



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 11, 2024

Shahid Imran
Hampton Manor of Holly
14480 N. Holly Rd.
Holly, MI 48442

RE: License #: AH630410280
Investigation #: 2024A1035079
Hampton Manor of Holly

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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) 284-9730.

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 #:	AH630410280
Investigation #:	2024A1035079
Complaint Receipt Date:	08/22/2024
Investigation Initiation Date:	08/22/2024
Report Due Date:	10/21/2024
Licensee Name:	Hampton Manor of Holly LLC
Licensee Address:	14480 N. Holly Rd. Holly, MI 48442
Licensee Telephone #:	(734) 673-3130
Administrator:	Shahid Imran
Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Holly
Facility Address:	14480 N. Holly Rd. Holly, MI 48442
Facility Telephone #:	(989) 971-9610
Original Issuance Date:	10/13/2023
License Status:	REGULAR
Effective Date:	04/13/2024
Expiration Date:	07/31/2024
Capacity:	104
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Med Techs are not trained.	No
Resident Charts are not updated.	No
Facility is not checking background checks and finger printing prior to hire.	Yes
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

III. METHODOLOGY

08/22/2024	Special Investigation Intake 2024A1035079
08/22/2024	Special Investigation Initiated - Letter
09/25/2024	Contact - Face to Face
12/02/2024	Investigation Complete. BCAL Sub Compliance.
12/11/2024	Exit Conference: Conducted by phone with Authorized Representative.

ALLEGATION:

Med Techs are not trained.

INVESTIGATION:

On August 22, 2024, the Department received an anonymous complaint through the online complaint system which voiced concerns related to med techs not receiving proper medication administration training, resident charts not being put into PCC or QuickMAR, residents did not have emergency packets, and the facility started Staff Person SP1 prior to finger printing and background check results.

While onsite I interviewed SP2 who states she was trained on medication administration during orientation with the supervisor checking off on competency. QuickMar training occurred at the same time. In the event a resident refuses medications three attempts are tried and a different med tech before signing off as not given.

While onsite, I interviewed SP3 who states she was trained by former supervisor on medication administration and QuickMAR.

While onsite, I interviewed SP4 who states she received medication administration training with a check off. When a medication is refused a note is entered in the electronic medical record (eMAR).

APPLICABLE RULE	
R 325.1932	Resident medications.
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p> <p>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</p> <p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(a) Be trained in the proper handling and administration of medication.</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(i) The medication.</p> <p style="padding-left: 80px;">(ii) The dosage.</p> <p style="padding-left: 80px;">(iii) Label instructions for use.</p> <p style="padding-left: 80px;">(iv) Time to be administered.</p> <p style="padding-left: 80px;">(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.</p> <p style="padding-left: 40px;">(c) Record the reason for each administration of medication that is prescribed on an as-needed basis.</p> <p style="padding-left: 40px;">(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process shall include the resident's prescribing licensed health care professional, the resident's</p>

	<p>authorized representative, if any, and the agency responsible for the resident's placement, if any.</p> <p>(e) Adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.</p> <p>(f) Contact the appropriate licensed health care professional if a resident repeatedly refuses prescribed medication or treatment. The home shall follow and record the instructions given.</p> <p>(g) Upon discovery, contact the resident's licensed health care professional if a medication error occurs. A medication error occurs when a medication has not been given as prescribed.</p> <p>(4) If a resident requires medication while out of the home, then the home shall assure that the resident, or the person who assumes responsibility for the resident, has all of the appropriate information, medication, and instructions.</p> <p>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</p> <p>(6) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a licensed health care professional or a pharmacist.</p>
ANALYSIS:	<p>Through interview SP2, 3, and 4 received medication training during orientation with a competency check off. Through interview staff persons articulate proper medication administration and documentation.</p> <p>Through record review, staff persons noted above received training as stated.</p> <p>Medication administration records (MAR) were reviewed for Resident A, B, and C medications are signed off and given as ordered. Medications that were not given had been circled with a note indicating why medication was not given</p> <p>Based on information noted above this allegation has not been substantiated.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident charts are not updated.

INVESTIGATION:

On August 22, 2024, the Department received an anonymous complaint through the online complaint system which voiced concerns related to resident charts not being put into PCC or QuickMAR, and residents did not have emergency packets.

On September 25, 2024, an onsite investigation was conducted, while onsite I interviewed SP2 who states resident files have been placed in the computer. Staff members can access service plans, medication record, and medical diagnosis. Prior to files being placed in the computer each resident has a resident binder which is located at the nursing station.

While onsite I interviewed SP5 who states each resident has a book and an electronic medical record.

While onsite I interview SP6 who states she recently completed data entry for all residents into the electronic medical record. SP6 opened the computer and showed the data entry for multiple entries. Prior to data entry all residents have books with required data for staff to access.

APPLICABLE RULE	
R 325.1942	Resident records.
	(1) A home shall provide a resident record for each resident. (2) A home shall assure that a current resident record is maintained and that all entries are dated and signed. (3) The resident record shall include at least all of the following: (a) Identifying information, including name, marital status, date of birth, and gender. (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 the resident's maintenance and care in the home. (d) Date of admission. (e) Date of discharge, reason for discharge, and place to which resident was discharged, if known. (f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.

	<p>(g) Name, address, and telephone number of resident's licensed health care professional.</p> <p>(h) The resident's service plan.</p> <p>(4) A home shall keep a resident's record in the home for at least 2 years after the date of a resident's discharge from the home.</p>
ANALYSIS:	<p>Through record review and interview, Resident records have been uploaded in the eMar system and binders that are located at the nursing station.</p> <p>Based on information noted above this allegation has not been substantiated.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility is not checking background checks and finger printing prior to hire.

INVESTIGATION:

On August 22, 2024, the Department received an anonymous complaint through the online complaint system which voiced concerns related to the facility started Staff Person SP1 prior to finger printing and background check results.

On September 25, 2024, an onsite investigation was conducted. While onsite I interviewed Jeff West Administrator who states he was newly appointed to the position but will assist with gathering requested information. Jeff states he was not overseeing building when Staff Person SP1 started prior to results from fingerprinting and background check. SP1 was promptly terminated. SP1 worked one orientation shift prior to facility receiving background check results.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	<p>(1) A home shall maintain a record for each employee which shall include all of the following:</p> <p>(a) Name, address, telephone number, and social security number.</p> <p>(b) License or registration number, if applicable.</p> <p>(c) Date of birth.</p> <p>(d) Summary of experience, education, and training.</p> <p>(e) Beginning date of employment and position for which employed.</p> <p>(f) References, if provided.</p>

	<p>(g) Results of annual tuberculosis screening as required by R 325.1923(2).</p> <p>(h) Date employment ceases and reason or reasons for leaving, if known.</p> <p>(i) Criminal background information, consistent with MCL 333.20173.</p>
ANALYSIS:	<p>Through record review of SP1 started prior to facility receipt of Employment Eligibility Letter post background check and fingerprinting. SP1 was deemed ineligible for hire one day post working within the community. SP1 was promptly terminated.</p> <p>Through record review of SP2, 3, 4, & 5 each employee had fingerprinting, and background checks scheduled prior to start date. SP1, 4, 5 did not have eligibility letter prior to start date.</p> <p>Based on information noted above this violation 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.



10/15/2024

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

Approved By:



12/05/2024

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