



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 22, 2023

Shahid Imran
Commerce Comfort Care LLC
4180 Tittabawassee Rd.
Saginaw, MI 48604

RE: License #: AH630394418
Investigation #: 2023A1019017
Hampton Manor of Commerce

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630394418
Investigation #:	2023A1019017
Complaint Receipt Date:	01/27/2023
Investigation Initiation Date:	01/30/2023
Report Due Date:	03/26/2023
Licensee Name:	Commerce Comfort Care LLC
Licensee Address:	4180 Tittabawassee Rd. Saginaw, MI 48604
Licensee Telephone #:	(989) 607-0001
Administrator and Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Commerce
Facility Address:	100 Decker Rd. Walled Lake, MI 48390
Facility Telephone #:	(989) 607-0001
Original Issuance Date:	01/15/2021
License Status:	REGULAR
Effective Date:	07/16/2022
Expiration Date:	07/15/2023
Capacity:	73
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was left in soiled briefs.	Yes
Resident B isn't being bathed.	Yes
Additional Findings	Yes

III. METHODOLOGY

01/27/2023	Special Investigation Intake 2023A1019017
01/30/2023	Special Investigation Initiated - Telephone Called complainant to conduct interview, left message requesting return phone call.
02/03/2023	Inspection Completed On-site
02/03/2023	Inspection Completed-BCAL Sub. Compliance
02/03/2023	APS Referral
02/06/2023	Contact- Telephone call made Call placed to complainant to conduct interview; second attempt, voicemail left.

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Resident A was left in soiled briefs.

INVESTIGATION:

On 1/27/23, the department received a complaint alleging that on 1/27/23, Resident A smelled of urine and it was believed that she had been sitting in soiled briefs for hours.

On 2/3/23, I conducted an onsite inspection. I interviewed Employees 1 and 2 at the facility and requested a copy of Resident A's service plan. Under toileting, Resident A's service plan read that she has "total incontinence" and "Staff completes for all incontinence needs. Resident wears briefs and uses wipes provided by Hospice at this time." The service plan did not indicate the frequency at which staff were to assist or offer assistance with toileting and/or brief changes. Employees 1 and 2 were not sure if Resident A was capable of summoning staff when assistance with toileting was needed.

While onsite, I interviewed Employee 3. Employee 3 reported that facility staff are expected to document tasks related to activities of daily living (ADL) when they are completed in "QuickMAR", which is the facility's electronic medical record system. Employee 3 provided me with Resident A's ADL log that reads "Check on resident every hour for safety, reposition or change PRN, toilet PRN". Facility staff documented that hourly checks were completed for 17 out of 24 hours but could not identify specifically when toileting tasks were completed.

In follow up correspondence after my onsite inspection, Employees 1 and 3 stated that the ADL log that was referenced onsite was no longer being utilized and that it was not a reliable means of tracking the task for the timeframe reviewed. During follow up, Employee 3 resigned her position without notice and ceased communication while Employee 1 stated "At this point, I feel we will have to take the citation for [Resident A]. Clearly the Service Plan does not have complete information. And the tracking system is inconsistent and even the RCC is unclear as to the expectations."

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(1) A home shall provide a resident with necessary assistance with personal care such as, but not limited to, care of the skin, mouth and teeth, hands and feet, and the shampooing and grooming of the hair as specified in the resident's service plan.

ANALYSIS:	Resident A is incontinent and requires staff assistance with all toileting and peri care needs. Facility ADL documentation revealed that there was a span of several consecutive hours that staff did not indicate the resident was checked on and the facility was unable to provide evidence of how often Resident A was toileted.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident B isn't being bathed.

INVESTIGATION:

The complaint alleged that on an unknown date, Resident B's feet were dirty and that she hadn't been showered in a long time. A date and/or timeframe that this observation was made was not provided. Attempts to reach the complainant for additional information have been unsuccessful.

While onsite, I obtained a copy of Resident B's service plan. The service plan read "Resident needs physical assistance throughout entire bathing/showering process, is able to participate in some bathing/showering activity." Employee 3 stated that it is not included in the service plan, but that Resident B is bathed twice weekly. Employee 3 reported that staff are to document when the task is completed in their eMAR (electronic medical record) system. I requested a copy of Resident B's eMAR records for the previous 60 days. I observed that Resident B was not bathed from 1/6/23-1/18/23. On 1/16/23, staff documented that Resident B was out of the facility, however no additional notations were made during the period she was not bathed to justify why no bathing activities occurred. Employee 3 reported that she believed Resident B's family took her out of the facility on 1/10/23 and bathed her at that time, but staff didn't document that Resident B was away from the facility and there was no evidence to support Employee 3's statement.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	Resident B went without being bathed for 13 consecutive days in January 2023.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

Resident A's service plan read that she requires staff assistance with all toileting needs but lacked information pertaining to the frequency staff are to offer assistance or how Resident A summons staff when assistance is needed (or if she is even capable of requesting assistance for this task).

Resident B's service plan instructed that she required staff assistance with bathing but lacked information pertaining to frequency she is to bathe. Per Employee 4, Resident B bathes twice weekly however the service plan is void of that instruction.

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.
For Reference R 325.1901	Definitions.
	(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.
ANALYSIS:	Resident A's service plan did not indicate how often staff are to toilet her and Resident B's service plan did not indicate how often staff are to bathe her.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



02/13/2023

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



02/22/2023

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

Date