



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

Megan Rheingans  
Brighton Manor LLC  
7560 River Road  
Flushing, MI 48433

December 12, 2022

RE: License #: AH470387116  
Investigation #: 2022A1022017  
Brighton Manor

Dear Megan Rheingans:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

Sincerely,

Barbara P. Zabitz, R.D.N., M.Ed.  
Health Care Surveyor  
Health Facility Licensing, Permits, and Support Division  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Mobile Phone: 313-296-5731  
Email: [zabitzb@michigan.gov](mailto:zabitzb@michigan.gov)

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH470387116
<b>Investigation #:</b>	2022A1022017
<b>Complaint Receipt Date:</b>	08/05/2022
<b>Investigation Initiation Date:</b>	08/05/2022
<b>Report Due Date:</b>	10/04/2022
<b>Licensee Name:</b>	Brighton Manor LLC
<b>Licensee Address:</b>	7560 River Road Flushing, MI 48433
<b>Licensee Telephone #:</b>	(989) 971-9610
<b>Administrator/Authorized Representative:</b>	Megan Rheingans
<b>Name of Facility:</b>	Brighton Manor
<b>Facility Address:</b>	1320 Rickett Road Brighton, MI 48116
<b>Facility Telephone #:</b>	(810) 247-8442
<b>Original Issuance Date:</b>	03/27/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/27/2022
<b>Expiration Date:</b>	09/26/2023
<b>Capacity:</b>	93
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	Violation Established?
The Resident of Concern (ROC) was admitted to the facility with a small pressure sore on her tailbone, but in less than one month's time, the ROC developed a much larger, deeper wound on her left buttock that needed surgical intervention, all because the facility did not provide proper care.	Yes

## III. METHODOLOGY

08/05/2022	Special Investigation Intake 2022A1022017
08/05/2022	Special Investigation Initiated - Telephone No answer but left message for complainant to call back.
08/05/2022	Contact - Telephone call made Spoke to complainant by phone
08/05/2022	Contact - Telephone call made Spoke to Home Health nurse providing care. Request made for wound care plan.
08/26/2022	Inspection Completed On-site
10/12/2022	Contact - Document Received Additional information received from facility
12/12/2022	Exit Conference

## **ALLEGATION:**

**The Resident of Concern (ROC) was admitted to the facility with a small pressure sore on her tailbone, but in less than one month's time, the ROC developed a much larger, deeper wound on her left buttock that needed surgical intervention, all because the facility did not provide proper care.**

## **INVESTIGATION:**

On 8/1/2022, the Bureau of Community and Health Systems received a referral from Adult Protective Services (APS) alleging that the facility neglected the Resident of Concern's (ROC) pressure sore. The allegation went on to say that the deterioration of the ROC's wound lessened the ROC's life expectancy as she passed away soon after being discharged from the hospital after requiring surgical treatment for the wound. APS declined to investigate this allegation.

On 8/5/2022, I interviewed the complainant by phone. According to the complainant, the ROC was admitted to the facility at the beginning of June 2022, with a small "bedsore" on her tailbone. The complainant explained that the ROC was basically "bedbound." The complainant went on to say that during the last week of her life, every time she or another family member came into visit the ROC, she was positioned on her left side. According to the complainant, she did not believe that the care staff at the facility were turning and repositioning the ROC as they should have. The complainant further explained that the ROC went to a local hospital on 6/14/2022, had a surgical procedure on her wound, and was discharged to a skilled rehabilitation facility, where she died.

According to the complainant, the facility provided wound care services through a contracted home health care provider. On 8/6/2022, the home care nurse who provided wound care services to the ROC was interviewed by phone. The home care nurse stated that although she did not have any specific training in the treatment of pressure sores and other wounds, she had a great deal of experience and felt that she was able to provide appropriate wound care to her patients. The home care nurse went on to say that she did not remember specific details regarding the ROC, but she would have treated her in the facility and left instructions for the caregivers to implement. The home care nurse further stated that she did not know if her instructions for caregivers to follow would have been documented on a service plan.

