

GRETCHEN WHITMER **GOVERNOR** 

### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

**ORLENE HAWKS DIRECTOR** 

June 3, 2022

Shahid Imran Hampton Manor of Adrian, LLC 7560 River Road Flushing, MI 48433

RE: License #: AH460406857

Hampton Manor of Madison

1491 E. US-223 Adrian, MI 49221

Dear Mr. Imran:

Attached is the Renewal 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 the home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. 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) 241-1970.

Sincerely, Jossica Rogeres

Jessica Rogers, Licensing Staff

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

(517) 241-1970

enclosure

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

### I. IDENTIFYING INFORMATION

**License #:** AH460406857

Licensee Name: Hampton Manor of Adrian, LLC

**Licensee Address:** 7560 River Road

Flushing, MI 48433

**Licensee Telephone #:** (734) 673-3130

**Authorized Representative/** 

Administrator: Shahid Imran

Name of Facility: Hampton Manor of Madison

Facility Address: 1491 E. US-223

Adrian, MI 49221

**Facility Telephone #:** (734) 673-3130

Original Issuance Date: 12/10/2021

Capacity: 120

Program Type: ALZHEIMERS

AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(	s): 06/02/2	022	
Date of Bureau of Fire Serv	vices Inspection if applicable:	11/30/2021	
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of Exit Conference: 6/03/2022			
No. of staff interviewed and No. of residents interviewed No. of others interviewed	d and/or observed	12 10 r-in-law	
Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.			
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. No resident funds held.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>			
Bureau of Fire Service plan.  • Water temperatures ch	es ☐ No ☑ If no, explain. es reviews fire drills. Staff intervenecked? Yes ☐ No ☑ If no,		
<ul> <li>Thermometer not work</li> <li>Incident report follow-up</li> <li>Corrective action plan</li> <li>Number of excluded en</li> </ul>	p? Yes  IR date/s: N/A compliance verified? Yes	A ⊠ CAP date/s and rule/s: N/A N/A ⊠	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

### R 325.1922 Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest xray, or other methods recommended by the local health authority 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 tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent quidelines as published by the centers for disease control and prevention. 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.

Chief Operations Reggie Parish stated the facility had not conducted and maintained an annual tuberculosis (TB) risk assessment.

### R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each 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 need to conduct annual TB testing for employees.

Review of Employee #1's file revealed her date of hire was 4/17/2022 and her TB test was given on 3/28/2022, then read on 3/31/2022 which is not in compliance with this rule.

### R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Interview with kitchen director Employee #2 revealed a meal census was not maintained to include the number of residents served as well as the kind and amount of food.

### R 325.1964 Interiors.

- (9) Ventilation shall be provided throughout the facility in the following manner:
- (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Inspection of the janitor closet containing numerous cleaning chemicals, located in the hallway outside of the memory care unit, revealed two vents in which the exhaust ventilation was not working. Maintenance staff Employee #3 stated the two vents were cold and heat air vents, not exhaust vents.

### R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Interview with kitchen director Employee #2 revealed the use of chemical sanitization and hot water sanitization was utilized and tested daily but a record was not maintained to demonstrate the task was completed to ensure proper and adequate sanitization of dishware.

## R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

Inspection of the facility kitchen revealed the dry storage and refrigerator contained items that were not dated including but not limited to liquid butter alternative, soy sauce, Worcestershire sauce, egg noodles, salsa, and heavy whipping cream.

On 6/3/2022, I shared the findings of this report with licensed authorized representative Shahid Imran by voicemail.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

6/3/2022
Date