



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 23, 2023

Shahid Imran
Hamburg Investors Holdings LLC
7560 River Rd
Flushing, MI 48433

RE: License #: AL470402157
Investigation #: 2023A1033039
Hampton Manor Of Hamburg 1

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.

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive, flowing style.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

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|---------------------------------------|--|
| License #: | AL470402157 |
| Investigation #: | 2023A1033039 |
| Complaint Receipt Date: | 04/06/2023 |
| Investigation Initiation Date: | 04/07/2023 |
| Report Due Date: | 06/05/2023 |
| Licensee Name: | Hamburg Investors Holdings LLC |
| Licensee Address: | 7244 E M36 Hamburg, MI 48139 |
| Licensee Telephone #: | (313) 645-3595 |
| Administrator: | Shahid Imran, Designee |
| Licensee Designee: | Shahid Imran, Designee |
| Name of Facility: | Hampton Manor Of Hamburg 1 |
| Facility Address: | 7300 Village Center Dr. Whitmore Lake, MI 48189 |
| Facility Telephone #: | (734) 673-3130 |
| Original Issuance Date: | 11/20/2020 |
| License Status: | REGULAR |
| Effective Date: | 05/20/2021 |
| Expiration Date: | 05/19/2023 |
| Capacity: | 20 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Direct care staff are not providing personal care to the residents. | No |
| Direct care staff are not properly administering resident medications. | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 04/06/2023 | Special Investigation Intake 2023A1033039 |
| 04/07/2023 | Contact - Telephone call made Attempt to interview Complainant, voicemail message left. |
| 04/07/2023 | Special Investigation Initiated - Letter Email and status report letter sent to Complainant. |
| 04/17/2023 | Inspection Completed On-site Interviews with Executive Director, Kelly Haddock, Resident Care Coordinator, Amelia Self, Resident B, Resident K, Resident L, direct care staff, Lakenzia Self & Perkita Sanders. Review of 9 resident records initiated. |
| 04/17/2023 | Exit Conference- Completed on-site with licensee designee, Shahid Imran. |
| 04/17/2023 | APS Referral- No referral initiated as no specific resident identified in allegations and no abuse/neglect noted during on-site inspection. |
| 05/03/2023 | Contact - Telephone call made Telephone contact with direct care staff, Amelia Self, requesting resident MARs be emailed to licensing consultant as requested. |

****To maintain the coding consistency of residents across several investigations, the residents in this special investigation are not identified in sequential order.***

ALLEGATION:

Direct care staff are not providing personal care to the residents.

INVESTIGATION:

On 4/6/23 I received an online complaint regarding the Hampton Manor of Hamburg 1, adult foster care facility (the facility). The complaint alleged direct care staff are not providing adequate personal care to the residents. On 4/17/23 I completed an on-site investigation and I interviewed direct care staff/Executive Director, Kelly Haddock. Ms. Haddock reported that the current resident census at the facility is 17 residents and the current staffing ratio consists of a direct care staff member assigned to pass medications and a direct care staff to provide personal care for each shift. Ms. Haddock reported there are separate direct care staff hired to prepare meals in the kitchen. Ms. Haddock reported the practice of the administration is to assess each resident based on their personal care needs, on a scale of 1 – 3, with a 3 rating being the highest level of care. She further reported that the current resident census is comprised mostly of residents who have been assessed to be a level 1 or level 2 on this scale.

During on-site investigation, on 4/17/23, I interviewed direct care staff/Resident Care Coordinator, Amelia Self. Ms. Self stated that part of her job duties is to oversee quality of care, which includes personal care provided to residents and complaints from residents and family members regarding resident care. Ms. Self reported she has not received any complaints from resident family members regarding residents not receiving routine personal care. Ms. Self stated she has received a complaint from Resident B regarding not receiving her scheduled personal care in the past. Ms. Self reported that she does not have any concerns about any of the current direct care staff not providing adequate personal care to residents.