On 8/26/2022, during the onsite visit, I interviewed the administrator and the resident care director, who was a licensed nurse. The resident care director stated that if a resident is admitted with a pressure sore, the contracted service provider sends a nurse to provide wound care to the resident. The home care nurse measures the wound and recommends wound treatment. The home care nurse is to provide treatments on the days that they are scheduled to be in the facility, otherwise the resident care director or one of the caregivers does the treatment. The resident care

director went on to say that the home care nurse trains the caregivers for those occasions, mainly on weekends when the resident care director is not available. When the resident care director was asked what care measures are usually provided for residents either with pressure sores or at risk for the development of pressure sores, the resident care director stated that the use of barrier cream with each incontinence episode was an important intervention for those residents. Additionally, a pressure relieving mattress would be supplied by the home care company and the resident would be gotten up from bed at least 2 hours per day, at the lunch and dinner meals. The resident care director then stated that all residents received skin assessments at the time they were bathed, and any skin impairments were to be reported to him or to the resident care coordinator who assisted him. According to the resident care director, completion of caregiver tasks is to be documented on the facility's medication administrator record, which is used to document care.

Review of the ROC's health record revealed the following:

- The ROC moved into the facility on 5/10/2022 at 5 pm after being hospitalized from 4/28/2022 to 5/10/2022. On 5/10/2022, at the facility, she was provided incontinence care one time, at 10:21 pm.
- On 5/11/2022, a service plan for the ROC was developed. This service plan noted that the ROC's "skin is thin, scratch wound on right arm, stage 1 pressure ulcer to coccyx," but there were no care instructions included on the service plan. There were no measurements or additional descriptions of the pressure sore. For toileting, the service plan noted that the ROC was on a 2-hour check and (brief) change program. The ROC needed bowel incontinence care only due to the presence of an indwelling urinary catheter. The service plan did not include any interventions or instructions relating to pressure relief or repositioning. However, according to a charting note dated 5/11/2022, written by the resident care director, the ROC was to be repositioned "every 2 hours every check and change to reduce pain and pressure." On 5/11/2022, the ROC received incontinence care/repositioning 5 times, at 3:08 am, at 9:21 am, at 11:44 am, at 2:17 pm, and at 9:38 pm. Caregivers provided additional care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 11:44 am, at 12:17 pm and at 9:38 pm, but the caregivers did not document what type of care was rendered.
- On 5/12/2022, the resident care director indicated in a charting note that while the facility was waiting for the home care treatment order, the facility would follow the hospital treatment order. According to the ROC's discharge orders, "Cleanse wound and apply Triad cream to wound bed. Pull loose skin and cover with sacral Optifoam dressing. Change daily." Charting notes indicated that this wound treatment was given at 10:23 am. The ROC received incontinence care/repositioning 3 times, at 12:58 am, at 6:26 am and at 3:51 pm. Caregivers provided additional care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 6:26 am and at 3:51 pm, but again did not document what type of care was rendered.

