



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 3, 2023

Richard Fritz
Brighton Comfort Care
1320 Rickett Road
Brighton, MI 48116

RE: License #: AH470412880
Investigation #: 2023A0784062
Brighton Comfort Care

Dear Richard Fritz:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH470412880
Investigation #:	2023A0784062
Complaint Receipt Date:	05/15/2023
Investigation Initiation Date:	05/16/2023
Report Due Date:	07/14/2023
Licensee Name:	Brighton Comfort Care, LLC
Licensee Address:	4180 Tittabawassee Saginaw, MI 48604
Licensee Telephone #:	(989) 607-0001
Administrator/Authorized Representative:	Richard Fritz
Name of Facility:	Brighton Comfort Care
Facility Address:	1320 Rickett Road Brighton, MI 48116
Facility Telephone #:	(810) 247-8442
Original Issuance Date:	04/10/2023
License Status:	TEMPORARY
Effective Date:	04/10/2023
Expiration Date:	10/09/2023
Capacity:	93
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility was short staffed	Yes
Additional Findings	No

III. METHODOLOGY

05/15/2023	Special Investigation Intake 2023A0784062
05/16/2023	Special Investigation Initiated - On Site
05/16/2023	Inspection Completed On-site
05/16/2023	Exit Conference Conducted with administrator Michael Farrell

ALLEGATION:

The facility was short staffed

INVESTIGATION:

On 5/13/2023, Associate 1 was the only staff member working to assist 30 residents.

On 5/16/2023, I interviewed operations manager Marshell Honeycut at the facility. Administrator Michael Farrell was present during the interview by speaker phone. Ms. Honeycut stated the facility currently has a census of 34 residents with 26 residents in the assisted living (AL) and 8 residents in the memory care (MC). Ms. Honeycut stated she creates the staffing schedules for the facility. Ms. Honeycut stated the facility schedules two 12-hour shifts for both the AL and MC which run from 7am to 7pm and from 7pm to 7am. Ms. Honeycut stated that for AL, the expectation is to staff the first shift with two care associates and one medication technician (med tech) and one care associate and one med tech on second shift. Ms. Honeycut stated that one associate is scheduled for first and second shift in the MC with that associate being able to administer medications. Ms. Honeycut stated a supervisor is also scheduled for each shift that can help with cares. Ms. Honeycut stated that due to several staff members "calling off" or "not coming to work" on 5/13/2023, the facility had only one staff member working for the entire building working from 7pm until approximately 10:15pm when administration was able to get the facility fully staffed again. Ms. Honeycut stated it is the facilities expectation that staff who are working stay until the next shift arrives at work, but that on the day in

question, this did not happen. Ms. Honeycut and Mr. Farrell both acknowledged the facility cannot maintain the required level of care for residents with only one staff member.

I reviewed as worked staff schedules for 5/13/2023, provided by Ms. Honeycut, which read consistently with her statements.

I reviewed the *Facility Census*, provided by Ms. Honeycut, which read consistently with her statements.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The complaint alleged that on 5/13/2023, the facility was short staffed. The investigation revealed that on the evening of 5/13/2023, from 7pm until approximately 10:15pm, the facility, which housed 34 residents at that time, had only one staff member working in the entire building. Based on the findings, the allegation is substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

06/21/2023

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

07/03/2023

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

Date