



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 4, 2023

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

RE: License #:	AH470412880 Brighton Comfort Care 1320 Rickett Road Brighton, MI 48116
----------------	--

Dear Richard Fritz:

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) 284-9730.

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

License #:	AH470412880
Licensee Name:	Brighton Comfort Care, LLC
Licensee Address:	2635 Lapeer Road Auburn Hills, MI 48326
Licensee Telephone #:	(989) 607-0001
Authorized Representative:	Richard Fritz
Administrator:	Akon Udoroch
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
Capacity:	93
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2023

Date of Bureau of Fire Services Inspection if applicable: 04/04/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/04/2023

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 15
No. of others interviewed 1 Role Family Member

- 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.
Disaster 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:
2023A0784062: R 325.1932(5) CAP dated 08/02/2023
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 333.20173a	<p>(5) If a covered facility determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant's criminal history check or criminal history record information under this section, the covered facility may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply</p> <p>(c) Except as otherwise provided in this subdivision, the covered facility does not permit the individual to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment or clinical privileges. If required under this subdivision, the covered R Wednesday, January 27, 2021 Page 28 Michigan Compiled Laws Complete Through PA 310 of 2020 Legislative Council, State of Michigan Courtesy of www.legislature.mi.gov facility shall provide on-site supervision of an individual in the covered facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. A covered facility may permit an individual in the covered facility on a conditional basis under this subsection to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision if all of the following conditions are met:</p> <p>(iii) If applicable, the individual provides to the department of state police a set of fingerprints on or before the 7 expiration of 10 business days following the date the individual was conditionally employed or granted conditional clinical privileges under this subsection.</p>
Review of staff person 1 (SP1) employee record revealed SP1 was hired on 08/07/2023 and was not scheduled to complete the fingerprint process until 09/13/2023.	
R 325.1921	Governing bodies, administrators, and supervisors.

	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
<p>For Reference: R 325.1901</p>	<p>Definitions.</p>
	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
<p>Upon my inspection, Resident C had bedside assistive devices attached to her bed. I reviewed Resident C records and found no physician orders for the bedside assistive devices.</p> <p>The service plan for Resident C lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p> <p>The facility was unable to provide policy on the use of bedside assistive devices and management at the facility was unaware Resident C had bedrails attached to her bed.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(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</p>

	<p>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.</p>
<p>Review of SP1 record revealed SP1 was hired on 08/07/2023 but did not complete a TB test until 08/23/2023. Review of SP2 record revealed SP2 was hired on 05/03/2023 and did not have a TB test done at time of inspection. Review of SP3 employee record revealed SP3 was hired on 02/14/2023 and did not complete a TB test until 02/24/2023 which was after occupational exposure. In addition, the facility did not complete an annual TB annual risk assessment.</p>	
<p>R 325.1931</p>	<p>Employees; general provisions.</p>
	<p>(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.</p>
<p>The facility census revealed there were 48 residents in the facility with 12 residents in memory care and 36 residents in assisted living. I reviewed staff schedule for 09/14/2023. The schedule revealed on third shift there were only two people that worked with one additional person in training. On 09/15/2023, for second shift, there were three staff people that worked with one additional person in training. On 09/18/2023, on third shift there were only two caregivers with no medication technician in the building from 3:00a-6:30am.</p> <p>On 09/19/2023, I interviewed SP4 by telephone. SP4 reported she typically works third shift but will pick up additional shifts due to staff shortages. SP4 reported on third shift she will work with only one additional staff person.</p> <p>On 09/19/2023, I interviewed SP2 by telephone. SP2 reported she typically works third shift at the facility. SP2 reported there has been instances in which there is no medication technician on site. SP2 reported the facility typically works below their staffing ratios at least once a week.</p> <p>Review of resident service plans revealed Resident F, G, and H required two staff persons for assistance. Review of Resident A, Resident B, Resident C, and Resident E had prn medications on their MAR.</p> <p>By scheduling insufficient staff on various days and shifts, resident needs are not able to be met and PRN medications are unable to be administered.</p> <p>REPEAT VIOLATION: AH470412880_SIR_2023A0784062 dated 07/03/2023 CAP dated 08/02/2023</p>	

AH470412880_SIR_ 2023A0784062 dated 09/20/2023	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> (b) First aid and/or medication, if any. (c) Personal care. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
Review of SP1, SP2, and SP3 employee records revealed incomplete training documents as the staff members did not have training on personal care, first aid, and medication administration training.	
R 325.1931	Employees; general provisions.
	(7) The home's administrator or its designees are responsible for evaluating employee competencies.
Review of staff training procedures revealed the facility administrator does not evaluate employee competencies.	
R 325.1932	Resident medications.
	<p>(3) Staff who supervise the administration of medication for residents who do not self administer shall comply with all of the following:</p> <ul style="list-style-type: none"> (b) Complete an individual medication log that contains all of the following information: (v) The initials of the individual who administered the prescribed medication.
<p>Review of Resident A, Resident B, Resident C, and Resident E's medication administration record (MAR) revealed multiple instances in which the medication technician did not initial that the medication was administered. The following instances were noted:</p> <p>Resident B: Albuterol be 0.083%: no initials on 08/04, 08/07, 08/10, and 08/15 Humalog Injection: no initials on 08/10, 08/15, and 08/19 Levothyroxine Tab 75mcg: no initials on 08/01, 08/04, and 08/06 Lamotrigine Tab 100mg: no initials on 08/10</p>	

Lactulose Sol: no initials on 08/10
 Lidocaine Pad: no initials on 08/10
 Nystatin Pow: no initials on 8/10
 Pantoprazole Tab 40mg: no initials on 08/10
 Quetiapine Tab: no initials on 08/10
 Zeasorab-AF: no initials on 08/10

Resident E:

Atorvastatin Tab: no initials on 08/10
 Donepezil Tab: no initials on 08/10

Resident A:

Atorvastatin Tab: no initials on 08/10
 Methocarbamol Tab: no initials on 08/10-08/12

Resident C:

Azelastine Drop: no initials on 08/10
 O2 Stats: no initial on 08/10
 Dicyclomine Cap 10mg: no initial on 08/10
 Difluprednant: no initial on 08/10
 Effer-k Tab: no initial on 08/10
 Erythromycin Ointment: no initial on 08/10
 Famotidine: no initial on 08/10
 Lactobac Probiotic: no initial on 08/10
 Mapap Arthritis Pain: no initial on 08/10
 Prolensa Sol: no initial on 08/10
 Rosuvastatin Tab: no initial on 08/10
 Sucralfate Tab: no initial on 08/10
 Symbicort Tab: no initial on 08/10
 Torsemide Tab: no initial on 08/10
 Vitamin A&D Ointment: no initial on 08/10

R 325.1953	Menus.
	(2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.
The facility did not have copy of the menus for the preceding three months.	
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 memory care unit revealed the soiled linen room did not have continuously operated exhaust ventilation.	
R 325.1972	Solid wastes.
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
Inspection of the memory care unit revealed in the common area there was a trash can that did not have a lid.	
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 memory care unit and kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated (including but not limited to brown sugar, chips, noodles, fish sticks, frozen vegetables, and many other items).	
R 325.1976	Kitchen and dietary.
	(9) An individual portion of food which is served and not eaten shall be destroyed.
Inspection of the memory care unit revealed leftover breakfast that was not destroyed and was left sitting on the counter.	

IV. RECOMMENDATION

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

Kimberly Host

10/04/2023

Licensing Consultant

Date