- On 5/13/2022, the resident care director indicated in a charting note and on the Barrier Cream/Wound Change task list documentation that wound care treatment as described in the hospital discharge orders was provided at 11:52 am. The ROC received incontinence care/repositioning 3 times, at 1:25 am, at 6:26 am, and at 3:51 pm. Caregivers again provided additional care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 1:25 am, at 6:26 am, and at 3:51 pm, but again did not document what type of care was rendered.
- On 5/14/2022, both the resident care director and one of the caregivers indicated on the Barrier Cream/Wound Change task list documentation that the wound treatment was provided to the ROC at 9:47 am. The ROC received incontinence care/repositioning 6 times, at 12:15 am, 3:43 am, 5:17 am, 9:47 am (as well as wound care with the resident care director), at 1:38 pm, and at 10:47 pm. Caregivers again provided additional care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 12:15 am, 3:43 am, 5:17 am, 1:38 pm and at 10:47 pm, but again did not document what type of care was rendered.
- On 5/15/2022, one of the caregivers indicated on the Barrier Cream/Wound Change task list documentation that the wound treatment was provided to the ROC at 12:41 pm. The ROC received incontinence care/repositioning 2 times, at 12:41 pm (along with the wound treatment) and at 9:46 pm.
- On 5/16/2022, the resident care director documented on the Charting Notes at 9:36 am that "Resident has a big bowel movement and wound dressing was soiled. Writer (resident care director) and caregiver cleansed resident BM and changed resident's wound dressing. Resident was repositioned to face the wall with pillow under her knees." Caregivers documented that the ROC received incontinence care/repositioning 5 times, at 2:12 pm, 7:31 pm, 7:50 pm, 8:33 pm and at 10:13 pm.
- On 5/17/2022, the resident care director documented on the Charting Notes that at 10:01 am, he provided the ROC with wound care. Further, he documented that "Home care notified to start care and order treatment as wound is not progressing with current treatment plan." The ROC received incontinence care/repositioning 8 times, at 1:27 am, at 4:14 am, at 7:08 am, at 10:43 am, at 1:01 pm, at 2:49 pm, at 8:42 pm and at 10:07 pm.
- On 5/18/2022, the resident care director documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care at 10:37 am. The ROC received incontinence care/repositioning 8 times, at 12:42 am, at 3:31 am, at 4:14 am, at 10:43 am, at 1:01 pm, at 2:49 pm, at 8:43 pm and at 10:07 pm.
- On 5/19/2022, the resident care director documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 11:43 am. The resident care director documented that he changed the ROC's dressing and repositioned her a second time after he was notified that the ROC's wound dressing was soiled at 4 pm. The ROC received additional incontinence care/repositioning 7 times, at 12:15 am, at 2:25 am, at 5:46 am, at 2:31 pm, at 5:31 pm, at 6:45 pm and at 9:07 pm.

- On 5/20/2022, wound care was provided for the first time by the home care nurse, in conjunction with the resident care manager. According to the home care nurse's assessment of the pressure sore, the wound was described as being located on the ROC's left buttock, measuring 1.2 centimeters (cm) by 1 cm with scant bloody drainage. The skin surrounding the wound was bruised. The treatment advised by the home care nurse and ordered by the ROC's health care provider was to cleanse with wound cleanser; apply triple antibiotic ointment (TAO); cover with foam dressing; change every 3 days and as needed (if soiled) until healed; and, to apply calmoseptine cream to surrounding excoriated areas on buttocks for skin break down prevention. The ROC received incontinence care/repositioning 7 times, at 12:52 am, at 5:52 am, at 6:20 pm, at 7:30 pm, at 7:31 pm, at 8:59 pm and at 10:12 pm.
- On 5/21/2022, there was no evidence of any wound care provided to the ROC. The ROC received incontinence care/repositioning 4 times, at 12:29 am, at 4:47 am, at 6:41 am, and at 10:41 pm.
- On 5/22/2022, a caregiver documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 11:33 am. The ROC received additional incontinence care/repositioning 3 times, at 1:06 am, at 4:14 am, and at 9:38 pm.
- On 5/23/2022, the resident care director documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 1:01 pm. The ROC received incontinence care/repositioning 5 times, at 1:28 am, at 1:31 am, at 4:55 am, at 6:59 am and at 10:54 pm.
- On 5/24/2022, the resident care director documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 11:57 am. The ROC received incontinence care/repositioning 9 times, at 1:39 am, at 1:41 am, at 7:10 am, at 7:12 am, at 11:57 am, at 3:58 pm, at 5:07 pm, at 7:13 pm and at 11:12 pm.
- On 5/25/2022, the resident care director documented in both the ROC's charting notes and on the Barrier Cream/Wound Change task list documentation that he provided the ROC with wound care at 11:04 am. The ROC received incontinence care/repositioning 6 times, at 12:25 am, at 2:55 am, at 6:15 am, at 11:04 am at 2:57 pm and at 4:58 pm.
- On 5/26/2022, the home care wound nurse made a return visit to the ROC and again provided wound care in conjunction with the resident care director. The home care wound nurse found that the pressure ulcer had gotten larger. The wound on the ROC's left buttock was now 6 cm by 1.5 cm with scant serosanguineous drainage. The home care nurse documented that she "Educated caregiver on getting pt (patient) up for meals and laying back down in bed, repositioning pt from side to side, in between meals. Caregiver verbalized understanding and stated she will pass message along." In addition to the wound care provided at 11:38 am, the ROC received incontinence care/repositioning 7 times, at 12:49 am, at 2:31 am, at 4:05 am, at 7:14 am, at 1:38 pm, at 8:31 pm and at 9:23pm.

