



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Shahid Imran
Hampton Manor of Madison
1491 E. US-223
Adrian, MI 49221

April 24, 2024

RE: License #: AH460406857
Investigation #: 2024A1011010
Hampton Manor of Madison

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 licensee's authorized representative 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 submit your corrective action plan to usual assigned HFA licensing staff Jessica Rogers.

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 (877) 458-2757.

Sincerely,

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street P.O. Box 30664
Lansing, MI 48909
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH460406857
Investigation #:	2024A1011010
Complaint Receipt Date:	03/19/2024
Investigation Initiation Date:	03/20/2024
Report Due Date:	05/18/2024
Licensee Name:	Hampton Manor of Adrian, LLC
Licensee Address:	7560 River Road Flushing, MI 48433
Licensee Telephone #:	(734) 673-3130
Authorized Representative/ Administrator:	Shahid Imran
Name of Facility:	Hampton Manor of Madison
Facility Address:	1491 E. US-223 Adrian, MI 49221
Facility Telephone #:	(517) 759-7799
Original Issuance Date:	12/10/2021
License Status:	REGULAR
Effective Date:	06/10/2023
Expiration Date:	06/09/2024
Capacity:	120
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility's director babysits grandchildren in facility.	No
The facility's director has a friend, who is a state employee, that informs her when health care surveyors are coming to the facility.	No
The facility director yells at residents during resident consult (sic) meetings.	No
Resident A is being provided services that he does not require.	No
The facility is understaffed.	No
The staff schedule does not accurately reflect who is on duty.	No
The facility does not have food to meet resident preferences.	No
Additional Findings	Yes

III. METHODOLOGY

03/19/2024	Special Investigation Intake 2024A1011010
03/20/2024	Special Investigation Initiated - Letter Obtained resident census from assigned licensing staff Jessica Rogers, who was at the facility on 3/14/2024, for last name of individual identified in the allegations.
03/20/2024	APS Referral APS referral made via email to Centralized Intake Unit.
03/25/2024	Inspection Completed On-site Observations made, records reviewed and interviews conducted.
03/26/2024	Contact - Document Received Employee and resident list rec'd from manager Reggie Parish via email.
03/27/2024	Contact - Document Received

	Reggie Parish submitted a summary printout of call light response times.
03/28/2024	Contact - Document Sent Email back to R. Parish explaining that I need a list of the times that the call lights were pulled and the time of response.
03/28/2024	Contact - Document Received R. Parish provided call light response times.
04/24/2024	Exit Conference – Offered to licensee authorized representative Shahid Imran via email.

ALLEGATION:

The facility’s director babysits grandchildren in facility.

INVESTIGATION:

On 3/19/2024, the allegations arrived via two on-line intakes. The complainant(s) did not provide a name or contact information therefore, additional information could not be obtained. On 3/20/2024, I obtained a resident census to identify the last name of Resident A and then made a referral to adult protective services.

On 3/25/2024, I interviewed Hampton Manor of Madison’s director at the facility. The director explained that she does not babysit grandchildren at the facility. However, the director said, when her daughter worked at the facility, there was a 30-minute overlap between shifts. Her daughter would bring the director’s grandbaby into the facility for that 30 minute period between shift change. Once the previous shift ended, someone else took the baby back home. The director explained that the baby usually spent the time in her office. The director said, occasionally she would take this grandchild out to visit briefly with some residents, who reportedly asked to see the baby. The director said the child never stayed for extended periods of time and the child was not old enough to infringe on residents’ privacy. The director said her daughter no longer works at the facility, so the child no longer comes in.

APPLICABLE RULE	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; . . .
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the

	health facility or agency. . . Patients or residents shall be treated in accordance with the policy.
For reference:	(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following: (d) A patient or resident is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.
ANALYSIS:	The director did have her grandbaby in her office for brief periods of time, and would occasionally take the child to visit residents, who reportedly asked to see the baby. The situation has since changed, and the child no longer comes to the facility. There is no evidence that the baby's visits at the home infringed on the residents' right to privacy.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility's director has a friend, who is a state employee, that informs her when health care surveyors are coming to the facility.