During on-site investigation, on 4/17/23, I interviewed Resident B. Resident B reported that she did not want to be interviewed but would answer one question from this consultant. She was asked whether she was receiving adequate personal care and assistance with her personal hygiene needs from the direct care staff. She answered, “yes” she was receiving adequate personal care from direct care staff. She reported no concerns at the time of this interview.

During on-site investigation, on 4/17/23, I interviewed Resident K. Resident K reported that she had no concerns about the direct care staff at this time. She reported that she is receiving adequate personal care and has zero complaints.

During on-site investigation, on 4/17/23, I interviewed Resident L. Resident L reported that he has zero issues or concerns at the facility. He reported that the direct care staff take about 10-15 minutes to answer his call light, and he has no concerns about the amount of personal care assistance he is receiving at this time.

During on-site investigation, on 4/17/23, I interviewed direct care staff, Lakenzia Self. Lakenzia Self reported she works in the capacity of a direct care staff who provides personal care to residents. She reported the average wait time for resident call lights is about ten minutes. She reported she was not aware of any complaints regarding residents not receiving personal care that they require. She further reported there is a shower log which designates which days each resident will receive their shower and each resident is assigned at least two showers per week.

During on-site investigation, on 4/17/23, I interviewed direct care staff, Perkitia Sanders. Ms. Sanders reported she administers resident medications and provides for resident personal care needs. Ms. Sanders reported she has not received any complaints from resident family members or residents regarding resident personal care needs not being attended to. She further reported that she does not have any concerns about any of the current direct care staff, not providing for resident personal care needs.

During on-site investigation, on 4/17/23 I reviewed the document titled, *Level of Care Rates and Description*. This form identified the three-point scale direct care staff are assessing residents on to determine their personal care needs. On the document the following levels are identified:

- “Level 1: Three well-balanced meals and snacks, services will be provided in dining. Laundry services and weekly housekeeping. Paid Utilities and maintenance services. Daily activities and access to full community amenities. Medications 1 to 4 times daily, monthly vitals, visual checks every 6-8 hours, coordinated care with outside services.
- Level 2: The guest requires the same as Level 1 in addition to the following: blood sugar monitoring and injections. The resident requires one staff member for assistance in transfers/mobility including stand by assistance. Cueing and reminders for daily living such as activities, meals or toileting. Staff assistance with partial incontinence care. Requires stand by or one assistance by or one assistance by staff for bathing up to 2x’s per week. The guest requires one staff member assistance or cueing and reminders for grooming, teeth, or nails.
- Level 3: The guest requires the assistance of 1 & 2 in additional to the following: One to two staff assistance for bathing more than twice weekly. Two staff members requires for transfers members requires for transfers including mechanical lift devices. Requires staff to feed guest. Specialty diet such as supplements for diabetic or renal condition. Requires monitoring of nutritional intake. Full incontinence care requires multiple daily (2-4 times per day). Disruptive behavior and or wandering. Wound care (dressing changes).”

During on-site investigation, on 4/17/23, I reviewed the document titled, *Building 1- Shower Schedule*. On this document, each of the residents who had been assessed as requiring assistance with showering, were listed on the schedule to receive assistance with their shower, at least twice per week.

During on-site investigation, on 4/17/23, I reviewed the resident records of Residents A, B, D, E, I, J, K, L, M, & N. I reviewed each of these residents' current *Resident Care Agreement* forms. The following level of care was noted for these residents:

- Resident A: Level 1
- Resident B: Level 2
- Resident D: Level 1
- Resident E: Level 1
- Resident I: Level 1
- Resident J: Level 2
- Resident K: Level 2
- Resident L: Level 1
- Resident M: Level 1
- Resident N: Level 1

| APPLICABLE RULE | |
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| R 400.15303 | Resident care; licensee responsibilities. |
| | (2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan. |
| ANALYSIS: | Based upon interviews with Ms. Haddock, Ms. Amelia Self, Resident B, Resident K, Resident L, Ms. Lakenzia Self, and Ms. Sanders, as well as review of the Resident Care Agreement forms for 10 current residents, the <i>Level of Care Rates and Description</i> form, and the <i>Building 1-Shower Schedule</i> form, there is not adequate evidence direct care staff are not adequately providing for the personal care needs of the current residents. All three residents interviewed, two of whom had been assessed as a "Level 2" on their <i>Resident Care Agreement</i> form, denied any concerns about not receiving adequate personal care from direct care staff while residing at the facility. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Direct care staff are not properly administering resident medications.