- On 5/27/2022, at 12:22 pm, with the home care wound nurse in attendance, the resident care director provided the ROC with wound care. In addition to the wound care provided at 12:22 pm, the ROC received incontinence care/repositioning 6 times, at 1:01 am, at 2:34 am, at 4:40 am, at 7:09 am at 2:22 pm, at 9:03 am.
- On 5/28/2022, a caregiver documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 7 am. The ROC received additional incontinence care/repositioning 3 times, at 5:01 am, at 3:16 pm and at 11:54 pm.
- On 5/29/2022, at 4:10 pm, the ROC received wound care from both the resident care director and a caregiver, as documented in both the ROC's charting notes and on the Barrier Cream/Wound Change task list documentation. The ROC received additional incontinence care/repositioning 3 times, at 2:55 am, at 5:23 am, and at 7:36 am.
- On 5/30/2022, at 9:45 am, in the ROC's charting notes, the resident care director noted the ROC's wound treatment and "notified care staff to get resident up from bed to wheelchair with cushion to relieve pressure from coccyx." The ROC received additional incontinence care/repositioning 3 times, at 1:39 am, at 4:30 am and at 7:45 am.
- On 5/31/2022, at 10:51 am, in the ROC's Barrier Cream/Wound Change task list documentation, the resident care director noted that the ROC had been provided wound care. The ROC received additional incontinence care/repositioning 6 times, at 2:26 am, at 2:20 am, at 4:30 am, at 6:22 am, at 1:24 pm and at 2:25 pm.
- On 6/1/2022, at 8:53 am, the ROC was sent out to a local hospital as her indwelling urinary catheter had come out. There was no documentation of wound care provided to the ROC on this day. The ROC received incontinence care/repositioning 4 times, at 2:15 am, at 4:06 am, at 6:52 am, and at 10:02 pm. The ROC's charting notes did not indicate when the ROC returned to the facility from the hospital.
- On 6/2/2022, the home care wound nurse made a return visit to the ROC to provide wound care and to assess the condition of the wound. The home care wound nurse documented that since her previous visit, the ROC had developed a new area of breakdown on her right buttock. The home care wound nurse described the wound on the left buttock as measuring 6 cm by 2.5 cm, with no drainage noted. The wound had increased in size since the previous visit. The home care wound nurse described the wound on the ROC's right buttock as 2 cm by 1 cm with scant bloody drainage and a bloody wound bed. The treatment advised by the home care nurse and ordered by the ROC's health care provider for the right buttock wound was the same treatment as the one for the left side. The treatment was provided by the home care wound nurse and the resident care director at 12 pm. The resident care director documented "New area was open due to shear and bedridden related to pain." The resident care director further noted "Care givers will continue to reposition every 2 hours and use the draw sheet/bed pad to roll patient instead of arm and thigh." In addition to the wound care and repositioning provided at 12 pm, the ROC received incontinence



care/repositioning 9 times, at 12:49 am, at 2:16 am, at 4:54 am, at 7:12 am, at 11:35 am, at 2:24 pm, at 4:10 pm, at 6:02 pm and at 8:05 pm.

