



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 10<sup>th</sup>, 2025

Krystyna Badoni  
Battle Creek Bickford Cottage, L.L.C.  
13795 S. Mur-Len Road  
Olathe, KS 66062

RE: License #: AH130278262  
Investigation #: 2025A1021023  
Battle Creek 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**

<b>License #:</b>	AH130278262
<b>Investigation #:</b>	2025A1021023
<b>Complaint Receipt Date:</b>	12/12/2024
<b>Investigation Initiation Date:</b>	12/17/2024
<b>Report Due Date:</b>	02/11/2025
<b>Licensee Name:</b>	Battle Creek Bickford Cottage , L.L.C.
<b>Licensee Address:</b>	Suite 301 13795 S. Mur-Len Road Olathe, KS 66062
<b>Licensee Telephone #:</b>	(913) 782-3200
<b>Administrator:</b>	Brandy Aucunas
<b>Authorized Representative:</b>	Krystyna Badoni
<b>Name of Facility:</b>	Battle Creek Bickford Cottage
<b>Facility Address:</b>	3432 Capital Avenue Battle Creek, MI 49015
<b>Facility Telephone #:</b>	(269) 979-9600
<b>Original Issuance Date:</b>	12/29/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/15/2024
<b>Expiration Date:</b>	07/31/2025
<b>Capacity:</b>	55
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
Resident A unaware of service plan changes.	Yes
Resident A's service plan incorrect of current care needs.	No
Additional Findings	No

## III. METHODOLOGY

12/12/2024	Special Investigation Intake 2025A1021023
12/17/2024	Special Investigation Initiated - On Site
12/18/2024	Contact-Telephone call made Interviewed Authorized Representative
01/10/2024	Exit Conference

### ALLEGATION:

**Resident A unaware of service plan changes.**

### INVESTIGATION:

On 12/12/2024, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident A and family are unaware of service plan changes. APS reporting source alleged Resident A does not have an activated medical durable power of attorney (DPOA). APS reporting source alleged Resident A does have an activated financial power of attorney, Relative A1. APS reporting source alleged Relative A1 did not sign nor view the updated service plan. APS reporting source alleged there is a Relative A1 signature, but it is forged.

APS denied opening the case for investigation.

On 12/18/2024, I interviewed administrator Brandy Aucunas at the facility. Administrator reported when a service plan is updated through the electronic medical system, August Health, it is then automatically sent to the resident's authorized representative for signature. Administrator reported once it is signed, it is then electronically sent back to the facility for management signature. Administrator reported all service plan changes for Resident A were facilitated with Relative A1 and not Resident A.

On 12/17/2024, I interviewed authorized representative Krystyna Badoni by telephone. Ms. Badoni reported when an updated service plan is electronically sent to a resident's authorized representative, the authorized representative is to acknowledge the document was received and then it is signed. The authorized representative reported the signature is formatted and it is not unique to each person. The authorized representative reported it is impossible to forge the document as there is an audit trail. The authorized representative reported if the authorized representative does not sign the document, August Health will continue to send the document.

I reviewed the Audit Trail for the service plan for Resident A. The document revealed the following:

09/18/2024: Sent for signature for SP1  
 09/18/2024: Viewed by SP1  
 09/18/2024: Signed by SP1  
 10/27/2024: Email changed from Authorized Representative to Administrator  
 11/20/2024: Viewed by Relative A1  
 11/20/2024: Signed by Relative A1  
 11/22/2024: Viewed by administrator  
 11/22/2024: Signed by administrator  
 11/22/2024: document was completed

I reviewed Resident A's DPOA paperwork. The paperwork revealed Relative A1 was elected as the DPOA, but the DPOA was not activated.

On 01/09/2025, Authorized Representative reported it has been found that the service plan had not been reviewed and signed by Relative A1 due to a shortcoming of the electronic health system. Authorized Representative reported the corporate wellness director is reviewing all service plans at the branch to ensure all service plans have been properly signed by the appropriate resident or resident representative.

<b>APPLICABLE RULE</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</b>
<b>ANALYSIS:</b>	Interviews conducted and review of documentation revealed Resident A's service plan was signed by the facility on 09/18/2024 and was signed by Relative A1 on 11/20/2024. The facility communicated service plan changes through Relative A1, even though Resident A is still her own person and decision

	maker. Therefore, the facility did not correctly communicate changes to Resident A.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident A's service plan incorrect of current care needs.**

**INVESTIGATION:**

APS reporting source alleged Resident A's service plan is not correct. APS reporting source alleged Resident A is more independent than described in the service plan and Resident A does not receive as much care as detailed in the service plan.

Administrator reported the facility reached out to Medicaid waiver, Carewell Services, to get Resident A activated with Medicaid waiver. Administrator reported the waiver program completed an assessment, and it varied from the facility assessment. Administrator reported the assessment was completed by speaking with the resident and the resident's family. Administrator reported Resident A is fiercely independent and will report she is more independent than she is. Administrator reported the licensee corporate nurse will be completing another assessment on Resident A to ensure the service plan is reflective of the current care needs of Resident A. Administrator reported Resident A is in a wheelchair and requires assistance with dressing, bathing, transfers, and medication management. Administrator reported Resident A is active with Fox Therapy.

On 12/17/2024, I interviewed staff person 2 (SP2) at the facility. SP2 reported Resident A is in a wheelchair and requires assistance with transfers, bathing, toileting, and dressing. SP2 reported Resident A can do some tasks by herself, but a staff member needs to be present to ensure safety.

I reviewed Resident A's service plan. The service plan provided detail on the needs of Resident A. The service plan reported Resident A required assistance with all the tasks as described by Administrator and SP2. The service plan was reflective of Resident A's care needs outside of the facility. The service plan provided details on tasks Resident A could complete and what tasks Resident A required assistance with.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	Interviews conducted and review of documentation revealed lack of evidence to support this allegation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

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



01/06/2025

\_\_\_\_\_  
Kimberly Horst  
Licensing Staff

\_\_\_\_\_  
Date

Approved By:



01/08/2025

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

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Date