



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 19, 2022

Shahid Imran
Hampton Manor of Clinton, LLC
7560 River Road
Flushing, MI 48038

RE: License #: AH500401685
Hampton Manor of Clinton
18401 15 Mile Road
Clinton Twp., MI 48433

Dear Mr. 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 licensee or licensee designee or 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,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664, Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500401685
Licensee Name:	Hampton Manor of Clinton, LLC
Licensee Address:	18401 15 Mile Road Clinton Township, MI 48038
Licensee Telephone #:	(734) 673-3130
Authorized Representative/Administrator:	Shahid Imran
Name of Facility:	Hampton Manor of Clinton
Facility Address:	18401 15 Mile Road Clinton Twp., MI 48433
Facility Telephone #:	(586) 649-3027
Original Issuance Date:	10/12/2021
Capacity:	101
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/19/2022

Date of Bureau of Fire Services Inspection if applicable: 3/16/2022, 9/13/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 4/19/2022

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 19
No. of others interviewed 1 Role Resident's family member

- 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 funds held for the residents
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Interviewed staff on the policies and procedures
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 11/16/21, 11/12/21 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 2022A1027038 2/23/2022 1932(1); 2022A1027035 2/14/2022 1954, 1922(2), 1924(3); 2022A0585031 1924(1), 1924(3), 1931(5), 1931(6), 1964(1)
- 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 325.1921	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: R325.1901	Definitions.
	(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.
	<p>Administrator stated the facility does not have a written policy for the use of bed rails and other similar assistive devices. I observed that Resident A and Resident B had side bed rails attached to their bed.</p> <p>The facility had no manufacturer's guidelines available for review to determine proper installation, ongoing maintenance and correct resident assessment and use of the bed devices.</p> <p>Employment records reviewed for three care staff did not include any evidence of training related to the use of mobility devices.</p>

	<p>In addition, there was no evidence that staff were instructed on how to assess the device was secured appropriately to the bed, maintained its integrity over time, did not pose an entrapment or entanglement risk, or allowed for an open distance between the device the resident could become entrapped or entangled within. There were no manufacturer instructions for appropriate use available for review.</p> <p>Resident A and Resident B's service plan lacked direction for staff to follow to ensure resident safe use of assistive devices on or about the bed and their responsibilities to ensure the device was safe for use.</p> <p>Resident A and Resident B's record did not contain a physician order indicating the purpose, frequency, and authorization to use the device.</p> <p>The use of bedside assistive devices without an organized plan of protection that considers physician authorization, resident assessment for competency of safe use, proper service plan development and training to ensure staff are aware of their responsibilities to ensure safe use does not reasonably comply with this rule.</p>
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.
	The facility did not have a posted menu to include therapeutic or special diets for the current week.
325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
	The facility did not have thermometers in the refrigerators in Resident Rooms # 34, 32, 27 and in the refrigerator located in the memory care kitchen area.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Brenden D. Howard

4/19/2022

Licensing Consultant

Date