

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 29, 2024

Krystyna Badoni Bickford of W Lansing, LLC 13795 S Mur-Len Road Olathe, KS 66062

RE: License #:	AH230387590
Investigation #:	2024A1021038
_	Bickford of W Lansing

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,

Kinveryttoon

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 #:	AH230387590
Investigation #:	2024A1021038
	00/40/0004
Complaint Receipt Date:	02/16/2024
Investigation Initiation Data:	02/16/2024
Investigation Initiation Date:	02/10/2024
Report Due Date:	04/17/2024
Nopoli Duo Duio.	0 11 11 / 2021
Licensee Name:	Bickford of W Lansing, LLC
Licensee Address:	Suite 301
	13795 S Mur-Len Road
	Olathe, KS 66062
Licence Telephone #	(547) 224 2204
Licensee Telephone #:	(517) 321-3391
Administrator:	Fallon Williams
Administratori	T dilott Williams
Authorized Representative:	Krystyna Badoni
•	
Name of Facility:	Bickford of W Lansing
Facility Address:	6429 Earlington Ln
	Lansing, MI 48917
Facility Telephone #:	(517) 321-3391
racinty relephone #.	(317) 321-3391
Original Issuance Date:	06/09/2017
License Status:	REGULAR
Effective Date:	12/09/2023
Francisco Dete	07/04/0004
Expiration Date:	07/31/2024
Capacity:	72
Ο αρασιτή.	12
Program Type:	ALZHEIMERS
	AGED
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II. ALLEGATION(S)

Violation Established?

Money stolen from Resident A.	No
Resident A has increased wait times for assistance.	Yes
Resident A does not receive showers.	No
Additional Findings	No

III. METHODOLOGY

02/16/2024	Special Investigation Intake 2024A1021038
02/16/2024	Special Investigation Initiated - Letter referral sent to APS
02/21/2024	Inspection Completed On-site
2/23/2024	Contact-Document Received Received Resident A's documents
02/29/2024	Exit Conference

ALLEGATION:

Money stolen from Resident A.

INVESTIGATION:

On 02/16/2024, the licensing department received a complaint with allegations money was stolen from Resident A. The complainant alleged Resident A had approximately \$175 in her wallet and around 02/12/2024, Resident A could not locate the money.

On 02/16/2024, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 02/21/2024, I interviewed Resident A at the facility. Resident A reported she realized she had money missing from her wallet a few weeks ago. Resident A reported she believes the money was stolen. Resident A reported she knows she needs to have a lock box if she is going to keep a large amount of money in her room.

On 02/21/2024, I interviewed administrator Fallon Williams at the facility. Ms. Williams reported she was made aware of Resident A's missing money. Ms. Williams reported other items have come up missing and the facility is completing a full investigation. Ms. Williams reported the facility is working with the corporate office to arrange for a sting operation to hopefully catch an employee or resident in the act of stealing. Ms. Williams reported Resident A leaves the facility daily and she could have lost or misplaced the money when she left the facility. Ms. Williams reported when a resident admits to the facility, they are encouraged not to keep valuables in their room as the facility is not responsible for lost or stolen items.

I reviewed Resident A's signed admission contract. The contract read,

"Bickford shall not be responsible for any loss or damage of property belonging to Resident due to theft or any other causes, excluding loss or damage resulting from Bickford willful misconduct or gross negligence."

APPLICABLE RU	JLE
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.
	(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.
ANALYSIS:	Resident A lost money at the facility and the facility is in the process of completing an investigation. It is unknown what happened to the money. However, the staff made reasonable efforts to locate Resident A's money.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A has increased wait times for assistance.

INVESTIGATION:

The complainant alleged Resident A has increased wait times for assistance.

Resident A reported sometimes it can be a long wait for caregivers to respond to her.

Ms. Williams reported Resident A does use her call button for assistance. Ms. Williams reported Resident A expects staff members to immediately respond to her call light. Ms. Williams reported the facility expectation is five minutes or less for a call light to be responded to. Ms. Willaims reported Resident A rises and requires dressing assistance around 11:00-11:30am. Ms. Williams reported it can be difficult for staff to immediately respond because caregivers are in the process of lunch service. Ms. Williams reported caregivers do provide good care to Resident A.

I reviewed Resident A's service plan. The service plan read,

"(Resident A) will utilize her pendent for any needed assistance."

I reviewed call light response times for 02/01/2024-02/21/2024 for Resident A. The report revealed the average response time was 21 minutes.

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.	
	(4) "Assistance" means help provided by a home or an agent or employee of a home to a resident who requires help with activities of daily living.	
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ANALYSIS:	Review of documentation revealed on average Resident A must wait on average 21 minutes for staff assistance. This practice results in Resident A not receiving the assistance she requires, such as assistance in toileting and dressing.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A does not receive showers.

INVESTIGATION:

The complainant alleged it can be difficult for Resident A to receive showers on her assigned shower days.

Resident A reported she prefers a particular caregiver to shower her. Resident A reported it can be difficult to receive a shower.

Ms. Williams reported Resident A prefers showers when she wakes up which is around 11:00am. Ms. Williams reported this is difficult because staff are busy with lunch meal service during this time. Ms. Williams reported Resident A prefers a particular caregiver and this caregiver does not always work on Resident A's shower days. Ms. Williams reported Resident A leaves the facility after lunch time and comes back before dinner time. Ms. Williams reported with Resident A leaving, it can be difficult for caregivers to shower her before she leaves. Ms. Williams reported the facility is continuing to work with Resident A to meet her preferences on showers.

I reviewed Resident A's shower sheets. The documentation revealed Resident A received a shower on 2/1, 2/5, 2/6, 2/8, 2/12, 2/15, 2/20, and 2/22.

I reviewed Resident A's service plan. The service plan read,

"(Resident A) requests 2 showers a week on Mondays and Thursdays, during 1st shift with 1 person assist. (Resident A) will need assistance with all aspects of showering."

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least
	weekly and more often if necessary.

ANALYSIS:	Review of shower documentation revealed Resident A did receive a shower at least once a week and typically on her assigned shower days. There is lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

KimberyHood	02/23/2024
Kimberly Horst Licensing Staff	Date
Approved By:	
(moheg) more	02/29/2024
Andrea L. Moore, Manager Long-Term-Care State Licensing	Date Section