INVESTIGATION:

On 4/6/23 I received an online complaint alleging direct care staff are not administering medications as prescribed to the residents. On 4/17/23 I completed an on-site investigation at the facility. I reviewed the Medication Administration Record (MAR) for the months of March 2023 and April 2023 for Resident B, Resident D, Resident E, Resident I, Resident J, Resident K, and Resident M. The following are findings from this review:

- Resident D's Quinapril Tab 40mg medication was documented as not being administered on the dates, 3/19/23, 3/24/23, 3/25/23, 3/30/23, 3/31/23, 4/1/23 – 4/6/23, with a notation on the MAR, "NOT IN CART".
- Resident I's Caltrate+D Tab 600-800 medication was documented as not being administered on the dates, 3/14/23, 3/17/23 – 3/31/23, 4/1/23 – 4/11/23, and 4/13/23 – 4/19/23, with a notation on the MAR, "NOT IN CART".
- Resident J's Vitamin B-12 Tab 500mcg was documented as not being administered on the dates, 3/1/23 – 3/6/23, 3/9/23 – 3/12/23, with the notation on the MAR, "NOT IN CART".
- Resident J's Antifungal CRE !% medication, prescribed to be administered daily was documented as not being administered on the dates, 3/2/23 – 3/6/23, with the notation on the MAR, "NOT IN CART".

During on-site investigation, on 4/17/23, I interviewed Ms. Amelia Self regarding the allegation and findings from reviewing resident MARs. Ms. Self reported she was not aware of the medications noted not being available for direct care staff to administer to Resident D, I, and J. She reported she was responsible for medication oversight for direct care staff who administer medications. Ms. Self reported she did not have any documentation of efforts made to contact the pharmacy or the medical providers to obtain refills on these missing prescriptions. Ms. Self looked in the electronic charting system for the facility and was not able to find any documentation that efforts were made to obtain refills on these prescriptions.

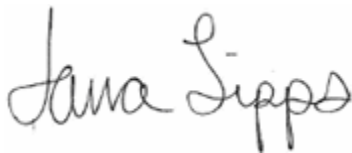
During on-site investigation, on 4/17/23, I interviewed Ms. Sanders. Ms. Sanders reported she does administer medications to residents as part of her job duties. Ms. Sanders reported that when "NOT IN CART" is documented on the resident MAR it means the medication was missing from the medication cart and unable to be administered. She further reported direct care staff who administer medications are to be reordering the medications through the electronic system when a resident is down to seven doses left in their current script. Ms. Sanders reported once a medication is reordered it usually arrives to the facility, fairly quickly. She reported if a medication does not arrive the process is to inform Ms. Amelia Self, and she will contact the pharmacy directly.

During on-site investigation, on 4/17/23, I conducted an exit conference/interview with licensee designee, Shahid Imran. I discussed the findings of the review of the resident MARs. Mr. Imran stated he was not aware of medications that had not been administered due to "NOT IN CART" status. Mr. Imran reported direct care staff will look for further documentation that the medications were attempted to be refilled. Mr. Imran and direct care staff provided no further documentation regarding attempts to refill and obtain new scripts for Residents D, I, and J.

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| APPLICABLE RULE | |
| R 400.15312 | Resident medications. |
| | (2) Medication shall be given, taken, or applied pursuant to label instructions. |
| ANALYSIS: | Based upon review of the resident MARs and findings of medications that were not administered on the MARs for Resident D, Resident I, and Resident J, as well as interviews with Ms. Amelia Self, Ms. Sanders, and Mr. Imran, it can be determined that the direct care staff were not administering resident medications as prescribed. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan, no change to the status of the license recommended at this time.




05/15/23

Jana Lipps
Licensing Consultant

Date

Approved By:



05/23/2023

Dawn N. Timm
Area Manager

Date