INVESTIGATION:

In my interview, the facility's director said her friend was not a state employee, but rather a judge. The director denied having been informed by her friend when health care surveyors are coming to the facility. Also, the director said her friend is now retired.

APPLICABLE RULE	
MCL333.20155	Visit to health facility or agency; survey and evaluation for purpose of licensure; nursing home surveyor; criminal history check; survey team; composition and membership; waiver; confidentiality of accreditation information; limitation and effect; consultation engineering survey; summary of substantial noncompliance or deficiencies and response; investigations or inspections; prior notice as misdemeanor; periodic reports; access to documents; disclosure; delegation of functions; voluntary inspections; forwarding evidence of violation to licensing agency;

	quarterly meeting; nursing home's survey report; posting; other state and federal law
	(14) The department or a local health department shall conduct investigations or inspections, other than inspections of financial records, of a county medical care facility, home for the aged, nursing home, or hospice residence without prior notice to the health facility or agency. An employee of a state agency charged with investigating or inspecting the health facility or agency or an employee of a local health department who directly or indirectly gives prior notice regarding an investigation or an inspection, other than an inspection of the financial records, to the health facility or agency or to an employee of the health facility or agency, is guilty of a misdemeanor. Consultation visits that are not for the purpose of annual or follow-up inspection or survey may be announced.
ANALYSIS:	There is no evidence that the director has a friend, who is a state employee, and has been informing her when health care surveyors are coming to the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility director yells at residents during resident consult (sic) meetings.

INVESTIGATION:

It is believed that the allegations were intended to address resident “council” meetings. On 3/25/2024, I interviewed six of the 59 residents at the facility. All six affirmed having attended resident council meetings, and all denied that the facility director ever yelled at them.

In my separate interview, the facility’s director denied yelling at the residents. The director said she does speak loudly during the meetings, because some of the residents are hard of hearing.

APPLICABLE RULE	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; . . .
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this

	article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. . . Patients or residents shall be treated in accordance with the policy.
For reference:	(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following: (g) A patient or resident is entitled to exercise his or her rights as a patient or resident and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the health facility or agency staff, to governmental officials, or to another person of his or her choice within or outside the health facility or agency, free from restraint, interference, coercion, discrimination, or reprisal. A patient or resident is entitled to information about the health facility's or agency's policies and procedures for initiation, review, and resolution of patient or resident complaints.
ANALYSIS:	There is no evidence that the director yells at residents during resident council meetings.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is being provided services that he does not require.

INVESTIGATION:

According to the allegations, Resident A was identified only by a first name. Only one resident in the home has this first name, so it is assumed that is the individual identified in the allegation. The allegation is that “[the director] makes caregivers wipe a residents butt just so the place can get paid from him. This resident is so embarrassed by it. His name is [first name]”.

On 3/25/2024, I interviewed Resident A at the facility. Resident A confirmed that staff assist him with toileting including wiping. Resident A said that he appreciates receiving this service because he cannot reach, and he vehemently denied any embarrassment, and reiterated that he needs the assistance.

Separately, the director affirmed that Resident A recently had a change in his service plan to include this assistance with toileting. The director said Resident A

requested this service, as he had trouble cleaning himself and previously received this service from caregivers in his previous residence.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.
ANALYSIS:	Resident A denied the allegations made of him. There is no evidence Resident A is provided services that he does not require.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is understaffed.

INVESTIGATION:

According to the allegations, the residents’ call lights “go off for minutes before someone finally helps them out. The place is so understaffed. Med techs have to do two carts as well”. There were no allegations of residents not receiving adequate and appropriate care.

On 3/25/2024, I observed residents in both the assisted living area and in the memory care area appearing clean, well-groomed, wearing clean clothes, and receiving adequate attention and assistance from staff in a positive manner. During my interviews with various residents at the facility, all affirmed that staff response time to resident call lights was within a reasonable amount of time. At the longest wait, a couple residents said they might have to wait 5 minutes, and maybe up to 10 minutes, but rarely. The rest said response time was less than five minutes.

