



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 28, 2024

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

RE: License #: AH470412880  
Investigation #: 2024A1027055  
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 877-458-2757.

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**

<b>License #:</b>	AH470412880
<b>Investigation #:</b>	2024A1027055
<b>Complaint Receipt Date:</b>	04/25/2024
<b>Investigation Initiation Date:</b>	04/26/2024
<b>Report Due Date:</b>	06/24/2024
<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>Authorized Representative/ Administrator:</b>	Shahid Imran
<b>Name of Facility:</b>	Hampton Manor of Brighton
<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>	REGULAR
<b>Effective Date:</b>	10/10/2023
<b>Expiration Date:</b>	10/09/2024
<b>Capacity:</b>	93
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff lacked background checks.	No
Residents lacked incontinence care.	No
Resident's confidential information was left in public areas.	Yes
Staff leave the building unattended and lacked training.	No
Additional Findings	No

On 4/25/2024, the Department received anonymous allegations through the online complaint system which alleged the facility was short staffed. These allegations were already investigated and substantiated in Special Investigation Report (SIR) 2024A1027046.

## III. METHODOLOGY

04/25/2024	Special Investigation Intake 2024A1027055
04/26/2024	Special Investigation Initiated - Letter Email sent to Shahid Imran requesting documentation
05/09/2024	Inspection Completed On-site
05/15/2024	Inspection Completed-BCAL Sub. Compliance
05/28/2024	Exit Conference Conducted by email with Shahid Imran

### **ALLEGATION:**

**Staff lacked background checks.**

### **INVESTIGATION:**

On 4/25/2024, the Department received anonymous allegations through the online complaint system indicating that a staff member was wearing an ankle monitor, raising concerns about their background check status. Due to the anonymity of the complaint, no further details could be obtained.

On 5/9/2024, I conducted an on-site inspection at the facility. I interviewed Employee #1, who confirmed that Employee #2, despite having undergone a background check, was terminated due to wearing an ankle monitor, and had caused concern among residents' family members.

I reviewed Employee #2's file and his Workforce Background Check dated 4/17/2024 read he was eligible for employment.

While on-site, I randomly audited employee files including those of Employees #3, #4, #5, and #6, all of whom were found to be eligible for employment based on their Workforce Background Checks.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>ANALYSIS:</b>	<p>Interview with Employee #1 revealed it was consistent with the allegations; however, Employee #2 was eligible for employment through the Workforce Background Check Department.</p> <p>Furthermore, a random audit of 25% of employee files revealed their Workforce Background Checks were completed, and they were deemed eligible for hire; therefore, this allegation was not substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Residents lacked incontinence care.**

**INVESTIGATION:**

On 4/25/2024, the Department received anonymous allegations through the online complaint system which read residents were being left in wheelchairs throughout the day without adequate toileting and care. The complaint mentioned an unidentified resident being found soiled and wet multiple times, resulting in skin tears and

irritation. Additionally, the allegations indicated that this resident developed bed sores due to being left in a wheelchair regularly from 6:00 AM to 8:00 PM. Due to the anonymous nature of the complaint, I was unable to obtain specific resident information.

On 5/9/2024, I conducted an on-site inspection at the facility. I interviewed Employee #7 who stated staff rounded together at the beginning of each shift to ensure adequate care was provided to each resident. Employee #7 stated staff conducted rounds every two hours as well as provided incontinence care at that time, and as needed. Employee #7 stated rounding was also conducted before and after all meals. Employee #7 stated there were no residents in the assisted living currently with bed sores, skin tears or irritation. Employee #7 stated if redness was observed on a residents' buttock area, Calmoseptine was applied, and the redness resolved.

I interviewed Employee #8 whose statements were consistent with Employee #7. Employee #8 stated there were six memory care residents and although some had fragile skin, they did not have bed sores, skin tears or irritation. Employee #8 stated shower skin assessments were conducted when staff provided residents with their showers. Employee #8 stated she completed two residents' showers today in which both lacked any skin assessment concerns.

I observed 15 assisted living and five memory care residents who appeared well groomed and dressed in clean clothing.

