GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 21, 2021

Shahid Imran
Hamburg Investors Holdings LLC
7560 River Rd
Flushing, MI 48433

RE: License #: AL470402180
Investigation #: 2021A0466038
Hampton Manor Of Hamburg 2

Dear Mr. Imran:

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 responsible party 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) 284-9727.

Sincerely,

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AL470402180
Investigation #:	2021A0466038
Complaint Receipt Date:	07/27/2021
Investigation Initiation Date:	07/28/2021
Report Due Date:	09/25/2021
Licensee Name:	Hamburg Investors Holdings LLC
Licensee Address:	7244 E M36 Hamburg, MI 48139
Licensee Telephone #:	(313) 645-3595
Administrator:	Shahid Imran
Licensee Designee:	Shahid Imran
Name of Facility:	Hampton Manor Of Hamburg 2
Facility Address:	7300 Village Center Dr. Whitmore Lake, MI 48189
Facility Telephone #:	(734) 648-5002
Original Issuance Date:	04/12/2021
License **Status:**	REGULAR
Effective Date:	04/12/2021
Expiration Date:	10/11/2021
Capacity:	17
Program Type:	ALZHEIMERS AGED

II. ALLEGATIONS:

	Violation Established?
Facility is understaffed and not able to meet the needs of the residents.	No
Resident A has not showered in a week.	No
Additional Findings	Yes

III. METHODOLOGY

07/27/2021	Special Investigation Intake- 2021A0466038.
07/27/2021	Contact - Telephone call made to Complainant, message left.
07/28/2021	Inspection Completed On-site.
07/28/2021	Special Investigation Initiated - Face to Face.
07/28/2021	Contact - Telephone call received; Complainant interviewed.
09/15/2021	Inspection Completed On-site.
9/17/2021	Contact - Telephone call made to DCW Anastasia Sheldon, interviewed.
9/17/2021	Contact - Telephone call made to DCW Kerry Cesarz interviewed.
9/17/2021	Inspection Completed On-site.
9/21/2021	Exit Conference with Shahid Imran, message left.

ALLEGATION: Facility is understaffed and not able to meet the needs of the residents.

INVESTIGATION:
On 07/27/2021, Complainant reported concern the facility is short staffed and residents are being neglected. Complainant reported there were days where only one or two direct care staff members were available to care for 30 or more residents as all of the residents are spread out in different buildings that connect.

On 07/28/2021, I interviewed Complainant who reported not knowing how many residents were in each licensed building nor the needs of the residents.

On 07/28/2021, I walked through the facility and observed that all residents were well groomed and free of any foul order.

On 07/28/2021, I interviewed Hillard Kelly, manager, who reported that the facility is staffed with one direct care worker (DCW) per shift. Mr. Kelly reported that most of the residents are independent with activities of daily living (ADL) and that none of the residents require two direct care staff members to assist with transfers or mobility.

On 07/28/2021, I interviewed Razanne Pedawi, administrative executive who reported that one direct care staff member is scheduled per shift. Ms. Pedawi reported that the facility has been short staffed and cross training everyone to work as a direct care staff member incase a direct care staff member calls in. Ms. Pedawi reported that most of the residents are independent with ADLs and that none of the residents require two direct care staff members to assist with transfers or mobility. Ms. Pedawi reported that the facility accepts only residents that require one direct care staff member to assist with transfers/mobility at admission. Ms. Pedawi reported that as residents age in place they may eventually require additional staffing assistance but currently they do not have any resident that requires two person direct care staff assistance.

On 07/28/2021, I interviewed direct care staff member Jessica Wideman who reported that she works in all of the licensed AFC facilities located on the Hamburg campus as needed. Direct care staff member Wideman reported there is one direct care staff member assigned to this facility per shift. Direct care staff member Wideman reported direct care staff members do call in but that is why she was cross trained as a direct care staff member even though she was hired for another position. Direct care staff member Wideman reported that most of the residents are independent with ADLs and that none of the residents require a two person assist/transfer.

On 07/28/2021, I interviewed DCW Caroline Malott who reported that the facility always has one DCW on shift and there is a “float” that helps all of the facilities on the property at the same time as needed. DCW Malott reported that most of the residents are independent with ADLs and that none of the residents require a two person assist/transfer.

On 07/28/2021, I reviewed the *Resident Register* which documented that the facility had nine residents.

On 07/28/2021, I reviewed a *Staff Schedule*/*Building Assignment* log dated 06/26/2021 through 07/25/2021 which documented that one DCW was scheduled per shift. When I reviewed the staff schedule there was no “float” direct care staff member or any additional names documented on the schedule.

On 09/17/2021,I interviewed DCWs Anastasia Sheldon and DCW Cesarz who both reported that there is always one DCW assigned to work per shift.

On 09/17/2021, I reviewed all of the residents written *Service Plans* and none of the service plans documented that any resident required a two person assist.

APPLICABLE RULE	
R 400.15206	**Staffing requirements.**
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	Although Complainant reported that the facility was understaffed, direct care staff members Mr. Kelly, Ms. Pedawi, Ms. Wideman, Ms. Malott, Ms. Sheldon, and Ms. Cesarz all reported that the facility is staffed with one DCW per shift for the nine residents living in the facility. I reviewed a *Staff Schedule*/*Building Assignment* log dated 06/26/2021 through 07/25/2021 which documented that one DCW was scheduled per shift for the nine residents which is within the required ratio. Additionally, all direct care staff members interviewed reported that most of the residents are independent with ADLs and that none of the residents require two person assistance with transfers or mobility. Additionally, I reviewed all of the residents written *Service Plans* and none of the service plans documented that any resident required two direct care staff members to assist with transfers or mobility. Therefore, there is not enough evidence to establish a violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident A hasn't showered in a week.

