



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2025

Shahid Imran
Hampton Manor of Brighton
1320 Rickett Road
Brighton, MI 48116

RE: License #: AH470412880
Hampton Manor of Brighton
1320 Rickett Road
Brighton, MI 48116

Dear Shahid Imran:

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 (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH470412880
Licensee Name:	Hampton Manor of Brighton LLC
Licensee Address:	1320 Rickett Rd Brighton, MI 48116
Licensee Telephone #:	(810) 247-8442
Authorized Representative/Administrator	Shahid Imran
Name of Facility:	Hampton Manor of Brighton
Facility Address:	1320 Rickett Road Brighton, MI 48116
Facility Telephone #:	(810) 247-8442
Original Issuance Date:	04/10/2023
Capacity:	93
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2025

Date of Bureau of Fire Services Inspection if applicable: 04/02/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/07/2025

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 15

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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- 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:
2023A0784081: dated 10/13/2023: R 325.1931(5), R 325.1944(2)
- 2024A0784057: dated 07/09/24: R 325.1932(2)
- 2024A109076: dated 10/29/24: R 325.1921(1), R 325.1932(2), R 325.1976(13)
- 2024A021084: dated 10/10/24: R 325.1976(6), R 325.1953
- 2024A1022084: dated 11/29/24: R 325.1921(1)
- 20241027045: dated 5/12/24: R 325.1931(5), R 325.1921(1), R 325.1931(2)
- 2024A1027046: dated 5/12/24: R 32.1941(3), R 325.1931(5), R 325.1921(1), R 325.1931(6)
- 2024A1027005: dated 6/13/24: MCL 20201(2)(c)
- 2025A1028067: dated 9/10/24: R 325.1932(2)
- 2025A1021007: dated 11/14/24: R 325.1922(5)
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(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.</p>
<p>Upon my inspection, Resident B had bedside assistive devices attached to his bed.</p> <p>The service plan for Resident B lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p>	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-</p>

	<p>Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Review of Resident B’s records revealed the facility did not have a tuberculosis test and results prior to admission to the facility.</p>	
R 325.1931	Employees; general provisions.
	<p>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</p>
<p>Review of Resident D’s service plan revealed care staff were to check and change Resident D every two hours. This instruction was also reflected on Resident D’s medication administration record (MAR). Review of Resident D’s MAR revealed staff did not attest that this task was completed on 03/23/2025 and 03/31/2025. In addition, care staff were to remove compression stockings at bedtime. Care staff did not attest on the MAR that this task was completed on 03/23/2025 and 03/30/2025. Similar findings were noted with Resident B and Resident C.</p>	
R 325.1932	Resident medications.
	<p>(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.</p>
<p>Review of Resident A’s MAR revealed Resident A was prescribed Lorazepam Tab 0.5mg with instruction to take one tablet by mouth every six hours as needed for anxiety. Review of Resident A’s service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident C and Resident D.</p>	
R 325.1932	Resident medications.
	<p>(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.</p>

Review of Resident B's MAR revealed Resident B was prescribed Dicyclomine 10mg capsule with instruction to administer one capsule by mouth three times daily. Resident B did not receive this medication on 03/03-03/04/2025. In addition, Resident B was prescribed Metronidazole 250mg tablet with instruction to administer one tablet by mouth twice a day. Resident B did not receive this medication on 03/07/2025 and 03/15-03/17/2025. Also, Resident B was prescribed Nitrofurantoin Mono-MCR 100mg with instruction to administer one capsule by mouth twice daily. Resident B did not receive this medication on 03/07/2025 and 03/15-03/17/2025. By not ensuring Resident B had medications available, Resident B did not receive medications as prescribed.

R 325.1932	Resident medications.
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	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (v) The initials of the individual who administered the prescribed medication.
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Review of Resident B's MAR revealed multiple instances in which the medication technician did not initial that the medication was administered. The following instances were noted:

Resident B:
 Dicyclomine 10mg capsule: no initials on 03/04/2025 at 8:00am and 2:00pm
 Humalog 100unit: no initials on 03/08/2025 at 12:00pm
 Metformin HCL 500mg tablet: no initials on 03/04/2025 at 8:00pm
 Psyllium Husk Powder: no initials on 03/08/2025 at 12:00pm

R 325.1954	Meal and food records.
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	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.
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Review of facility documentation revealed the facility was not completing a meal census for the kind and amount of food used.

R 325.1976	Kitchen and dietary.
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	(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.
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Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. Review of facility documentation revealed there was no routine testing of the dishwasher. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	
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.
Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated (including but not limited to cheese, cereal, vegetables and many other items).	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Inspection of the facility freezer revealed there was not an internal thermometer for the freezer.	

IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 04/22/2025.

Kimberly Hart

04/07/2025

Licensing Consultant

Date