



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 20, 2023

Krystyna Badoni  
Bickford of Canton  
5969 N Canton Center Rd  
Canton, MI 48187

RE: License #: AH820395445  
Bickford of Canton  
5969 N Canton Center Rd  
Canton, MI 48187

Dear Licensee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH820395445

**Licensee Name:** Bickford of Canton, LLC

**Licensee Address:** Suite 301  
13795 S Mur-Len Rd.  
Olathe, KS 66062

**Licensee Telephone #:** (913) 782-3200

**Authorized Representative:** Krystyna Badoni

  

**Administrator/Licensee Designee:** Jeffrey Bowen

**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

**Capacity:** 78

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2023  
Date of Bureau of Fire Services Inspection if applicable: 04/03/2023, 06/05/2023  
Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 09/29/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 14  
No. of others interviewed One Role Fox Therapist

- 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. No, resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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:
- CAP dated 1/12/2021 to Renewal Licensing Study Report (LSR) dated 11/12/2020: R 325.1922(7), R 325.1923(2), R 325.1931(3), R 325.1932(1), R 325.1932(2), R 325.1932(3)(e), R 325.1943(1), R 325.1944(2), R 325.1952(4), R 325.1953(1), R 325.1954, R 325.1979(7), R 325.1976(15), R 325.1979(3)
- CAP dated 12/14/2022 to Special Investigation Report (SIR) 2022A1027095 dated 11/2/2022: R 325.1921(1)(b)
- CAP dated 2/9/2023 to SIR 2023A1027017 dated 12/28/2022: R 325.1921(1)(c) and R 325.1932(1)
- CAP dated 5/11/2023 to SIR 2023A0585014 dated 3/8/2023: R 325.1922(5)
- CAP dated 5/11/2023 to SIR 2023A0585015 dated 3/8/2023: R 325.1921(1)(b)
- CAP dated 5/3/2023 to SIR 2023A1027038 dated 3/19/2023: R 325.1931(2)
- CAP dated 5/3/2023 to SIR 2023A1027046 dated 3/19/2023: R 325.1931(2)
- CAP dated 9/6/2023 to SIR 2023A0784069 dated 8/20/2023: R 325.1921(1)(b) and R 325.1913(2)
- Number of excluded employees followed up? One N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**MCL 333.20201**      **Policy describing rights and responsibilities of patients or residents;**

**(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.**

Observations revealed the Resident rights and responsibilities were not posted in a public place in the facility.

#### **VIOLATION ESTABLISHED.**

**R 325.1913**      **Licenses and permits; general provisions.**

**(4) The current license, provisional license, or temporary nonrenewable permit shall be posted in a conspicuous public area of the home.**

Interview with Employee #1 revealed the facility's license frame had broken and was removed from the wall. The facility license was observed in a binder and not posted in a conspicuous public area of the home.

#### **VIOLATION ESTABLISHED.**

**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.**

The medication administration records (MARs) were not always completed per the licensed health care professional orders in which some were left blank. For example, Resident A's August 2023 MARs read one or more doses of medications were left blank on 8/4/2023 and 8/7/2023. Additionally, Resident A's August 2023 MARs read he was prescribed Carb/Levo, take one table by mouth twice daily at 8:00 AM and 8:00 PM in which staff initialed the medication was administered for the 8:00 AM doses from 8/1/2023 to 8/4/2023; however, staff documented there was no supply of the medication for the 8:00 PM doses from 8/1/2023 to 8/4/2023. Review of Resident C's August 2023 MARs read one or more doses of medications were left blank on 8/4/2023. Therefore, it could not be determined if Residents A and C received their medications as prescribed.

Medications ordered PRN or "as needed" did not always include written instructions for administration of the medications. For example, Resident A's August and September 2023 MARs read he was prescribed Ibuprofen, take one tablet by mouth three times daily as needed, and Clotrimazole, apply topically to affected area twice daily as needed. Resident B's August and September 2023 MARs read she was prescribed Lorazepam, take one tablet by mouth every four hours as needed, and Morphine, give 0.25 ML (5 MG) sublingually every four hours as needed. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of PRN medications to Residents A and B.

