



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Shahid Imran
Commerce Comfort Care LLC
4180 Tittabawassee Rd.
Saginaw, MI 48604

June 7, 2023

RE: License #: AH630394418
Investigation #: 2023A1022010
Hampton Manor of Commerce

Dear Shahid 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 authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630394418
Investigation #:	2023A1022010
Complaint Receipt Date:	11/01/2022
Investigation Initiation Date:	11/01/2022
Report Due Date:	01/01/2023
Licensee Name:	Commerce Comfort Care LLC
Licensee Address:	4180 Tittabawassee Rd. Saginaw, MI 48604
Licensee Telephone #:	(989) 607-0001
Administrator/Authorized Rep	Shahid Imran
Name of Facility:	Hampton Manor of Commerce
Facility Address:	100 Decker Rd. Walled Lake, MI 48390
Facility Telephone #:	(989) 607-0001
Original Issuance Date:	01/15/2021
License Status:	REGULAR
Effective Date:	07/16/2022
Expiration Date:	07/15/2023
Capacity:	73
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility was understaffed, and as a result, the Resident of Concern (ROC) did not receive appropriate care.	Yes
The employees who were assigned to administer medication were not trained.	Yes
The ROC, who had a diagnosis of diabetes did not receive food appropriate for her diagnosis.	No

III. METHODOLOGY

11/01/2022	Special Investigation Intake 2023A1022010
11/01/2022	Special Investigation Initiated - Letter Complaint made by APS worker on behalf of her client. Email sent to the worker to arrange for an interview.
11/02/2022	Contact - Telephone call made Spoke with complainant the APS worker
12/07/2022	Inspection Completed On-site
03/24/2023	Contact - Document Received Email exchange with facility
06/07/2023	Exit Conference

ALLEGATION:

The facility was understaffed, and as a result, the Resident of Concern (ROC) did not receive appropriate care.

INVESTIGATION:

On 11/1/2022, the Bureau of Community and Health Systems (BCHS) received a complaint from an Adult Protective Services (APS) case worker that read "There

have been complaints from my client at the facility listed above that the residents are not being cared for properly since the facility has been under new ownership and new management. Caregivers have complained that they are completing job duties that are not included in their job description. The residents are then left without care because the caregivers have to complete other duties that management tells them to complete.” On 11/2/2022, when I interviewed the APS care worker, she clarified that the facility was understaffed. She identified her client, the Resident of Concern (ROC), and alleged she was not receiving showers as she should. The APS worker went on to say that not only were there not enough caregivers, but there were no food service employees to work in the kitchen and caregivers were expected to prepare food for the residents.

On 12/7/2022, during the onsite visit, I interviewed the interim administrator and the interim wellness director. According to the administrator, the new ownership had recently taken the possession of the facility. Prior to this change-over, many of the employees, especially the caregivers, were contingent employees. All contingent employees were “dismissed” when the new ownership took over and replaced with new, permanently hired employees. The administrator went on to say that virtually all the administrative staff quit their positions, mostly “without adequate notice.”

When asked about staffing, the administrator stated that their optimal staffing was 3 caregivers on each 8-hour shift. The administrator explained that their resident census had fallen with the ownership change-over to on 14 total residents. There were 12 residents on the general assisted living unit and only 2 residents on the memory care unit. Review of staffing for the time period 10/23/2022 through 10/29/2022 indicated that the facility fell short of their optimal staffing on 2 shifts: the overnight (11 pm to 7:30 am) shift on Sunday, 10/23/2022 and the morning shift (7am to 3:30 pm) on Saturday, 10/29/2022. Both of these shifts had only 2 caregivers scheduled. When the facility was questioned about the less-than-optimal staffing scheduled for 10/23/2022 and 10/29/2022, the current administrator answered (per email correspondence of 3/24/2023), “We were in compliance with the state guidelines. During that period of time our census was below 15 with no two person assist.”

