



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 22, 2024

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

RE: License #: AH460406857
Investigation #: 2024A1035037
Hampton Manor of Madison

Dear Shahid Imran:

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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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) 241-1970.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH460406857
Investigation #:	2024A1035037
Complaint Receipt Date:	04/22/2024
Investigation Initiation Date:	04/22/2024
Report Due Date:	06/22/2024
Licensee Name:	Hampton Manor of Adrian, LLC
Licensee Address:	7560 River Road Flushing, MI 48433
Licensee Telephone #:	(734) 673-3130
Administrator:	Shahid Imran
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
License Status:	REGULAR
Effective Date:	06/10/2023
Expiration Date:	06/09/2024
Capacity:	120
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A Rights Violated	Yes
Additional Findings	No

III. METHODOLOGY

04/22/2024	Special Investigation Intake 2024A1035037
04/22/2024	Special Investigation Initiated - Letter
04/23/2024	Contact - Face to Face

ALLEGATION:

Resident A Rights Violated

INVESTIGATION:

On 4/22/2024 the department received a complaint through the online complaint system stating Resident A was referred to hospice and bed confined only up for meals, showers, and bathroom use against resident rights and wishes.

On 04/23/2024 an onsite investigation was conducted. While onsite I interviewed Operation Manager Reggie Parish who state Resident A is bedbound and only up for meals, showers, and restroom use per order.

While on site, I interviewed Resident A who states: "they are keeping me in bed against my will." Resident A continues to state I'm my own person and I want to go home to my own home. I have home care assistance set up with Elara Caring. The way they are treating me is almost to the point of abuse." Resident A states she will be discharged home with services on Thursday 4/25/2024.

While onsite, I interview staff person (SP)1 who states Residents A's transfer status fluctuates at times she's a one person assist to a two person assist. SP1 states most of the time it's a one person assist. SP1 states she has been instructed to only have Resident A up during meals, showers, and restroom use. SP1 states Resident A prefers to stay up but is not aloud related to the strict bedrest.

Through record review Resident A recently had a hospital stay 4/7/2024 through 4/11/2024 with diagnosis cellulitis of right lower extremity, Sepsis due to unspecified organism, venous ulcer of lower extremity due to chronic peripheral venous hypertension, and chronic ulcer to right leg with care planned goals of pain score less than 4, pt transfers with contact guard, bed mobility minimum assist, and toilet transfers with minimum assist. Notes indicate 4/23/2024 wounds to coccyx healed, Physical Therapy notes 4/23/2024 visit states to continue with 1 person assist with transfers ambulate 15 feet with rolling walker.

APPLICABLE RULE	
MCL 333.20201(2)(e)	Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.
	(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following: (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:	<p>Through record review, Resident A was admitted to Promedica Charles & Virginia Hickman Hospital 4/7/2024 related to serve sepsis with acute organ dysfunction, cellulitis of right lower extremity, chronic ulcer right leg, and deep vein thrombosis.</p> <p>Resident A was a standby assist while at the hospital decreasing to a one to two person assist at the facility.</p> <p>Resident service plan states "Post hospital visit rest in bed with feet up for swelling and leg seeping; up for meals."</p> <p>Nurse Practitioner Kimberly McMurray notes on 4/18/2024 Resident A "does not elevate her lower extremities and dependent edema makes wound healing difficult. Staff has been encouraging her to stick to a routine of bed rest with bilateral lower extremity elevation unless she is out in the dining room at mealtimes."</p> <p>Resident A states facility makes her stay in bed against her wishes and staff will get yelled at and in trouble if she's allowed to stay up.</p> <p>Reggie and SP1 confirmed Resident A is on strict bedrest.</p> <p>Resident A states her goals are to get stronger and go home. Resident A states being forced to stay in bed has decreased her strength. Resident A states it's against her will to be "forced" to stay in bed.</p> <p>Based on record review and interviews, this allegation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



08/21/2024

Jennifer Heim, Health Care Surveyor
Long-Term-Care State Licensing Section

Date

Approved By:

A handwritten signature in black ink, appearing to read "Andrea L. Moore". The signature is fluid and cursive, with the first name "Andrea" and last name "Moore" clearly distinguishable.

08/21/2024

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

Date