported no knowledge of bed bug monitors within Resident A's room.

Resident A reported no knowledge of the bed bug monitors within her room. Resident A reported she has not seen any monitors.

Inspection of Resident A's room revealed Resident A had used the monitors as a dish and stored paperclips in the bed bug monitor.

On 06/29/2023, I interviewed account manager Jim Nelson with Rose Pest Control. Mr. Nelson reported his company provided heat treatments to the facility for bed bugs. Mr. Nelson reported he provided two monitors to the facility to trap any remaining beg bugs. Mr. Nelson reported there are no chemicals in the monitors and the monitors do not need to be changed. Mr. Nelson reported the monitors are to be placed in and near furniture where bed bugs have been found.

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.**
	(16) "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 partnered with Rose Pest Control for bed bug treatment and prevention. The facility placed two monitors within Resident A's room to catch bed bugs. However, there is no organized program as to who is to check these monitors and the frequency of checking. In addition, there was no staff and resident education on the use of these monitors, importance of monitors, and checking of them.

CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

Inspection of the facility revealed the weekly menu was not posted. Ms. Barber reported the facility has changed the weekly menu and these changes were not reflected on the menu.

APPLICABLE RULE	
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.
ANALYSIS:	The facility did not have the weekly menu posted. In addition, changes to the weekly menu were not written on the menu. **REPEAT VIOLATION ESTABLISHED** **Special investigation report #2023A1021028 dated 02/06/2023 corrective action plan dated 02/21/2023.**
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Inspection of the facility revealed the facility did not have record of the menus for the preceding three months.

APPLICABLE RULE	
R 325.1953	**Menus.**
	(2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.
ANALYSIS:	The facility had no record of the menus for the preceding three months.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Inspection of the facility revealed the facility was not completing a meal census to record the kind and amount of food used for the preceding three-month period.

APPLICABLE RULE	
R 325.1954	**Meal and food records.**
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	The facility had no record of a meal census for the preceding 3-month period.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The kitchen had no record of testing the heat sanitation on the dishwasher.

APPLICABLE RULE	
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.
ANALYSIS:	The lack of routine checks on the dishwasher does not reasonably protect residents from infection should the machine malfunction.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated

(including but not limited to hamburger meat, cookies, oatmeal, and many other items).

APPLICABLE RULE	
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.
ANALYSIS:	Inspection of the facility revealed food was not stored safely for human consumption as observed by food items open, unsealed and not dated.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Inspection of the refrigerators and freezers revealed there were no internal thermometers.

APPLICABLE RULE	
R 325.1976	**Kitchen and dietary.**
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
ANALYSIS:	There was no reliable thermometer in the facility refrigerators and freezers.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

06/29/2023

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Kimberly Horst — Date
Licensing Staff

Approved By:

06/30/2023

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