When asked about food service staffing, the administrator acknowledged that at the time of the ownership change-over, they lost their entire food service staff. The administrator went on to say that one of their caregivers, identified as cook #1, had previous food service experience and volunteered to be a cook. Cook #1 had the assistance of the food service manager for a “sister” facility as well as a recently hired chef who would serve as the food service manager.

At the time of the onsite visit, I visited the ROC in her room. The ROC was alert, oriented and able to make her needs known. When I asked her about her care in the facility, she stated that it was fine and did not indicate that getting assistance from the care staff was a problem.

According to the ROC's service plan, was mainly independent for personal care including toilet use and needed only minimal assistance for bathing/showers. According to the ROC's ADL (activities of daily living) log for October 2022, the ROC was to have a shower during the day shift each Monday and Thursday. The ROC received a shower on 10/3 (Monday); 10/6 (Thursday); 10/10 (Monday); 10/17 (Monday); 10/20 (Thursday); 10/24 (Monday); 10/27 (Thursday); and 10/31 (Monday).

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The facility scheduled less than optimal staffing on the overnight shift on Sunday, 10/23/2022 and the morning shift on Saturday, 10/29/2022. There are no State of Michigan guidelines that address staffing levels in Homes for the Aged.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The employees who were assigned to administer medication were not trained.

INVESTIGATION:

According to the APS case worker, caregivers who were not trained for medication administration were expected to administer medication to residents.

Review of the October 2022 MAR for Resident D revealed that he received medications from caregiver #1, caregiver #2, caregiver #3, and caregiver #4, among others. When the facility was asked to provide evidence that these 4 caregivers had been trained to pass medications, the interim wellness director was only able to provide this documentation for caregiver #1 and caregiver #2. Caregiver #3 no longer worked for the facility.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	There was no evidence that caregiver #3 or caregiver #4 had been trained for administering medications to residents.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The ROC, who had a diagnosis of diabetes did not receive food appropriate for her diagnosis.

INVESTIGATION:

According to the APS case worker, her client, the ROC was a diabetic and was not receiving the proper food for her diet.

At the time of the onsite visit, I interviewed cook #1 in the facility kitchen. When she was asked to explain how the food service staff knew when residents were to be served a special diet, she stated she had a book of Diet Communication Forms. Cook #1 produced the ROC's Diet Communication Form, but there was no mention of ROC having a diagnosis of diabetes or a need for a diabetic diet.

When I spoke with the ROC, she did say that at she sometimes had problems with the foods she was served related to her having Crohn's Disease. She explained that she loved to eat chocolate but eating chocolate gave her "the runs." When the ROC was asked about diabetes, she answered that yes, she had that as well, but it was very mild and that she did not try to follow a diabetic diet at all. The ROC went on to say that she had more issues with food and Crohn's symptoms than she did with diabetes. The ROC acknowledged that she consumed sugar-sweetened foods, some served with her meals, but also additional sweet items bought with her personal funds.

According to the ROC's service plan, her diagnoses included both type 2 diabetes as well as Crohn's disease. Under the service plan category of Special Diet, the service plan noted "No added sugar/diabetic... See chart for dietary forms." The

service plan included the comment “Diet and diabetes well maintained with diet.” Additionally, according to the service plan “Resident manages own health needs.”

APPLICABLE RULE	
R 325.1951	Nutritional need of residents.
	A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.
ANALYSIS:	Although the facility did not serve the ROC the diet specified by her service plan, the ROC was able to make her own health care decisions and chose not to follow a diabetic diet.
CONCLUSION:	VIOLATION NOT ESTABLISHED

I reviewed the findings of this investigation with the authorized representative (AR) on 06/07/2023. When asked if there were any comments or concerns with the investigation, the AR stated that there were none.

IV. RECOMMENDATION

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



06/07/2023

Barbara Zabitz
Licensing Staff

Date

Approved By:



05/18/2023

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

Date