In my separate interview, the director explained that there are routine problems with staff calling off-duty and she has had to terminate some staff. The director said at times one med tech will have to manage two medication carts and she explained how that is manageable. The director affirmed that all residents receive their medications timely, as expected. The director said she understands the frustration of the current staff, as she herself has had to cover shifts on occasion when staff do not show up for their shifts. The director said she in process of hiring additional staff and she identified a few new staff that she is currently on-boarding. The director

said she makes sure shifts are covered and residents do not lack for care. Unfortunately, when staff do not show for their shifts, it results in more work for the staff on-duty and sometimes staff have to work double-shifts to cover when their co-workers call off duty. However, the director demonstrated that she is actively recruiting replacements.

On 3/28/2024, I received and reviewed a printout of call light response times on two recent weekends. Of the more than 60 call lights each day, only an occasional call had a response time of more than 13 minutes. Most all were under 10 minutes.

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:	There is no evidence to confirm that the home does not have adequate and sufficient staff on duty to meet the needs of the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The staff schedule does not accurately reflect who is on duty.

INVESTIGATION:

According to the allegations, there is never full staff on second staff and the director “lies on the schedule of people who is working. She does that just to make it look like she has a full staff. The weekends are the worst days.”

In my interview, the director explained that she aims for the staff schedule to have 5 to 6 staff on day shift; 5 to 6 staff on afternoon shift; and 3 to 4 staff on midnight shift to address the current census of 59 residents. This is in addition to kitchen staff, maintenance, etc. For examples: on day shift from 7 am to 3:30 pm, there are 3 med techs and 3 caregivers. If any staff call off-duty, then home may have to run as low as 5 total staff, but never lower. On afternoon shift 3 pm to 11:30 pm there are three med techs and two to three caregivers. On midnight shift 11:00 pm to 7:30 am there are one or two med techs and one to two caregivers.

On 3/25/2024, I reviewed several weekend schedules at the facility. The schedules were initially developed with the staffing patterns above. The schedule had been adjusted with changes made to reflect who actually worked and when. The staff who called off-duty were documented, as well as the staff that worked double shifts, and other staff who came in and covered shifts for call-offs were documented.

I then reviewed and compared the time sheets of some of those staff with the documentation on the schedule, and their time sheets accurately matched the staff schedule, negating incidents of inaccurate information on the schedules. The director said the only person missing from staff schedule was her own name when, on occasion, she had to cover certain staff shifts due to call-offs. This information, of adding the director's name would increase staffing to the home, not reduce it. The director said going forward she will ensure her name is added to the schedule, on those occasions when she covers a shift for someone who called off-duty.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(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.
ANALYSIS:	There is no evidence to indicate the staff schedule does not reflect accurate information.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility does not have food to meet resident preferences.

INVESTIGATION:

According to the allegations “The place never has the proper food for the residents. They never have bananas nor yogurt.”

On 3/25/2024, I observed lunch meal served at the facility. The meal items served matched those listed on the menu. The food appeared well prepared and smelled good. I interviewed various residents eating their lunch, and all reported that the food typically matches the menus and affirmed that there is enough food served. A couple residents said they receive too much food. All residents interviewed said if they do not care for the food on the menu, there is a list of alternative food options. Only one resident said that occasionally the facility runs out of bananas and clarified that it doesn't happen often.

On 3/25/2024, I interviewed the facility's new cook at the facility. The cook just started approximately three weeks prior and said she has been revising some of the menus. The cook affirmed that there is sufficient budget for the amount of food to be prepared. The cook said that fruit such as bananas is often on display so residents may have it at any time. The cook said she observed a couple residents take a lot of bananas, so she has learned to order four cases of "extended life" bananas, so she will have plenty for all residents who request them.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(2) A home shall work with residents when feasible to accommodate individual preferences.
ANALYSIS:	There is no evidence to indicate the facility does not have food to accommodate resident food preferences.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/25/2024, while walking the facility's hallway toward the memory care unit, I observed a number of tables in this open hallway. Residents from the memory care were seated at the tables and eating lunch. I observed a couple staff entering and exiting this area, as they walked individual residents back into the memory care unit after their meals. The windows in this hallway are not secured and there was no locked door to prevent residents from exiting this area unsupervised.