INVESTIGATION:
On 07/27/2021, Complainant reported Resident A reported he has not showered in a week.

On 07/28/2021, I conducted an unannounced investigation and I interviewed Mr. Kelly, Ms. Pedawi, DCW Wideman and DCW Malott who all reported that every resident is showered more than once per week including Resident A.

On 07/28/2021, I walked through the facility and observed all of the residents who were well groomed and free of any foul order.

On 09/15/2021, I reviewed Resident A's record which contained *Skin Monitoring: Comprehensive CNA Shower Review* documenting that Resident A had received 22 showers between 7/01/2021 and 9/15/2021. Showers were given to Resident A on the following dates:

- 7/5/2021
- 7/8/2021
- 7/11/2021
- 7/14/2021
- 7/17/2021
- 7/20/2021
- 7/24/2021
- 7/27/2021
- 7/31/2021
- 8/03/2021
- 8/07/2021
- 8/10/2021
- 8/14/2021
- 8/17/2021
- 8/21/2021
- 8/24/2021
- 8/28/2021
- 8/31/2021
- 9/04/2021
- 9/07/2021
- 9/11/2021
- 9/14/2021

APPLICABLE RULE	
R 400.15314	**Resident hygiene.**
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	Although Complainant reported that Resident A was not receiving a shower weekly, Resident A's record contained documentation that he had received multiple showers per week. Additionally, Mr. Kelly, Ms. Pedawi, DCW Wideman and DCW Malott all reported every resident is showered more than once per week including Resident A. Therefore, there is no evidence to establish a violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:
On 07/28/2021, I reviewed the *Staff Schedule*/*Building Assignment* log dated 06/26/2021 through 07/25/2021, which documented that the facility did not have any trained DCW available to pass medication to the residents on 36 shifts during that one-month time frame. The *Staff Schedule*/*Building Assignment* log did not document that the facility had a "float" or any direct care staff member trained in medication passing available and assigned to the facility to administer resident medications as needed. The following days/times did not have a direct care staff member trained in medication passaging assigned to this facility/available to pass medication to the residents as needed:

- 6/27/2021, 3rd shift
- 6/28/2021, 2nd and 3rd shifts
- 6/29/2021, 2nd and 3rd shifts
- 7/01/2021, 3rd shift
- 7/02/2021, 1st shift
- 7/03/2021, 2nd and 3rd shifts
- 7/04/2021, 3rd shift
- 7/05/2021, 2nd and 3rd shifts
- 7/06/2021, 2nd and 3rd shifts
- 7/07/2021, 1st shift
- 7/08/2021, 1st shift
- 7/09/2021, 1st shift
- 7/10/2021, 1st and 3rd shifts
- 7/11/2021, 1st shift
- 7/12/2021, 1st and 2nd shift
- 7/13/2021, 3rd shift
- 7/14/2021, 1st shift
- 7/16/2021, 1st shift
- 7/17/2021, 3rd shift
- 7/18/2021, 3rd shift
- 7/19/2021, 1st, 2nd, and 3rd shifts
- 7/20/2021, 1st and 2nd shifts
- 7/21/2021, 2nd shift

- 7/22/2021, 1st shift
- 7/23/2021, 3rd shift
- 7/24/2021, 1st shift

On 09/16/2021, I interviewed Ms. Pedawi, who reported that when a trained medication passer is not assigned to the facility, a nurse as well as management staff, who are all trained in medication passing, are available to pass medication.

On 09/17/2021, I interviewed direct care staff member Sheldon and direct care staff member Cesarz who both reported being trained as a medication passers and both reported being responsible for two medications carts at one time while on shift. Direct care staff member Sheldon reported working third shift and stated that there were not a lot of medications to administer during third shift. Direct care staff member Cesarz reported working first shift. Direct care staff members Sheldon and Cesarz reported that if they had to go to another building on the property to administer medications, a direct care staff member from another building would come to their building to supervise the residents. Both direct care staff members reported all resident medications are administered to the residents timely. Direct care staff members Sheldon and Cesarz reported there were not any "floaters" or anyone from management available to assist with medication passing. Direct care staff member Sheldon reported that the nurse and other managers were not available during third shift. Both direct care staff members Sheldon and Cesarz reported resident medications were administered by a trained medication passer who was assigned to administer medications in more than one building per shift.

On 09/17/2021, I reviewed all of the residents July 2021 medication administration records (MAR)s and all of the resident MARs documented that all of the residents are being administered medications as prescribed.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: **(a) Be trained in the proper handling and administration of medication.**

ANALYSIS:	The *staff schedule/Building Assignment* log documented that between 06/26/2021 through 07/25/2021, 36 shifts did not have an available direct care staff member trained in medication passing working in the AFC facility. Thirteen, 1st shifts, nine, second shifts and fourteen, 3rd shifts did not have a DCW available that was trained in the proper handling and administration of medications therefore a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.

09/21/2021

_____

Julie Elkins Date
Licensing Consultant

Approved By:

09/21/2021

_____

Dawn N. Timm Date
Area Manager