Additionally, review of Resident A's MARs revealed she was prescribed PRN Acetaminophen for pain, Ibuprofen, and Morphine Sulfate for pain/shortness of breath. Although Resident A's MARs did not specify a reason for administration for Ibuprofen, there were three medications for pain which lacked sufficient instructions to determine whether the medications were to be given together, separately, in tandem, or one instead of the other according to the severity of pain.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 11/12/2020, CAP dated 1/12/2021]**

**R 325.1931                      Employees; general provisions.**

**(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.**

Review of the facility's staff schedules dated 8/1/2023 through 8/31/2023 revealed staff worked three shifts in which there was not a designated supervisor of resident care for each shift. Interview with Employee #1 revealed the medication technician was the shift supervisor.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 11/12/2020, CAP dated 1/12/2021]**

**R 325.1943            Resident registers.**

**(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:**

**(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.**

Review of the resident register with Employee #1 revealed there were residents who had discharged or passed away in which the date of discharge, reason for discharge and place to which the resident was discharged, if known, was not written on the resident's face sheet.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 11/12/2020, CAP dated 1/12/2021]**

**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.**

Review of residents' diet orders revealed there were therapeutic and special diets ordered such as but not limited to no added salt, mechanical soft, and renal diets in which the facility did not post therapeutic or special diet menus for the current week.

**REPEAT VIOLATION ESTABLISHED.**

[For reference, see licensing study report (LSR) dated 11/12/2020, CAP dated 1/12/2021]

**R 325.1964 Interiors.**

**(9) Ventilation shall be provided throughout the facility in the following manner:**

**(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.**

The memory care public restroom, beauty salon, soiled linen room, and residents' bathing/toileting facilities located in rooms 110, 116, 201, 207, 304, 312, 405, 508, 512, and 513 lacked adequate and discernable air flow.

**VIOLATION ESTABLISHED.**

**R 325.1970 Water supply systems.**

**(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.**

Inspection of resident's sinks and showers revealed water temperatures were not regulated at a temperature range of 105 to 120 degrees Fahrenheit. For example, the water temperature in the memory care public restroom was 100 degrees Fahrenheit, room 304 was 104 degrees Fahrenheit, room 405 was 103.3 degrees Fahrenheit, room 508 was 101.5 degrees Fahrenheit in the bathroom sink and 124.0 degrees Fahrenheit in the shower, room 512 was 101.7 degrees Fahrenheit in the bathroom sink and 124.0 degrees Fahrenheit in the shower.

**VIOLATION ESTABLISHED.**

**R 325.1976 Kitchen and dietary.**

**(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.**

Interview with Employee #5 revealed the use of chemical sanitization was utilized and tested three times then recorded to demonstrate the task was completed,

however the sanitization solution log was left blank from 8/24/2023 through 9/19/2023. Employee #5 stated the kitchen also maintained a dish machine temperature log which was incomplete for September 2023.

**VIOLATION ESTABLISHED.**

**R 325.1976            Kitchen and dietary.**

**(8) A reliable thermometer shall be provided for each refrigerator and freezer.**

**For Reference:  
R 325.1976**

**Kitchen and dietary.**

**(7) Perishable foods shall be stored at temperatures which will protect against spoilage.**



Inspection of room 110 revealed the refrigerator lacked a thermometer. Additionally, inspection of residents' refrigerators in rooms 201, 207, 304, 312, and 405 revealed the thermometers read 45 to 50 degrees Fahrenheit. It could not be determined if the thermometers were accurate.

**VIOLATION ESTABLISHED.**

**R 325.1954            Meal and food records.**

**Rule 54. 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.**

Interview with Employee #5 revealed the facility maintained a meal census within a computer system in which "production sheets" could be printed; however, she was unable to print them at the time of inspection.

Per email correspondence with Employee #1 on 9/28/2023, "*[Employee #5] has reached out to corporate dietary leadership and learned that our electronic system only goes back 2 weeks for temp/production sheets.*"

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 11/12/2020, CAP dated 1/12/2021]**

**R 325.1981            Disaster plans.**

**(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.**

Review of the disaster plan revealed it lacked a written plan and procedure for explosion and loss of heat.

**VIOLATION ESTABLISHED.**

**R 325.1931 Employees; general provisions.**

**(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:**

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

**(7) The home's administrator or its designees are responsible for evaluating employee competencies.**

Review of Employees #2 and #3 files revealed the facility lacked a training program to ensure evaluation of employee competencies was conducted prior to working independently. For example, Employee #2's file read she her date of hire was 2/7/2022, email correspondence with Ms. Badoni read her date of hire was 2/18/2022, and her *Relias* training records read she *Foundations* training in October and November 2022. Review of Employee #3's file read her date of hire was 4/18/2022, she completed medication training on 5/26/2022, and her *Relias* training records read she *Foundations* training in October and November 2022.

**VIOLATION ESTABLISHED.**

**R 325.1922 Admission and retention of residents.**

**(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005"**

**(<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and**

each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

**For Reference:  
R 325.1923**

**Employee's health.**

- (2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Review of Employees #2 and #3 files revealed they lacked TB screening within ten days of hire and before occupational exposure.

Per email correspondence with Krystyna Badoni on 9/27/2023, the last TB risk assessment was completed in 2021.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 11/12/2020, CAP dated 1/12/2021]**

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/29/2023

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Date

Licensing Consultant