GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 28, 2024

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

RE: License #: AH390278221
Investigation #: 2024A1021079
Portage 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, 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 #:	AH390278221
Investigation #:	2024A1021079
Complaint Receipt Date:	08/19/2024
Investigation Initiation Date:	08/21/2024
Report Due Date:	10/18/2024
Licensee Name:	Portage Bickford Cottage LLC
Licensee Address:	Suite 301 13795 S. Mur-Len Road Olathe, KS 66062
Licensee Telephone #:	(810) 962-2445
Administrator:	Brandie McWethy
Authorized Representative:	Krystyna Badoni
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
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	71
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Caregivers provided care to residents' positive for Covid-19 and also to residents without Covid-19.	No
Residents are not changed and showered.	No
Facility has insufficient staff.	Yes
Food is cold.	No
Additional Findings	No

III. METHODOLOGY

08/19/2024	Special Investigation Intake 2024A1021079
08/20/2024	APS Referral referral came from APS
08/21/2024	Special Investigation Initiated - On Site
08/28/2024	Exit Conference

ALLEGATION:

Caregivers provided care to residents' positive for Covid-19 and also to residents without Covid-19.

INVESTIGATION:

On 08/19/2024, the licensing department received a complaint from Adult Protective Services (APS) with allegations the facility has a Covid-19 outbreak. The APS witness alleged there are caregivers that are caring for the residents with Covid-19 are also caring for residents that do not have Covid-19.

On 08/21/2024, I interviewed administrator Brandie McWethy at the facility. Ms. McWethy reported the facility does have a communicable disease policy and Respiratory Illness Policy for Covid-19. Ms. McWethy reported when the outbreak occurred at the facility, the facility was following the original policy of any residents with Covid-19 they were to quarantine for 10 days in their apartment. Soon after the outbreak occurred, the facility revised their policy to align with the Center for Disease

Control and Prevention. Ms. McWethy reported residents are now to quarantine until fever free for 24 hours without fever reducing medications and their symptoms are resolving.

I reviewed the facility *Respiratory Illness Guidelines Policy*. The policy appropriately outlined the policy and procedures the facility is to take when a respiratory outbreak occurs.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(2) The admission policy shall specify all of the following: **(d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.**
ANALYSIS:	Interviews conducted and review of documentation revealed the facility does have a communicable disease policy and followed the policy during the Covid-19 outbreak.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents are not changed and showered.

INVESTIGATION:

The APS witness alleged residents are not adequately changed and showered.

Ms. McWethy reported each employee receives a task sheet at the beginning of each shift that shows which residents are to receive a shower. Ms. McWethy reported the caregiver is to initial that a shower is given and turn in the checklist. Ms. McWethy reported in the electronic medical record (EMR) caregivers are to document by exemption if a resident refuses a shower. Ms. McWethy reported caregivers are to attempt three times before documenting a refusal. Ms. McWethy reported she also has a reward policy for employees if they can get a difficult resident to shower. Ms. McWethy reported there are no residents that have skin breakdown. Ms. McWethy reported residents are checked and changed before meals, activities, and at nighttime.

On 08/21/2024, I interviewed Resident B at the facility. Resident B reported caregivers assist him with daily activities. Resident B reported no concerns with lack of care at the facility.

On 08/21/2024, I interviewed SP2, SP3 and SP4 at the facility. All staff members reported no concerns with residents not appropriately changed or showered.

I observed multiple residents at the facility. The residents appeared to be well-cleaned, and I did not smell any signs of incontinence on the residents.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The APS witness alleged there is insufficient staff at the facility. ‘

Resident B reported at times it appears there is not enough staff at the facility. Resident B reported he has had to wait increased times for assistance.

On 08/21/2024, I interviewed Resident A at the facility. Resident A reported care staff are always busy and there appears to be lack of staff. Resident A reported a resident fell at the facility and called for help for 20 minutes.

