



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 30, 2026

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

RE: License #: AH330278347  
**Lansing Bickford Cottage**  
**3830 Okemos Road**  
**Okemos, MI 48864**

Dear Krystyna Badoni:

Attached is the Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, the status of the license will remain unchanged. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 335-5985.

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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH330278347
<b>Licensee Name:</b>	Lansing Bickford Cottage L.L.C.
<b>Licensee Address:</b>	13795 S. Murlen Olathe, KS 66062
<b>Licensee Telephone #:</b>	(913) 782-3200
<b>Authorized Representative:</b>	Krystyna Badoni
<b>Administrator:</b>	Christopher Weber
<b>Name of Facility:</b>	Lansing Bickford Cottage
<b>Facility Address:</b>	3830 Okemos Road Okemos, MI 48864
<b>Facility Telephone #:</b>	(517) 706-0300
<b>Original Issuance Date:</b>	09/08/2008
<b>Capacity:</b>	55
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2026

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/30/2026

No. of staff interviewed and/or observed 10  
No. of residents interviewed and/or observed 12  
No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Diaster plans reviewed and staff interviewed.
- 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:  
2024A1021027; R 325.1922(5); CAP dated 01/21/2024
- 2024A1021061; R 325.1931(5); CAP dated 06/07/2024
- 2025A1021080; R 325.1931(5), R 325.1913(2); CAP dated 12/18/2025
- 2026A1021004; R 325.1976(12), R 325.1977; R 325.1976(1), R 325.1976(6)  
CAP dated 12/18/2025
- Number of excluded employees followed up? 0 N/A

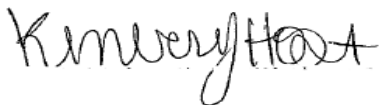
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis (TB) screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine TB testing must be determined by a risk assessment as described in the 2005 Morbidity and Mortality Weekly Report (MMWR) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), and the 2019 update to these recommendations as described in the 2019 MMWR "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019" (<a href="http://dx.doi.org/10.15585/mmwr.mm6819a3">http://dx.doi.org/10.15585/mmwr.mm6819a3</a>.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</b></p>
Review of Resident C's records revealed the facility did not have a record of a tuberculosis test upon admission.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(7) The home's administrator or its designees are responsible for evaluating employee competencies.</b>

Review of staff person 1 (SP1) employee records revealed the facility administrator or its designees did not evaluate SP1's competencies in staff training topics as well as medication administration.	
<b>R 325.1932</b>	<b>Resident's medications.</b>
	<b>(1) A service plan must identify prescribed medication to be self-administered or managed by the home.</b>
Review of resident service plans revealed lack of detail on whether the facility or the resident was responsible for medication administration.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(9) An individual portion of food which is served and not eaten shall be destroyed.</b>
Inspection of the facility memory care unit refrigerator revealed many food items that were leftover and were not destroyed.	

#### IV. RECOMMENDATION

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



03/30/2026

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Licensing Consultant Date