



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 24, 2024

Shahid Imran
Hampton Manor of Brighton
1320 Rickett Road
Brighton, MI 48116

RE: License #: AH470412880
Investigation #: 2024A1027046
Hampton Manor of Brighton

Dear Licensee:

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.

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) 284-9727.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH470412880
Investigation #:	2024A1027046
Complaint Receipt Date:	04/05/2024
Investigation Initiation Date:	04/08/2024
Report Due Date:	06/04/2024
Licensee Name:	Brighton Comfort Care, LLC
Licensee Address:	2635 Lapeer Road Auburn Hills, MI 48326
Licensee Telephone #:	(989) 607-0001
Authorized Representative/ Administrator:	Shahid Imran
Name of Facility:	Hampton Manor of Brighton
Facility Address:	1320 Rickett Road Brighton, MI 48116
Facility Telephone #:	(810) 247-8442
Original Issuance Date:	04/10/2023
License Status:	REGULAR
Effective Date:	10/10/2023
Expiration Date:	10/09/2024
Capacity:	93
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility was short staffed in February 2024.	Yes
The facility was short staffed.	Yes
Residents call the police for assistance. The facility does not have proper equipment for residents. Employees were working with COVID-19. Employee #4 resided in one of the facility's rooms and lacked a background check.	Yes
Employee #4 was not trained.	Yes
Additional Findings	No

The Department received anonymous allegations dated 2/14/2024 which were combined in this investigation. Due to the anonymous nature of the allegations, I was unable to obtain additional information.

On 4/4/2024, the Department received allegations that read a resident was left on the floor and residents were left soiled in which was investigated in Special Investigation Report (SIR) 2024A1027045. Additionally, in SIR 2024A1027045, the facility was found to be in violation for Rule 325.1931(5) for date 4/2/2024.

III. METHODOLOGY

04/05/2024	Special Investigation Intake 2024A1027046
04/08/2024	Special Investigation Initiated - Letter Email sent to Shahid Imran requesting documentation
04/11/2024	Inspection Completed On-site
04/17/2024	Inspection Completed-BCAL Sub. Compliance
04/24/2024	Exit Conference Conducted by email with Shahid Imran

ALLEGATION:

The facility was short staffed in February 2024.

INVESTIGATION:

On 4/4/2024, the Department received anonymous allegations dated 2/14/2024 which read on Sunday there was one staff in the building, as well as minimal staff on duty on the weekends and evenings.

On 4/11/2024, I conducted an on-site inspection at the facility. I interviewed Employee #1 who stated the facility underwent a change in ownership on March 1, 2024, and as a result, they did not possess the staff schedules for February 2024. Employee #1 stated the previous staff members of the facility remained in their positions.

On 4/12/2024, email correspondence from Employee #5 read consistent with staff interviews.

APPLICABLE RULE	
R 325.1941	Records; general.
	A resident register, resident records, accident records and incident reports, and employee records and work schedules shall be kept in the home and shall be available to the director or the director's authorized representative.
For Reference: R 325.1944	Employee records and work schedules.
	(3) The home shall retain the work schedules for the preceding 3 months.
ANALYSIS:	Staff attestations revealed the facility lacked a February 2024 staff schedule; therefore, was in violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility was short staffed.

INVESTIGATION:

On 4/5/2024, the Department received allegations forwarded from Adult Protective Services (APS) which alleged for the last two months the facility was short staffed. The allegation read there was one staff person on duty for first and second shifts, and no staff on duty for third shift. APS did not open investigation pertaining to the allegations.

On 4/11/2024, I conducted an on-site inspection at the facility. I interviewed Employee #1 who stated the facility underwent a change in ownership on March 1, 2024, and as a result, they did not possess the staff schedules for February 2024. Employee #1 provided a staff schedule from 3/3/2024 through 4/13/2024, as well as a staff list in which she included four staff members recently hired. I reviewed the staff list which read in part there were 23 care staff.

Employee #1 provided a resident roster which read in part there were 38 total residents, 32 in assisted living and six in memory care.

I interviewed Employee #2 who stated the facility had adequate staffing. Employee #2 stated there were four staff members assigned to first and second shifts, and three staff members assigned to third shift. Employee #2 stated one staff member was assigned to memory care in which the staff member could call the assisted living staff for assistance if needed.

Employee #2 stated there were two residents who resided in assisted living and required 2-person assistance and a lift for transfers. Employee #2 stated all memory care residents were one person assist.

I interviewed Employee #3 whose statements were consistent with previous staff interviews. Employee #3 stated the facility was currently hiring more staff and she thought it was good team.

I reviewed the staff schedule from 3/3/2024 through 4/11/2024. The schedules read first shift was 7:00 AM to 3:30 PM, second shift was 3:00 PM to 11:30 PM, and third shift was 11:00 PM to 7:30 AM. The schedule read some staff worked partial shifts or twelve-hour shifts.

The 3/3/2024 through 3/16/2024 schedule read three to four staff members worked first shift. The schedule read two to four staff members worked second shift. The schedule read two to three staff members worked third shift. The schedule read two staff members worked third shift on 3/3/2024, 3/5/2024, 3/6/2024, and 3/8/2024, as well as second shift on 3/14/2024.

The 3/17/2024 through 3/30/2024 schedule read three to five staff members worked first and second shifts, and three to four staff members worked third shift.