The director explained that memory care residents are routinely seated in this unsecured hallway area for meals to provide fresh air from the windows and she said that staff are supposed to supervise at all times. However, I observed staff exit the hallway and enter the memory care unit, leaving the remaining residents unattended for brief periods of time.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection,

	supervision, assistance, and supervised personal care for its residents.
For reference: R325.1901	(1)(p) “Protection” means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident’s service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident’s service plan states that the resident needs continuous supervision.
ANALYSIS:	Residents from the memory care unit are routinely served meals in an unsecured area of the facility and staff are not continuously supervising them in this area. Therefore, the home is not assuring an organized program of protection and supervision.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

When Hampton Manor of Madison was licensed in 2021, a Memory Care Program Statement was submitted for approval. It included the following language:

Specialized programs provide safe and nurturing settings tailored to deal with psychological and physical needs of those who are living with memory loss or cognitive impairment with memory care. Our experienced staff will help residents in a secure environment designed to reduce wandering and a staff who will provide the daily structure the resident needs. Hampton Manor Memory Care will also consider the needs of family and past caregivers of the resident and include them in the daily structure of each resident.

Security Features to ensure resident’s safety include:

- 1. Windows will be equipped with a stopper to ensure openings no more than 3-4 inches.*
- 2. The unit will be completely secured using a keypad for entry and to exit.*
- 3. Training will be completed for all new hires and ongoing quarterly.*

Hampton Manor’s memory facility is for residents who are cognitively confused, who have cognitive impairment with memory issues, and/or who have mild dementia and beginning stages of Alzheimer’s. These residents are beyond independent living and need daily intervention. Increased staff ratios and their special training will allow us

to meet their increased care needs and promote social interaction with family and neighbors.

On 3/25/2024, while observing the residents from the memory care unit seated in the unsecured hallway, I asked the director about the facility's memory care program statement that includes the physical environment and design features appropriate to support the function of patients or residents with Alzheimer's disease or a related condition. The director presented a copy of the facility's current admission contract and "Program Statement – Assisted Living". The director said she did not have a program statement specifically for the memory care. Instead, the director presented a "*Memory Care Addendum to Resident Agreement*" that reads, "*Hampton Manor offers a memory care community in order to ensure the best continuation of care for all our residents. Our memory care is equipped to offer residents who may be suffering from complications of dementia and Alzheimer's disease, a more intimate environment to improve their quality of life. Our memory care community gives to those who need it a more personalized, one-on-one approach to their care. . . . At Hampton Manor we rely on the professional assessment of our clinical coordinator. If the clinical coordinator feels that it is in the best interest of the resident to become part of our memory care community we will provide a written notice to family, no less than 14 days in advance of the move, and schedule a care meeting to discuss the decision. By signing this agreement you are stating your understanding of our memory care as it has been presented here, and you agree to the process that we have set forth in regards to our residents and their continuation of care.*"

This *Memory Care Addendum to Resident Agreement* does not meet the requirements of a written description of services in the memory care unit, as it does not include the following requirements: The process and criteria for placement in or transfer or discharge from the program; The process used for assessment and establishment of a plan of care and its implementation; Staff training and continuing education practices; The physical environment and design features appropriate to support the function of patients or residents with Alzheimer's disease or a related condition; The frequency and types of activities for patients or resident's with Alzheimer's disease or related condition; nor the identification of supplemental fees for services provided to patients or residents with Alzheimer's disease or a related condition.

In addition, the *Memory Care Addendum to Resident Agreement's* statement to transfer a resident into a memory care unit just because a clinical coordinator "feels that it is in the best interest of the resident" is contrary to the resident's right to adequate and appropriate care.

