

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 10, 2023

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

> RE: License #: AH500401685 Investigation #: 2022A0585071

> > **Hampton Manor of Clinton**

Dear Mr. 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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,

Brender Howard, Licensing Staff

Junder J. Howard

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 SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH500401685
Investigation #:	2022A0585071
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Complaint Receipt Date:	08/03/2022
Investigation Initiation Date:	08/03/2022
Report Due Date:	10/02/2022
Licensee Name:	Hampton Manor of Clinton, LLC
Licensee Address:	18401 15 Mile Road
Licensee Address.	Clinton Township, MI 48038
Licensee Telephone #:	(734) 673-3130
Authorized Representative/	Shahid Imran
Administrator:	Sharila illinari
Name of Facility:	Hampton Manor of Clinton
Facility Address:	18401 15 Mile Road
,	Clinton Twp., MI 48433
Facility Talankana #	(500) 040 2027
Facility Telephone #:	(586) 649-3027
Original Issuance Date:	10/12/2021
License Status:	REGULAR
Effective Date:	04/12/2022
Expiration Date:	04/11/2023
Canacity:	101
Capacity:	101
Program Type:	AGED
	ALZHEIMERS

II. ALLEGATION(S)

Viol	ati	on	
Establ	isł	neď	?

Resident A fell on the floor, and it was unknown how long she was on the floor.	Yes
Additional Findings	No

III. METHODOLOGY

08/03/2022	Special Investigation Intake 2022A0585071
08/03/2022	Special Investigation Initiated - Letter Emailed referral to Adult Protective Service (APS) regarding the incident.
08/04/2022	Contact - Telephone call made Called complainant for additional information. A message was left to return call.
08/09/2022	Inspection Completed On-site Completed with observation, interview and record review.

ALLEGATION:

Resident A fell on the floor, and it was unknown how long she was on the floor.

INVESTIGATION:

On 8/3/2022, the department received the allegations via the BCHS Online Complaint website.

On 8/3/2022, a referral was made to Adult Protective Services (APS).

On 8/4/2022, I interviewed the complainant by telephone. The complainant stated that Resident A fell at the facility and staff did not know how long she had been on the floor. The complainant stated that Resident sustained an injury during the fall.

On 8/9/2022, an onsite was completed at the facility. During the onsite, administrator Imran Shahid was not at the facility. I interviewed business manager

Naya Virk and receptionist Lauren Morris at the facility. Ms. Virk stated that Resident A likes to sit on the floor. She stated that they can get her up off the floor and she sits back down. She stated that two-hour checks are done for the Resident. Ms. Virk stated that they do not know how long she was there within those two hours.

On 8/9/2022, I interviewed caregiver Christian Louie by telephone. She stated that she was doing her rounds when she found Resident A on the floor. She stated that Resident A did not have any injuries. She stated that they took her vitals and temperature. She stated that the family was also notified.

Service plan for Resident A read, no staff assistance with mobility, use a walker, independent with transferring. The plan shows that Resident A is no risk for falls.

APPLICABLE RU	LE
R 325.1931	Employees; general provisions.
	(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.
R 325.1901	Definitions.
	"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.
ANALYSIS:	The complaint alleges that Resident A was found on the floor, and it was unknown how long she had been on the floor. Interviews with staff reveal that Resident A puts herself on the floor. The service plan was inadequate in providing details of Resident A putting herself on the floor or how often she was monitored. Therefore, the facility did not comply with this rule by not providing details in service plan.
CONCLUSION:	VIOLATION ESTABLISHED

Attempts were made to contact licensee authorized representative Imran Shahid by telephone, but received a voice mail message that my call was forward to an automatic voicemail message.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

Grender J. Howard	02/10/2023
Brender Howard Licensing Staff	Date
Approved By:	
(mohed) maore	02/09/2023
Andrea L. Moore, Manager	Date

Long-Term-Care State Licensing Section