The 3/31/2024 through 4/11/2024 schedule read one to five staff members worked first and second shifts, and two to four staff members worked third shift. The schedule read three staff members were on duty for first shift on 4/1/2024; however, two staff members "*left early/sick.*" The schedule read two staff members were on duty for second shift on 4/1/2024; however, one staff member "*left early.*"

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:	Review of the staff schedule revealed there were not always sufficient staff on duty to meet the needs of residents consistent with staff interviews, specifically those shifts with one or two staff members on duty; therefore, this allegation was substantiated.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [For Reference, see Special Investigation Report (SIR): 2024A1027045, CAP due 5/8/2024, 2023A0784084, CAP dated 10/11/2023, 2023A0784062, CAP dated 8/2/2023, Licensing Study Report (LSR) dated 10/4/2023, CAP dated 10/17/2023]

ALLEGATION:

Residents call the police for assistance. The facility does not have proper equipment for residents. Employees were working with COVID-19. Employee #4 resided in one of the facility's rooms and lacked a background check.

INVESTIGATION:

On 4/4/2024, the Department received anonymous allegations which read on Saturday 2/10/2024 residents called the police because they needed help. Due to the anonymous nature of the allegations, I was unable to obtain additional information.

On 4/5/2024, the Department received additional allegations forwarded from Adult Protective Services (APS) which alleged residents did not have proper equipment. The allegations alleged employees worked with COVID-19. Additionally, the allegations read Employee #4 resided in one of the facility's rooms and did not have a background check. APS did not open investigation pertaining to the allegations.

On 4/11/2024, I conducted an on-site inspection at the facility. I interviewed Employee #1 who stated she was not aware of residents of calling the police for assistance.

Employee #1 stated the facility had a COVID-19 outbreak in which both residents and staff members were positive. Employee #1 stated currently there was one resident COVID-19 positive, and no staff. Employee #1 stated staff positive with COVID-19 were sent home to quarantine for five days, and if asymptomatic after five days, could return to work. Employee #1 stated staff could continue to stay quarantined if they were symptomatic.

Employee #1 stated Employee #4 stayed in an unoccupied apartment for a very short period while he was helping the facility with staffing. Employee #1 stated Employee #4 was employed by Hampton Manor and had worked at other facilities.

I interviewed Employee #2 who statements were consistent with Employee #1. Employee #2 stated no residents or staff required hospitalization for COVID-19. Employee #2 stated all residents had their required medical equipment in place which was also in working order.

I interviewed Employee #3 whose statements were consistent with Employees #1 and #2. Employee #3 stated one resident had called the police once due to being confused which was an isolated incident. Employee #3 stated assisted living residents utilized the call pendant system for assistance in which staff responded.

Employee #3 stated it was the employee's discretion on return to work if they felt symptomatic with COVID-19. Additionally, Employee #3 stated the facility maintained sufficient personal protective equipment (PPE) for staff, residents, and visitors during the COVID-19 outbreak.

Employee #3 stated there were two assisted living residents who required lifts for transfers in which were in working order. Employee #3 stated she had no concerns regarding medical equipment for residents.

I interviewed Employee #5 who stated Employee #4 utilized an unoccupied apartment for praying during Ramadan.

I observed assisted living residents utilize the call pendant system and staff respond. I observed two lifts in the assisted living unit which appeared to be in good working order. I observed COVID-19 signage at the front entrance as well PPE available for use.

I reviewed Employee #4's file which read in part he resided in Illinois and his hire date was 5/1/2022. The file read in part his Workforce Background Check was completed 9/8/2021 under Hampton Manor of Hamburg I, an Adult Foster Care (AFC).

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
ANALYSIS:	<p>Staff attestations and observations revealed assisted living residents utilized the call pendant system for assistance.</p> <p>Staff attestations and observations revealed residents had proper medical equipment.</p> <p>Staff attestations revealed there was COVID-19 outbreak; however insufficient evidence to support staff worked while COVID-19 positive.</p> <p>Review of Employee #4's Workforce Background Check revealed it was completed; however, not for the licensed HFA where he was currently worked. Therefore, a violation was substantiated for lack of an organized program to ensure Employee #4's background check was completed for the specific facility in which he worked.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [For Reference, see SIR 2024A1027045, CAP due 5/8/2024, and LSR dated 10/4/2023, CAP dated 10/17/2023]

ALLEGATION:

Employee #4 was not trained.

INVESTIGATION:

On 4/5/2024, the Department received allegations forwarded from Adult Protective Services (APS) which alleged Employee #4 was "*not a qualified caregiver.*"

On 4/11/2024, I conducted an on-site inspection at the facility. I interviewed Employee #1 who stated the facility underwent a change in ownership on March 1, 2024, and Employee #4 assisted the facility with their staffing.

I reviewed Employee #4's file. The file read his hire date was 5/1/2022. The file read he completed medication administration competency checklist and observation on 10/28/2021 at Hampton Manor of Hamburg I, a licensed AFC home. The file read Employee #4 completed the following training Reporting Requirements in AFC on 9/15/2021, Personal Care Protection and Supervision for AFCs on 6/23/2022, Reporting Requirements in AFC Group Homes on 9/15/2021, Safety and Fire Prevention for Family Homes on 9/15/2021, Prevention and Containment of Communicable Diseases on 9/13/2021, Dementia Care Provision on 9/8/2021, and Medication Administration in AFC on 9/13/2021.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
ANALYSIS:	Review of Employee #4's training records revealed he was trained in a licensed AFC home. Therefore, a violation was substantiated for lack of a licensed home for the aged (HFA) home training program specific to the program statement, service plans, and policies where he currently worked.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [For Reference, see LSR dated 10/4/2023, CAP dated 10/17/2023]

IV. RECOMMENDATION

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

Jessica Rogers

04/17/2024

Jessica Rogers
Licensing Staff

Date

Approved By:



04/23/2024

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

Date