APPLICABLE RULE	
MCL 333.20178	Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.
	<p>(1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care of services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a relation condition. A written description shall include, but not be limited to, all of the following:</p> <p>(a) The overall philosophy and mission reflecting the needs of patients or residents with Alzheimer's disease or a related condition.</p> <p>(b) The process and criteria for placement in or transfer or discharge from a program for patients or residents with Alzheimer's disease or a related condition.</p> <p>(c) The process used for assessment and establishment of a plan of care and its implementation.</p> <p>(d) Staff training and continuing education practices.</p> <p>(e) The physical environment and design features appropriate to support the function of patients or residents with Alzheimer's disease or a related condition.</p> <p>(f) The frequency and types of activities for patients or resident's with Alzheimer's disease or related condition.</p> <p>(g) Identification of supplemental fees for services provided to patients or residents with Alzheimer's disease or a related condition.</p>
ANALYSIS:	The home for the aged represents to the public that it provides a memory care program, but it does not have a written description to meet the requirements of this statute.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

The facility posted a listing food items each day to represent a regular diet menu. At the bottom of the regular diet menu was written, "Mechanical Soft Diet: All meat to be ground in the kitchen, vegetables to be served soft and cut into small pieces, desserts to be soft (puddings, jello, fruit soft pies)". The addition of this sentence does not meet compliance that the home posted the mechanical soft therapeutic diet menu for the current week. This menu did not provide information of the mechanical soft diet that was actually served. For some examples, a mechanical soft diet would not typically serve the following menu items that were listed on these posted menus:

- Potato chips listed on 3/18/20 lunch meal and the 3/27/24 & 4/4/24 dinner meals.
- Bacon listed on 3/22/24 dinner and 4/5/24 breakfast meals.
- Rasp Almond Shortbread on 3/20/24 dinner
- Rice Crispy Treat on 3/27/24 dinner

In addition, the facility's *Diet Communication Forms* revealed residents that are prescribed the therapeutic or special diets of mechanical soft, renal diet, soft and pureed foods, low salt, mechanical soft with ground meats, controlled carbohydrates and low sodium. These therapeutic or special diet menus were not posted at all.

APPLICABLE RULE	
R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served. (2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.
ANALYSIS:	The home did not prepare and post the menus for all the therapeutic or special diets for the current week.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

The facility's *Diet Communication Forms* revealed some residents are prescribed the therapeutic or special diets and there is no indication on these forms that the residents waived their diets. In addition to not posting these therapeutic or special diet menus, the home did not ensure the diets were provided to the residents as ordered:

- Mechanical soft – Resident B
- Renal Diet – Resident C
- Soft foods, may puree as needed, puree all meat – Resident D
- Low salt – Resident E
- Mechanical Soft with ground meats – Resident F and Resident G
- Controlled Carbohydrates, Low Sodium – Resident H
- No diet identified – Resident I

The facility’s cook said she was unaware of all these required diets, as she is “just getting to know the residents”. The cook said she has only been serving what she believes to be a regular and mechanical soft diet. The cook said she has been revising the facility’s menus to have one protein, one carbohydrate, and one vegetable. The cook denied having any specific education in dietary menu development to meet the nutritional needs of the elderly residents but said she worked in other commercial kitchens.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident’s nutritional and hydration needs, shall be provided in accordance with the resident’s service plan unless waived in writing by a resident or a resident’s authorized representative.
ANALYSIS:	The facility is not ensuring medical nutrition therapy, including therapeutic or special diets meeting the residents’ nutrition needs is being provided.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

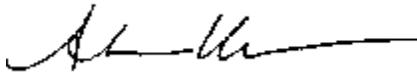
Upon request of the record of the kind and amount of food used for the preceding 3-month period, the cook presented documentation of the individual portion sizes that are served, not the kind and amount of food used. The cook said she was unaware that this was required.

APPLICABLE RULE	
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of

	the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	The home did not maintain a record of the kind and amount of food used for the preceding 3-month period.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



4/02/2024

Andrea Krausmann
Licensing Staff

Date

Approved By:



04/23/2024

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

Date