



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 7, 2023

Krystyna Badoni
Saginaw Bickford Cottage
5275 Mackinaw Rd.
Saginaw, MI 48603

RE: License #: AH730279101
Investigation #: 2023A0784079
Saginaw 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 responsible party and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

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|---------------------------------------|--|
| License #: | AH730279101 |
| Investigation #: | 2023A0784079 |
| Complaint Receipt Date: | 08/01/2023 |
| Investigation Initiation Date: | 08/01/2023 |
| Report Due Date: | 09/30/2023 |
| Licensee Name: | Saginaw Bickford Cottage, LLC |
| Licensee Address: | 13795 S. Mur Len Olathe, KS 66062 |
| Licensee Telephone #: | (913) 782-3200 |
| Administrator: | Connie Grimshaw |
| Authorized Representative: | Krystyna Badoni |
| Name of Facility: | Saginaw Bickford Cottage |
| Facility Address: | 5275 Mackinaw Rd. Saginaw, MI 48603 |
| Facility Telephone #: | (989) 799-9600 |
| Original Issuance Date: | 02/08/2007 |
| License Status: | REGULAR |
| Effective Date: | 03/24/2023 |
| Expiration Date: | 03/23/2024 |
| Capacity: | 71 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Inadequate protection of Resident A. Resident not administered prescribed medications. | Yes |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|---|
| 08/01/2023 | Special Investigation Intake 2023A0784079 |
| 08/01/2023 | Special Investigation Initiated - Telephone Interview with Authorized Representative Krystyna Badoni |
| 08/01/2023 | Exit Conference Conducted with authorized representative Krystyna Badoni |

ALLEGATION:

Inadequate protection of Resident A. Resident not administered prescribed medications.

INVESTIGATION:

On 8/01/2023, I received a telephone call from authorized representative Krystyna Badoni. Ms. Badoni reported that Resident A was admitted to the facility on 7/14/2023 and that along with her admission documents, the facility received a list of Resident A's medications which included a medication for Atrial fibrillation (AFIB - is an irregular and often very rapid heart rhythm). Ms. Badoni stated that the executive director at the time (ED) did not ensure she had Resident A's physicians orders signed as a part of the admission process, as required, so Resident A never received any of her medications. Ms. Badoni stated that on the evening of 7/18/2023, Resident A went into cardiac arrest and was sent to the hospital by emergency medical services (EMS). Ms. Badoni stated Resident A was pronounced deceased upon arriving at the hospital. Ms. Badoni stated that while it was not determined Resident A died due to not being administered her medication for AFIB, Resident A's death certificate did specify AFIB as related to her cause of death. Ms. Badoni stated the facility has discontinued employment with Ms. Blankenship as a result of this incident.

I reviewed Resident A's death certificate, provided by Ms. Badoni, which read consistently with her statements regarding the cause of Resident A's death.

I reviewed Resident A's medication orders, provided by Ms. Badoni, which included *BISOPROLOL FUMARATE 10MG* to be taken "BY MOUTH EVERY DAY FOR AFIB/HTM".

| 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. |
| | (1) (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. |
| R 325.1932 | Resident medications. |
| | (2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional. |
| For Reference R 325.1901 | Definitions |
| | (1) (n) "Medication management" means assistance with the acquisition and administration of a resident's prescribed medication. |

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|--------------------|---|
| ANALYSIS: | The department received reporting from the facilities authorized representative that due to the ED neglecting to follow proper facility protocol, Resident A was admitted to the facility on 7/14/2023 without signed physicians orders. Due to the lack of signed orders, the facility did not obtain Resident A's medications, including medication specifically used to treat her AFIB therefore Resident A did not receive any of her medications during her stay at the facility. On 7/18/2023, Resident A went into cardiac arrest at the facility, was taken to the hospital by EMS and pronounced deceased with Resident A's death certificate ultimately indicating AFIB as related to her cause of death. Based on the findings, the facility did not provide adequate protection for Resident A and subsequently did not ensure she received her prescribed medications. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

9/05/2023

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

09/07/2023

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

Date