



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 06, 2024

Zohaib Syed
Hampton Manor of Van Buren
43345 Tyler Rd
Van Buren Township, MI 48111

RE: License #: AH820412145
Hampton Manor of Van Buren
43345 Tyler Rd
Van Buren Township, MI 48111

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 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 877-458-2757.

Sincerely,

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 #:	AH820412145
Licensee Name:	Hampton Manor of Van Buren LLC
Licensee Address:	43345 Tyler Rd Van Buren Township, MI 48111
Licensee Telephone #:	(989) 708-1878
Administrator/Authorized Representative:	Zohaib Syed
Name of Facility:	Hampton Manor of Van Buren
Facility Address:	43345 Tyler Rd Van Buren Township, MI 48111
Facility Telephone #:	(989) 708-1878
Original Issuance Date:	05/20/2024
Capacity:	116
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2024

Date of Bureau of Fire Services Inspection if applicable: 03/12/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 11/06/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role N/A

- 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 was reviewed.
- 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: N/A
- 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 325.1964

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.

Chemicals were stored in an enclosed area within the assisted living soiled linen room, which lacked proper ventilation and discernable air flow.

VIOLATION ESTABLISHED.

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.

Interview with Employee #1 revealed the lead was the shift supervisor. However, review of the October 2024 schedule revealed the lead was not designated on each shift, making it unclear who was designated as the supervisor.

VIOLATION ESTABLISHED.

R 325.1943

Resident registers.

(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:

(a) Name, date of birth, gender, and room.

(b) Name, address, and telephone number of next of kin or authorized representative, if any.

(c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.

(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.

(e) Name, address, and telephone number of resident's licensed health care professional, if known.

(2) A register of all residents shall be maintained at all times for the previous 2 years.

A review of the facility's resident register revealed that it was missing one or more required pieces of information. For instance, some face sheets were incomplete, lacking details such as the resident's gender, date of admission, room number (or listing an incorrect room number), the person or agency responsible for the resident's care, and the name, address, and telephone number of the resident's licensed healthcare professional.

VIOLATION ESTABLISHED.

R 325.1932

Resident 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.

An interview with medication technician on duty at the time of inspection confirmed that staff were required to conduct narcotic counts at the change of each shift. However, a review of the narcotic count logs for the assisted living medication cart revealed that the logs were incomplete on 10/2/2024 and 10/26/2024. Furthermore, the count was found to be inaccurate on 10/16/2024.

A review of the medication administration records (MARs) for Residents A, B, and C revealed that one or more medications were left blank in which it could not be determined if the residents received their medications or not. Additionally, prn (as needed) medications did not consistently include specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications.

For example, Resident A's September and October 2024 MARs were left blank on various dates for the following medications including atorvastatin, clopidogrel, hydrocil instant powder, losartan, metoprolol and Tamsulosin. Additionally, prn medications such as artificial tears, benefiber, dicyclomine, famotidine, MiraLAX, and trazadone lacked reasons for staff to necessitate their administration.

Review of Resident B's October and November 2024 MARs revealed one missed dose of scheduled Morphine Sulfate on 11/1/2024 at 12:00 PM. Additionally, prn medications such as bisacodyl, haloperidol, hyoscyamine, and ondansetron, lacked reasons for staff to necessitate their administration. Furthermore, Resident B's order for prn Norco read *"may have dc'd; hospice stated patient only on morphine for pain,"* making it unclear whether the resident should still receive this medication.

Similarly Resident C's September and October 2024 MARs showed several medications were left blank on one or more dates including amlodipine, aspirin, atorvastatin, clopidogrel, doxazosin mesylate, isosorbide, ketorolac tromethamine, Lantus, levetiracetam, losartan, NovoLog, pantoprazole, and vitamin D3. Additionally, Resident C was prescribed Nitrofurantoin on 10/19/2024 for a five-day course, but the medication was not discontinued as scheduled and remained on the November 2024 MAR.

VIOLATION ESTABLISHED.

R 325.1953

Menus.

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

Interview with Employee #2 revealed there was a resident with a prescribed diabetic diet; however, there was not a therapeutic diet menu available nor posted.

VIOLATION ESTABLISHED.

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Interview with Employee #2 revealed there was not a meal census maintained.

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.

The kitchen inspection revealed that both chemical sanitization, tested daily, and heat sanitization, tested twice daily, were in use, with records kept showing that sanitization was completed. However, a review of the chemical and heat sanitization logs for the past three months showed gaps on several days, making it impossible to confirm whether dishware sanitization was consistently and adequately performed.

VIOLATION ESTABLISHED.

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.

During the kitchen refrigerator inspection, several items were found either undated or past their expiration dates. Notably, ranch dressing was labeled with a "use by" date of 10-25-24, while mayonnaise was marked with a "use by" date of 8-23.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



11/06/2024

Date

Licensing Consultant