SP2 reported in assisted living there are approximately 40 residents. SP2 reported there are at least three residents that are a two person assist. SP2 reported on first shift there are to be three caregivers and one medication technician. SP2 reported at times there is only one caregiver and one medication technician.

SP3 reported in the secure memory care unit there are 15 residents. SP3 reported there are to be three employees in the unit but at times there are only two employees. SP3 reported it can be difficult to accomplish all the tasks when there are only two employees. SP3 reported there are two residents that require two people during a transfer.

On 08/21/2024, I interviewed SP4 at the facility. SP4 reported in memory care there are to be three employes but often there are only two employees. SP4 reported if an employee calls off for their shift, a replacement worker is not always found. SP4 reported in memory care there are four residents that require two people to assist, one resident with behaviors, 10 residents are incontinent, and all require some level of assistance with dressing and bathing.

Ms. McWethy reported the facility census has increased, and the facility is working to increase staffing levels. Ms. McWethy reported in assisted living on first and second shift there is to be one medication technician and two or three caregivers and on third shift there is to be two employees. Ms. McWethy reported in memory care on first and second shift there is to be one medication technician and two or three caregivers and on third shift there is to be two employees. Ms. McWethy reported in assisted living there are three residents that are a two person assist, one resident with behaviors, six residents that are incontinent, and most residents require some level of assistance with dressing and bathing. Ms. McWethy reported in the memory care unit there are 15 residents, and five residents are a two people assist, one resident with behaviors, and all residents require assistance with dressing and bathing. Ms. McWethy reported the facility does have a mandation policy for a worker to come in early or stay past their shift if there is an unexpected staff shortage.

I reviewed the staff schedule for 08/11-08/24. The following staffing levels as described by Ms. McWethy were not met:
08/12: Second shift in memory care there was only two employees
08/14: Second shift in memory care there was only two employees
08/15: Second shift in memory care there was only two employees until 5:00pm
08/17: Third shift there were only three employees in the facility
08/18: Second shift in memory care there was only two employees
08/19: First shift in assisted living there were only two employees until 10:00am
08/19: Second shift in memory care there was only one employee until 5:00pm
08/21: Second shift in memory care there was only two employees at 6:00pm
08/22: Second shift in memory care there was only two employees until 5:00pm
08/24: First shift in memory care there were only two employees
08/24: Second shift in memory care there was only two employees

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 revealed within the facility in the assisted living and memory care unit there are multiple residents that require two people to assist during a transfer. Review of facility schedule revealed there were multiple days and shifts in which there were only two or three employees that worked within each unit. In addition, review of facility schedule revealed there were multiple days and shifts in which the staffing guidelines as described by Ms. McWethy were not met.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Food is cold.

INVESTIGATION:

The APS witness alleged residents do not receive hot meals.

On 08/21/2024, I interviewed SP1 at the facility. SP1 reported in assisted living the food is cooked and is immediately served to the residents. SP1 reported the temperature of the food is taken once cooking is completed. SP1 reported in memory care, the food is cooked, temperature taken, and then is transported in warming trays to the memory care unit. SP1 reported she has not received any complaints from residents on the temperature of the food.

On 08/21/2024, I interviewed SP2 at the facility. SP2 reported once the food is brought from the kitchen to the memory care unit, the food is placed in the warming trays and is immediately served to the residents. SP2 reported caregivers in the memory care unit, turn the warming trays on and take the temperature of the water to ensure the trays are warm. SP2 reported residents receive hot meals.

Resident A, Resident B, and Resident C reported the food is always warm and the food is very good at the facility.

I observed the lunch meal service at the facility. The food was served hot and in an appetizing manner.

I reviewed food temperature logs. The logs revealed the temperature of the food was taken.

APPLICABLE RULE	
R 325.1952	**Meals and special diets.**
	(5) A home shall prepare and serve meals in an appetizing manner.
ANALYSIS:	Interviews conducted, review of documentation, and observations made 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 08/27/2024

Kimberly Horst Date
Licensing Staff

Approved By:

Andrea L. Moore 08/27/2024

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