- On 6/3/2022, at 10:07 am, on the ROC's Barrier Cream/Wound Change task list documentation, the resident care director noted that the ROC had been provided wound care. The ROC received additional incontinence care/repositioning 10 times, at 12:57 am, at 2:21 am, at 6:11 am, at 10:07 am, at 10:23 am, at 3:27 pm at 3:32 pm, at 4:32 pm at 7:44 pm and at 10:13 pm.
- On 6/4/2022, a caregiver provided care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 2:57 pm, but the caregiver did not document what type of care was rendered. The ROC received additional incontinence care/repositioning 4 times, at 12:07 am, at 2:05 am, at 4:05 am and at 6:50 am.
- On 6/5/2022, a caregiver documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 9:58 am. The ROC received additional incontinence care/repositioning 8 times, at 12:40 am, at 2:17 am, at 4:46 am at 6:37 am, at 4:29 pm, at 4:36 pm, at 6:39 pm and at 9:33 pm.
- On 6/6/2022, a caregiver documented on the Barrier Cream/Wound Change task list documentation that the ROC was provided wound care and repositioning at 8:38 am. The ROC received additional incontinence care/repositioning 4 times, at 12:34 am, at 4:43 am, at 8:58 pm, and at 9:01 pm.
- On 6/7/2022, as noted on the Barrier Cream/Wound Change task list documentation, the ROC was provided wound care and repositioning by one of the caregivers at 11:04 am and by the resident care director at 4 pm. The ROC received additional incontinence care/repositioning 8 times, at 12:39 am, at 2:40 am, at 4:14 am at 7:17 am, at 3:03 pm, at 4:29 pm, at 8:38 pm, and at 10:32 pm.
- On 6/8/2022, the home care wound nurse made a return visit to the ROC to provide wound care and to assess the condition of the wound. The home care wound nurse documented that since her previous visit, the wound on the ROC's right buttock had "meshed" with the wound on the left buttock. The ROC now had a single wound that measured 6 cm by 4 cm, with a moderate amount of serosanguineous drainage. The wound bed noted with sloughing tissue; the ROC was noted to have "discomfort" when the home care wound nurse completed the dressing change. In the ROC's Charting Notes, the resident care director documented that the home care wound nurse had informed him that the reason the wound was not improving was because the ROC's "long stay in bed...Staff will continue to try and get her up once daily to sit in her wheelchair with gel cushion to redistribute some of the pressure area from coccyx." The ROC received additional incontinence care/repositioning 8 times, at 12:47 am, at 2:03 am, at 4:11 am, at 6:29 am, at 8:35 am, at 12:10 pm, at 2:38 pm and at 10:08 pm.
- On 6/9/2022, at 9:51 am, the resident care director noted that he provided the ROC wound care. Additional incontinence care/repositioning was provided to the ROC only once, at 6:44 am.

- On 6/10/2022, there was no documentation to indicate that the ROC received any wound and incontinence care/repositioning was provided to the ROC only twice, at 4:47 am and again at 7:57 pm.
- On 6/11/2022, a caregiver provided care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 11:07 am, but the caregiver did not document what type of care was rendered. The ROC received additional incontinence care/repositioning 4 times, at 3:46 am, at 6:44 am, and at 1:48 pm.
- On 6/12/2022, a caregiver provided care to the ROC as documented on the Barrier Cream/Wound Change task list documentation at 6 pm, but the caregiver did not document what type of care was rendered. The ROC received additional incontinence care/repositioning 3 times, at 2:12 pm, at 6:37 pm and at 10:44 pm.
- On 6/13/2022, at 10:33 am, the resident care director noted that he provided the ROC wound care. Additional incontinence care/repositioning was provided to the ROC 7 times, at 5:29 am, at 10:31 am, at 2:36 pm, at 4:14 pm, at 6:46 pm, at 7:59 pm and at 11:01 pm.
- On 6/14/2022, at 4 pm, a caregiver documented in the ROC's Charting notes that the ROC was noted to have "a quarter sized skin tear on her left hip. Family saw it and stated she need to be sent out to hospital. Called 911, notified management."

The ROC did not return to the facility.

<b>APPLICABLE RULE</b>	
<b>R 325.1933</b>	<b>Personal care of residents.</b>
	<b>(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.</b>
<b>For Reference: R325.1901</b>	<b>Definitions.</b>
	<b>(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.</b>

<b>ANALYSIS:</b>	When interviewed, the resident care director described measures that should be provided to residents with pressure sores or at risk for pressure sore development; however, there was little evidence that these measures were provided to the ROC. The ROC's move-in date was 5/11/2022, but she was not seen by the home care provider's wound nurse until 5/17/2022. There was no documentation that caregivers applied barrier cream with each episode of incontinence. According to the service plan, the ROC was to be repositioned and checked for bowel incontinence every 2 hours around the clock, but there were multiple days when the ROC went 8 hours or more without a brief check and a change in position. There was no evidence of a pressure relieving mattress or a pressure relieving wheelchair cushion, no documentation for when the ROC was out of bed and no documentation for skin assessments.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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



12/12/2022

Barbara Zabitz  
Licensing Staff

Date

Approved By:



12/06/2022

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

Date