



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28th, 2024

Krystyna Badoni
Lansing Bickford Cottage
3830 Okemos Road
Okemos, MI 48864

RE: License #: AH330278347
Investigation #: 2024A1021061
Lansing 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

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 #:	AH330278347
Investigation #:	2024A1021061
Complaint Receipt Date:	05/09/2024
Investigation Initiation Date:	05/13/2024
Report Due Date:	07/08/2024
Licensee Name:	Lansing Bickford Cottage L.L.C.
Licensee Address:	13795 S. Murlen Olathe, KS 66062
Licensee Telephone #:	(913) 782-3200
Administrator:	Jennifer Mullin
Authorized Representative:	Krystyna Badoni
Name of Facility:	Lansing Bickford Cottage
Facility Address:	3830 Okemos Road Okemos, MI 48864
Facility Telephone #:	(517) 706-0300
Original Issuance Date:	09/08/2008
License Status:	REGULAR
Effective Date:	08/24/2023
Expiration Date:	08/23/2024
Capacity:	55
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Insufficient staff at the facility.	Yes
Employees are not trained.	No
Additional Findings	No

III. METHODOLOGY

05/09/2024	Special Investigation Intake 2024A1021061
05/13/2024	Special Investigation Initiated - On Site
05/28/2024	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Insufficient staff at the facility.

INVESTIGATION:

On 05/09/2024, the licensing department received a complaint with allegations residents are getting overlooked because there is lack of staff. The complainant alleged there are residents that require two or three persons assist and at times only one person is available to assist the resident.

The complainant did not provide contact information and therefore I was unable to contact the complainant for additional information.

On 05/13/2024, I interviewed the administrator Jennifer Mullin at the facility. Ms. Mullin reported there are 32 residents in assisted living and four residents in memory care. Ms. Mullin reported on first shift there is one medication technician for both units, one caregiver in memory care, two caregivers in assisted living, and a

caregiver that floats between the units. Ms. Mullin reported on second shift there is one medication technician for both units, one employee in memory care, two caregivers in assisted living, and one caregiver that floats both units until 8:00pm. Ms. Mullin reported on third shift there is one medication technician for both units and one caregiver in each unit for a total of three employees. Ms. Mullin reported the facility has a mandate policy for unexpected shift shortages. Ms. Mullin reported the facility does not have to mandate often as employees are reliable and show up for work. Ms. Mullin reported the average call light response time is five minutes. Ms. Mullin reported in assisted living there are four residents that are a two person assist and one resident with a catheter. Ms. Mullin reported in memory care there are three residents that are a two person assist.

On 05/13/2024, I observed the assisted living unit of the facility. I observed the medication technician administering medications in the unit. There were two caregivers on the floor that were providing care to the residents. The float caregiver was in the kitchen assisting with kitchen tasks. I observed the caregivers assist a resident that was a two person assist which resulted in no caregivers available to assist the other residents. The facility is a square shape with a 100, 200, 300, and 400 halls. The facility is arranged in a manner that it can take upwards of five minutes to walk the length of the unit.

On 05/13/2024, I observed the memory care unit at the facility. I observed three residents sitting in the common area. Two of the residents were in a Broda wheelchair because they have a history of slipping out of wheelchair. I observed one resident in the shower with a hospice aid. There was only one caregiver for the four residents in the memory care unit. The memory care unit is at the back of the facility behind a locked door.

On 05/13/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported she typically works in the memory care unit. SP1 reported she is responsible for four residents in the unit. SP1 reported three residents are a two person assist, three residents require 1:1 feed, one resident is very confused, and one resident requires facility caregiver assist with a shower. SP1 reported three residents are on hospice and hospice assists with showers but the caregivers must assist with transfers to the shower. SP1 reported she is also responsible for kitchen chores and laundry. SP1 reported she can call for assistance, but it can take quite some time to receive assistance. SP1 reported she sometimes gets a break and other times she does not because lack of staff. SP1 reported if she must use the restroom, the residents are left unattended because she is the only employee in the unit.

On 05/13/2024, I interviewed staff person 2 (SP2) at the facility. SP2 reported she is the float caregiver. SP2 reported she is responsible for assisting memory care and assisting in the kitchen. SP2 reported she assists memory care during busy times and mealtimes.

I reviewed the service plans for the four residents in memory care. The service plans revealed two residents required eating assistance, one resident that is a 1:1 with eating, two residents with a sit-stand, one resident with a Hoyer lift, three residents that are a total assist with care, and three resident that are a total assist with toileting.

I reviewed six service plans for residents in assisted living. The service plans revealed six residents required assist with personal care, five residents that are incontinent, four residents that are two person assist transfer, and one resident that requires 1:1 feeding.

I reviewed facility staff schedule for 04/30-05/08. The staff schedule revealed the staffing ratios were met as described by Ms. Mullin.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews conducted, observations made, and review of resident services plan revealed there is insufficient staff at the facility as evidenced by there are multiple residents that require two persons to assist, yet on multiple occasions there are only one or two staff persons in the unit, indicating other residents that require supervision or assistance are without it during that time. In addition, the utilization of using a float staff member to assist both units potentially leaves those units understaffed if not already understaffed.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Employees are not trained.

INVESTIGATION:

The complainant alleged employees are not trained.

Ms. Mullin reported new employees complete video training through Relias. Ms. Mullin reported they are then placed with a seasoned worker on the floor. Ms. Mullin

reported the on-the-job training varies and can take three days or a few weeks. Ms. Mullin reported once the employee is complete with training, the nurse observes the employee complete various tasks and signs them off. Ms. Mullin reported all employees complete required training.

I reviewed three new employee files. The employee files revealed the employees completed Relias training on required topics, such as but not limited to abuse and neglect, reporting requirements, and resident rights and responsibilities. The employees then were signed off by the facility nurse on various topic such as bed baths, transfers, ambulation, oxygen, wound care, etc.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(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:</p> <ul style="list-style-type: none"> (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.
ANALYSIS:	Interviews conducted and review of employee records revealed 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.

Kimberly Horst

05/14/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

05/28/2024

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

Date