

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 25th, 2021

Shahan Sikander Brighton Manor LLC 7560 River Road Flushing, MI 48433

RE: License #:	AH470387116
Investigation #:	2021A1021025
_	Brighton Manor

Dear Mr. Sikander:

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 by the authorized representative.

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. 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,

Kinvergetessa

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 SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

1:	411470207440
License #:	AH470387116
Investigation #:	2021A1021025
Complaint Receipt Date:	03/08/2021
Investigation Initiation Date:	3/18/2021
investigation initiation Date.	
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Report Due Date:	05/07/2021
Licensee Name:	Brighton Manor LLC
Licensee Address:	7560 River Road
	Flushing, MI 48433
Licensee Telephone #:	(989) 971-9610
	Careb Maluan
Administrator:	Sarah Molner
Authorized Representative:	Shahan Sikander
Name of Facility:	Brighton Manor
Facility Address:	1320 Rickett Road
· · · · · · · · · · · · · · · · · · ·	Brighton, MI 48116
Eacility Tolophono #:	(810) 247-8442
Facility Telephone #:	(810) 247-8442
Original Issuance Date:	03/27/2019
License Status:	REGULAR
Effective Date:	09/27/2020
Expiration Date:	09/26/2021
Capacity	02
Capacity:	93
<u> </u>	
Program Type:	AGED
	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Items missing from Resident C's room.	No
Resident C's nails are not cared for.	Yes
Additional Findings	No

III. METHODOLOGY

03/11/2021	Special Investigation Intake 2021A1021025
03/11/2021	Contact - Document Received Received admission agreement
03/18/2021	Contact-Document Received Received chart notes, service plan, Consent for Services
03/18/2021	Contact-Telephone Call Made Interviewed administrator Sarah Molner
03/25/2021	Exit Conference

The complainant alleged Resident C's room was not clean. This complaint was investigated under special investigation 2021A1021014.

ALLEGATION:

Items missing from Resident C's room.

INVESTIGATION:

On 2/22/21, the licensing department received a complaint with allegations Resident C's jewelry and shoes were missing.

Due to the Covid-19 pandemic, this investigation was completed remotely.

On 3/18/21, I interviewed facility administrator Sarah Molner by telephone. Ms. Molner reported Resident C wanders throughout the facility and leaves her personal items in common areas and in other resident rooms. Ms. Molner reported she has gone into Resident C's room and observed jewelry and personal items out of

drawers and on the floor. Ms. Molner reported the facility will dress Resident C and then Resident C put other clothes and shoes on. Ms. Molner reported she was made aware of a missing quilt and the quilt was found in Resident C's closet. Ms. Molner reported the facility is attempting to locate all other missing items of Resident C. Ms. Molner reported the missing items is due to Resident C misplacement of items and not theft.

I reviewed the service plan for Resident C. The service plan read,

"Resident is observed wandering the facility's hallway throughout the day and sometimes at night. Care staff are to re-direct resident as needed.

I reviewed the admission contract for Resident C. The admission contract read,

"The Resident and/or the Resident's Responsible Party are responsible for the Resident's personal, financial, and health care decisions. In addition, the Resident is responsible for maintaining at all times Resident's own health, personal property, liability, automobile (if applicable) and other insurance coverages in adequate amounts. The resident is strongly encouraged to obtain insurance with coverage for the Resident's personal property and general liability as it relates to the Resident's Unit. The Resident acknowledges that the Company is not an insurer of the Resident's person or property.

The Company makes no representations or guarantees that the Company is secure from theft or any other criminal act perpetrated by any other Resident or person; therefore, the Company recommends that valuables, including but not limited to, jewelry and large amounts of money, not be brought into the Facility. If the Resident chooses to bring in such valuables or large amounts of money, the Resident is doing so at their own risk and the Company will not be responsible for any theft or loss of items."

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	 (1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference R 325.1901	Definitions.

ANALYSIS:	Interview with administrator and service plan revealed Resident C tends to wander throughout the facility and place personal items throughout the facility. It seems reasonable to assume Resident C's items are not missing and are misplaced. In addition, upon admission Resident C's authorized representative signed and acknowledged that bringing personal items was a choice that they recommended the purchase of insurance to limit unexpected loss.
	(16) "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.

ALLEGATION:

Resident C's nails are not cared for.

INVESTIGATION:

The complainant alleged Resident C's toenails are so long that shoes can not be placed on Resident C's feet.

Ms. Molner reported upon admission residents are to elect or decline Visiting Services by the podiatrist. Ms. Molner reported upon admission, Resident C's authorized representative declined podiatry services. Ms. Molner reported the facility does not provide any nail care. Ms. Molner reported it is the family's responsibility to do nail care or arrange for podiatry services. Ms. Molner reported if caregivers observe a resident needing nail care, the caregiver is to contact the family to arrange for these services. Ms. Molner reported Relative C1 was in the facility yesterday to provide nail care to Resident C.

I reviewed facility *Consent for Services*. The document revealed Resident C elected not to have podiatry services.

I reviewed the chart notes for Resident C for February and March 2021. The chart notes revealed no documentation that Resident C needed nail care.

I reviewed Resident C service plan. The service plan read,

"Resident require maximum assistance with grooming and personal hygiene. Caregiver should assist with mouth wash, hand washing, hair care and other grooming services as needed.

Facility nurse will schedule medical appointments with PCP and specialists as needed.

Facility manages some or all of resident health needs, Family helps resident with health needs.

Facility will make all provider appointments and follow-ups."

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(1) A home shall provide a resident with necessary assistance with personal care such as, but not limited to, care of the skin, mouth and teeth, hands and feet, and the shampooing and grooming of the hair as specified in the resident's service plan.
ANALYSIS:	Upon admission, Resident C elected not to have contracted podiatry services complete nail care agreeing that family is to complete nail care. However, review of Resident C's service plan revealed the facility is responsible for all grooming of Resident C and the facility is responsible for making doctor and specialty visits. There is no clear direction on who is responsible for the nail care for Resident C and therefore the facility is in violation.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED
	Reference: Special Investigation Report #22019A1021019 dated 6/7/19 Corrective Action Plan dated 6/21/19

On 3/25/21, I conducted an exit conference with authorized representative Shahan Sikander by telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license

Kinvergettost 3/22/21

Kimberly Horst Licensing Staff Date

Approved By:

Russell Misial

3/24/21

Russell B. Misiak Area Manager Date