I reviewed the memory care shower skin assessment binder, as well as an assisted living shower skin assessment binder and did not observe documentation of residents with bed sores, skin tears or irritation.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b>
<b>ANALYSIS:</b>	Review of facility documentation, staff attestations and observations revealed there was insufficient evidence to support residents lacked incontinence care.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident's confidential information was left in public areas.**

**INVESTIGATION:**

On 4/25/2024, the Department received anonymous allegations through the online complaint system which read there were several binders out in the open containing resident and employee private information.

On 5/9/2024, I conducted an on-site inspection at the facility. I observed the memory care area and nurse station, finding no open binders containing private information. However, upon inspecting the nursing stations on each hallway of the assisted living, I discovered one station had an open binder displaying a shower skin assessment dated May 8, 2024, for a specific room, along with details regarding the resident's shower and skin condition.

<b>APPLICABLE RULE</b>	
<b>MCL 333.20201</b>	<b>Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.</b>
	<b>(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: (c) A patient or resident is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the health insurance portability and accountability act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.</b>
<b>ANALYSIS:</b>	Observations of an assisted living nurse station revealed an open binder on the desk publicly displaying a resident's room number with their shower skin assessment; therefore, this allegation was substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **ALLEGATION:**

**Staff leave the building unattended and lacked training.**

## **INVESTIGATION:**

On 4/25/2024, the Department received anonymous allegations through the online complaint system which read the supervisors of afternoon shift were found outside in vehicles smoking with other caregivers for extended amounts of time. The allegations read afternoon staff were out of the building, leaving it unattended.

Additionally, the allegations alleged staff lacked training.

On 5/9/2024, I conducted an on-site inspection at the facility. I interviewed Employee #1 who stated every employee is permitted a 30-minute or two 15-minute breaks for every eight-hour shift. Employee #1 stated employees could leave the facility or sit in their cars on break, if there was another staff member covering for them.

I interviewed Employee #7 who stated staff coordinated their breaks to ensure there was someone always working in the building. Employee #7 stated staff did not take breaks during residents' mealtimes. Employee #7 stated the floating staff person, or the supervisor on duty assisted with covering the memory care while that person went on break. Employee #7 stated she didn't smoke, but thought the policy was to smoke in your car or off the property.

Employee #7 stated all newly hired staff completed an orientation checklist which included 4-5 days of training. Employee #7 stated staff shadowed on the floor and were also checked off on the care they provided.

I interviewed Employee #8 whose statements were consistent with previous staff interviews. Employee #8 stated when she worked memory care, she stayed on the unit and didn't leave the facility.

I reviewed the facility's timeclock/break policy which read consistent with staff interviews. The policy read in part employees were required to take one 30-minute unpaid break for eight-hour shift. The policy read in part you must physically clock out if you the Hampton Manor property during your break. The policy read in part breaks should be taken during resident mealtimes. The policy read in part breaks should be taken between the following times:

9:00 AM – 11:00 AM  
1:00 PM – 2:00 PM  
3:30 PM – 4:30 PM  
6:00 PM – 9:00 PM  
1:00 AM – 5:00 AM

I reviewed the facility's employee handbook which read there was no smoking within the facility and employees who desire to smoke may do so in their vehicle during break times.

I reviewed Employees #3, #4, #5, and #6 files in which read they had signed and dated an orientation check off list acknowledging receipt and review of the employee handbook, as well as fire prevention, life safety, disaster preparedness, accident prevention/incident reporting, Resident's Rights, toxic substances in the workplace, infection control practices, first aid, and Teepa Snow dementia training.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(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:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(d) Resident rights and responsibilities.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Containment of infectious disease and standard precautions.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>
<b>ANALYSIS:</b>	<p>Staff attestations were consistent with the facility's policy and employee handbook.</p> <p>Additionally, random audit of employee files revealed training was consistent with this rule; therefore, this allegation was not substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **IV. RECOMMENDATION**

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

*Jessica Rogers*

05/15/2024

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Jessica Rogers  
Licensing Staff

Date



Approved By:



05/28/2024

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

Date