GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2024

Shahid Imran
Hampton Manor of Madison
1491 E. US-223
Adrian, MI 49221

RE: License #: AH460406857
Hampton Manor of Madison
1491 E. US-223
Adrian, MI 49221

Dear Licensee:

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 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 877-458-2757.

Sincerely,

Jessica Rogers

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
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
Administrator Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Madison
Facility Address:	1491 E. US-223 Adrian, MI 49221
Facility Telephone #:	(517) 759-7799
Original Issuance Date:	12/10/2021
Capacity:	120
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/14/2024

Date of Bureau of Fire Services Inspection if applicable: 10/6/2023, 11/8/2023

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 03/18/2024

No. of staff interviewed and/or observed 18
No. of residents interviewed and/or observed 28
No. of others interviewed One Role Resident's 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. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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: CAP dated 6/20/2022 to Renewal Licensing Study Report (LSR) dated 6/3/2022: R 325.1976(13), R 325.1922(7), R 325.1923(2), R 325.1954, R 325.1964(9), R 325.1976(6)
- CAP dated 3/2/2023 to Special Investigation Report (SIR) 2023A1027026: R 325.1931(2), R 325.1924(2)
- CAP dated 12/21/2023 to SIR 2023A1027097: R 325.1922(1)
- CAP dated 1/18/2024 to SIR 2024A1027016: R 325.1921(1)(b), R 325.1932(2)
- Number of excluded employees followed up? Three N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Unsecured hazardous and toxic material, such as disinfecting spray, toilet bowl and window cleaners were observed in the kitchen area cupboards. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.

While on-site, Employee #1 removed the chemicals to a secured location.

VIOLATION ESTABLISHED.

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 Ms. Parish revealed the use of chemical 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.

REPEAT VIOLATION ESTABLISHED.
[For reference, see Licensing Study Report (LSR) dated 6/3/2022, CAP dated 6/20/2022]

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Review of the March 2024 staff schedule revealed it lacked a designated person on each shift to be supervisor of resident care.

VIOLATION ESTABLISHED.

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:
(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

R 325.1901 Definitions.
Rule 1. As used in these rules:

(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.

Employee #1 stated there was one assisted living residents with a bedside assistive device commonly referred to as a “Halo Ring.”

Observation of Resident’s Halo ring device revealed it was secured tightly to the right side of the bed frame; however, it lacked a cover.

Ms. Parish stated Resident A’s physician wrote an order for the device. The order dated 5/5/2023 read “*Can we get an order for a Halo – for resident’s bed. Sure- please order*” and was signed by the licensed healthcare provider. The order lacked specific a reason for use of the device.

Review of Resident A’s service plan updated on 5/5/2023 read in part “*ok halo to bed LS.*” The service plan omitted or lacked sufficient information for specific use, care, and maintenance of the device including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

Interview with Ms. Parish revealed the facility did not maintain the manufacturing guidelines for the device, nor conduct routine checks to ensure it was secured tightly and appropriately to the bed frame. Ms. Parish stated staff conducted neuro assessments for each resident every three months.

I reviewed the facility’s policy titled “*Bedside Mobility Aid*” which read in part the halo ring would be checked by the facility weekly to ensure the device was securely attached. The policy read in part specific instructions and use of the device pertaining to the individual would be documented on the service plan, reviewed with staff, and updated regularly per existing standards or upon a change in condition.

Given the observations listed above and the lack of an organized plan consistent with the facility’s policy, the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

VIOLATION ESTABLISHED.

R 325.1932 Resident’s medications.

(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.

Review of Resident B’s February and March 2024 medication administration records (MARs) revealed one or more as needed medications lacked specific instructions to

necessitate administration in the order. For example, the MAR read in part she was prescribed Haloperidol, give 0.5 mL by mouth every 6 hours as needed.

Review of Resident C's February and March 2024 MARs revealed it was observed that she was prescribed multiple medications for the same indication. However, there was insufficient clarity to determine which medication should be administered over another, and the instructions provided for staff lacked sufficient detail. For example, the MARs read in part Resident C was prescribed both Haloperidol and Hyoscyamine for terminal secretions. Additionally, the MARs read in part she was prescribed both Compazine and Promethazine for nausea/vomiting.

Review of Resident D's February and March 2024 MARs revealed he was prescribed Olanzapine, take one tablet by mouth every 6 hours as needed in which lacked specific instructions for staff to necessitate administration.

Review of Resident E's February and March 2024 MARs revealed she was prescribed Lantus, inject 63 units subcutaneously every morning (hold if glucose falls under 100, recheck in 1 hour) and Lantus, inject 40 units subcutaneously every evening (hold if glucose falls under 100, recheck in 1 hour). The MARs read staff documented she received the medication when her blood sugar level was less than 100 on the following dates: 2/4/2024, 2/5/2024, 2/8/2024, 2/13/2024, 2/19/2024, 2/27/2024, 3/4/2024, 3/6/2024, and 3/13/2024. Additionally, review of Resident E's as needed medications revealed one or more medications lacked a reason for staff to necessitate administration such as Simethicone, Senna-Time, Fluticasone, and Ventolin.

Review of Resident F's February and March 2024 MARs revealed she was prescribed Acetaminophen, take one tablet by mouth every 8 hours as needed for pain and Acetaminophen, take 2 tablets by mouth every 4 hours as needed for pain/fever above 100 degrees in which lacked specific instructions for staff to necessitate administration of the medication.

REPEAT VIOLATION ESTABLISHED.
[For reference, see Special Investigation Report (SIR) 2024A1027016, CAP dated 1/18/2024]

IV. RECOMMENDATION

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

Jessica Rogers 03/18/2024

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Date

Licensing Consultant