



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 9, 2024

Shahid Imran
Hampton Manor of Taylor
13750 Pardee Rd
Taylor, MI 48180

RE: License #: AH820410005
Hampton Manor of Taylor
13750 Pardee Rd
Taylor, MI 48180

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 licensee or licensee designee or home for the aged 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

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|---|-------------------------------------|
| License #: | AH820410005 |
| Licensee Name: | Hampton Manor of Taylor LLC |
| Licensee Address: | 13750 Pardee Rd Taylor, MI 48180 |
| Licensee Telephone #: | (989) 671-9610 |
| Authorized Representative/Administrator: | Shahid Imran |
| Name of Facility: | Hampton Manor of Taylor |
| Facility Address: | 13750 Pardee Rd Taylor, MI 48180 |
| Facility Telephone #: | (989) 971-9610 |
| Original Issuance Date: | 08/03/2023 |
| Capacity: | 102 |
| Program Type: | ALZHEIMERS AGED |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/08/2024

Date of Bureau of Fire Services Inspection if applicable: 10/12/2023, 6/28/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/08/2024

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 19
No. of others interviewed 2 Role Residents' family members

- 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. No residents' funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed the staff on the policy and procedures.
- 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: No CAPS for this home.
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| | |
|---|--|
| This facility was found to be in non-compliance with the following rules: | |
| R 325.1932 | Resident's medication. |
| | (2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional. |
| During the review of medication administration records (MARS) it was revealed that medication was not always given as prescribed. For example: Resident A was prescribed Tylenol 500 mg to be taken three times daily but the resident had a missed dose on 1/6, 1/24 and 1/21 with no explanation; Resident B was prescribed Atorvastatin, Carvedilol and Metformin 500 mg - according to the MAR she missed doses of all three prescriptions on 2/22; Resident C was prescribed Albuterol Nebulizer to be given twice daily but she did not get her second dose on 1/27 | |
| R 325.1970 | Water supply systems. |
| | (7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit. |
| The temperature of hot water was checked in residents' rooms and the following temperature were found in Room 7 – temperature 95.5, Room 3 – temperature 108.8, Room 13 – temperature 101.2, Room 76 – temperature 99.2, Room 80 – 100.2, and Room 69 – temperature 97.6. | |

IV. RECOMMENDATION

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

Brenda L. Howard

2/9/2024

Licensing Consultant

Date