



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2024

Shahid Imran
Hampton Manor of Burton
2105 Center Rd
Burton, MI 48519

RE: License #: AH250410173
Investigation #: 2024A1019048

Dear Licensee:

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 may 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 #: | AH250410173 |
| Investigation #: | 2024A1019048 |
| Complaint Receipt Date: | 04/16/2024 |
| Investigation Initiation Date: | 04/16/2024 |
| Report Due Date: | 06/16/2024 |
| Licensee Name: | Hampton Manor of Burton LLC |
| Licensee Address: | 2105 South Center Rd. Burton, MI 48519 |
| Licensee Telephone #: | (989) 971-9610 |
| Administrator: | Jeff West |
| Authorized Representative: | Shahid Imran |
| Name of Facility: | Hampton Manor of Burton |
| Facility Address: | 2105 Center Rd Burton, MI 48519 |
| Facility Telephone #: | (989) 971-9610 |
| Original Issuance Date: | 05/18/2023 |
| License Status: | REGULAR |
| Effective Date: | 11/18/2023 |
| Expiration Date: | 11/17/2024 |
| Capacity: | 102 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|--------------------------------------|-------------------------------|
| Resident D is neglected. | No |
| Resident D's garbage is always full. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 04/16/2024 | Special Investigation Intake 2024A1019048 |
| 04/16/2024 | Special Investigation Initiated - Letter Notified APS of the allegations. |
| 04/16/2024 | APS Referral |
| 05/01/2024 | Inspection Completed On-site |
| 05/01/2024 | Inspection Completed-BCAL Sub. Compliance |

ALLEGATION:

Resident D is neglected.

INVESTIGATION:

On 4/16/24, the department received a complaint alleging possible neglect of Resident D. The complaint alleged that Resident A is neglected because she does staff infrequently check on her. The complaint alleged that Resident A does not have a call light and staff will not check on her for hours at a time.

On 5/1/24, I conducted an onsite inspection. I interviewed administrator Jeff West at the facility. Mr. West reported that Resident D moved into the facility's memory care unit on 3/14/24 and passed away on 4/22/24. Mr. West reported that memory care residents do not have call pendants, but that there are pull cords in each bedroom and bathroom. Mr. West reported that in memory care, hourly safety checks are

standard, but they can vary and be done on an “as needed” basis. Mr. West reported that if a resident is having a bad day or their health is declining, staff may round more frequently. Conversely, Mr. West reported if the resident has a visitor or family with them at the facility staff may check on them a little less during that time. Mr. West reported that in the weeks leading up to her death, Resident D required much more assistance and hands on care and had recently signed onto to hospice. Mr. West reported that hospice staff were completing Resident D’s bathing activities and were coming in to provide more frequent care to her. Mr. West reported that staff are not expected to document care related tasks such as toileting or grooming tasks, but that there is a “daily report” where staff notate things that occur during the shift so that the next shift is aware. I reviewed Resident D’s daily report from 4/1/24-4/22/24. I observed staff consistently documenting tasks including but not limited to safety checks, hospice visits, food intake, medication refusals and toileting.

| APPLICABLE RULE | |
|------------------------|--|
| MCL 333.20201 | Policy describing rights and responsibilities of patients or residents; |
| | (2)(e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented in the medical record by the attending physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse. |
| ANALYSIS: | Review of staff documentation reveals frequent observation of and care to Resident D. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident D’s garbage is always full.

INVESTIGATION:

The complaint read that Resident D’s garbage is often full of soiled briefs. The complainant did not provide dates that this was alleged to have occurred on.

Mr. West reported that staff are expected to remove trash from resident rooms every shift and that trash is taken outside and placed into a dumpster. Mr. West reported that staff are also expected to remove soiled briefs and place them in a designated container that is held in the soiled linen room; that container is also emptied out daily. Mr. West stated that some staff take soiled briefs directly to the dumpster outside, however that is not the expectation.

While onsite, I observed the garbage container that houses soiled briefs within the laundry area of the facility. Resident D passed away prior to my onsite visit, therefore the condition of her room could not be observed as it was already cleaned out. However, direct observation of several resident rooms and common areas did not reveal any full garbage bins.

| APPLICABLE RULE | |
|------------------------|--|
| R 325.1972 | Solid wastes. |
| | (1) 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. |
| ANALYSIS: | Facility protocol is to empty resident garbage containers during each shift. The trash is removed from the premises and taken to an outside dumpster. Direct observation of resident garbage containers indicates that protocol is being followed. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION:

Mr. West reported that on 3/19/24, Resident D broke her hip after falling in her room. Mr. West reported that Resident D had hip surgery and returned to the facility after being discharged from the hospital on 3/25/24. Mr. West described that Resident D's care needs changed significantly following her injury, requiring more hands-on assistance from staff with activities of daily living and the addition of wound care and hospice services. Upon review of Resident D's service plan, I observed that it was not updated upon her return from the hospital and failed to capture her increased care needs.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1922 | Admission and retention of residents. |
| | (5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any. |
| ANALYSIS: | Resident D's level of care changed after she broke her hip, however facility staff failed to update her service plan to accurately reflect her increased needs and added service providers. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

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



05/06/2024

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



05/13/2024

Andrea Moore
Area Manager

Date