



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2024

Krystyna Badoni
Portage Bickford Cottage
4707 W. Milham Ave.
Portage, MI 49024

RE: License #: AH390278221
Portage Bickford Cottage
4707 W. Milham Ave.
Portage, MI 49024

Dear Krystyna Badoni:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your license is effective until 7/31/2024. It is valid only at the address listed and is not transferable.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

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|---|--|
| License #: | AH390278221 |
| Licensee Name: | Portage Bickford Cottage LLC |
| Licensee Address: | Suite 301 13795 S. Mur-Len Road Olathe, KS 66062 |
| Licensee Telephone #: | (810) 962-2445 |
| Authorized Representative: | Krystyna Badoni |
| Administrator/Licensee Designee: | Jennifer Krontz |
| Name of Facility: | Portage Bickford Cottage |
| Facility Address: | 4707 W. Milham Ave. Portage, MI 49024 |
| Facility Telephone #: | (269) 372-2100 |
| Original Issuance Date: | 03/05/2007 |
| Capacity: | 71 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/17/2024 – No Onsite Inspection / Administrative desk review

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed
No. of residents interviewed and/or observed
No. of others interviewed Role

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie Hinson

6/17/2024

Licensing Consultant

Date