



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 20, 2023

Richard Fritz  
Brighton Comfort Care  
1320 Rickett Road  
Brighton, MI 48116

RE: License #: AH470412880  
Investigation #: 2023A0784084  
Brighton Comfort Care

Dear Richard Fritz:

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. If 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 cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH470412880
<b>Investigation #:</b>	2023A0784084
<b>Complaint Receipt Date:</b>	08/17/2023
<b>Investigation Initiation Date:</b>	08/17/2023
<b>Report Due Date:</b>	10/16/2023
<b>Licensee Name:</b>	Brighton Comfort Care, LLC
<b>Licensee Address:</b>	2635 Lapeer Road Auburn Hills, MI 48326
<b>Licensee Telephone #:</b>	(989) 607-0001
<b>Administrator/Authorized Representative:</b>	Richard Fritz
<b>Name of Facility:</b>	Brighton Comfort Care
<b>Facility Address:</b>	1320 Rickett Road Brighton, MI 48116
<b>Facility Telephone #:</b>	(810) 247-8442
<b>Original Issuance Date:</b>	04/10/2023
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	04/10/2023
<b>Expiration Date:</b>	10/09/2023
<b>Capacity:</b>	93
<b>Program Type:</b>	AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility was short staffed.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

08/17/2023	Special Investigation Intake 2023A0784084
08/17/2023	APS Referral
08/17/2023	Special Investigation Initiated - Letter APS referral
08/17/2023	Contact - Telephone call made Attempted with Hospice Nurse. Message left requesting a return call
08/17/2023	Contact - Telephone call received Received call back from Hospice Nurse. Interview conducted
08/21/2023	Inspection Completed On-site
08/21/2023	Exit Conference Conducted with administrator/AR Richard Fritz

**ALLEGATION:**

**The facility was short staffed.**

**INVESTIGATION:**

Included with the additional intake information provided was a police report indicating that Brighton Police visited the facility on the evening of 7/28/2023 as they had received a call requesting a welfare check. According to the report, Associate 1 reported the facility was short staffed at that time having only two staff members to care for approximately 50 residents. The report further indicated Associate 1 was contacted again that same evening and reported additional staff did come to the building to help out later on during the shift.

On 8/21/2023, I interviewed authorized representative Richard Fritz at the facility. Mr. Fritz stated the facility was short staffed “for a couple of hours” on the evening shift of 7/28/2023 as several staff called off and at least one staff was a “no call, no show”. Mr. Fritz confirmed only two staff were in the building for each of the facilities 44 residents, which includes 34 in assisted living (AL) and 10 in memory care (MC). Mr. Fritz stated he was able to get in contact with employees at a “sister facility” and have them come in to work that evening. Mr. Fritz stated Associates 2 and 3 arrived sometime after 9pm and that the facility was short staffed from approximately 7pm until Associates 2 and 3 arrived.

I reviewed Associate 2 and 3’s time punch data for 7/28/2023, provided by Mr. Fritz. According to the data, Associate 1 started work at 9:25 pm and Associate 2 started work at 9:20pm.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	The complaint alleged that on the evening of 7/28/2023, the facility was short staffed. The investigation revealed that after several apparent staffing issues, the facility ended up being short staffed for approximately two and a half hours with only two staff to care for 34 AL residents and 10 MC residents. Based on the findings, the facility is not compliant with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>
	<b>[Repeat Violation: SI#2023A0784062]</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

I reviewed the facilities schedule for 7/28/2023, provided by Mr. Fritz. The schedule indicated three staff were working during the hours Mr. Fritz admitted only two staff were present. Additionally, the schedule did not reflect the hours worked by Associates 2 and 3 and shown by the time punch data.

<b>APPLICABLE RULE</b>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<b>(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.</b>
<b>ANALYSIS:</b>	Review of the employee schedule for 7/28/2023 revealed that no changes were made to reflect the staff who actually worked that evening. Based on the findings, the facility is not compliant with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

*Aaron L. Clum*

9/20/2023

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Aaron Clum  
Licensing Staff

\_\_\_\_\_  
Date

Approved By:

*Andrea L. Moore*

09/20/2023

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

\_\_\_\_\_  
Date