



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 14, 2024

Shahid Imran
Hampton Manor of Taylor
13750 Pardee Rd
Taylor, MI 48180

RE: License #: AH820410005
Investigation #: 2024A1019070
Hampton Manor of Taylor

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820410005
Investigation #:	2024A1019070
Complaint Receipt Date:	09/09/2024
Investigation Initiation Date:	09/11/2024
Report Due Date:	11/09/2024
Licensee Name:	Hampton Manor of Taylor LLC
Licensee Address:	13750 Pardee Rd Taylor, MI 48180
Licensee Telephone #:	(989) 671-9610
Administrator and Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Taylor
Facility Address:	13750 Pardee Rd Taylor, MI 48180
Facility Telephone #:	(989) 971-9610
Original Issuance Date:	08/03/2023
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	102
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents don't have service plans.	No
Employees don't have TB tests.	No
The facility is insufficiently staffed.	Yes
Narcotic counts are off.	No
The kitchen is dirty and open food is served to residents.	No
There is a constant leak in the ceiling.	No
Additional Findings	No

III. METHODOLOGY

09/09/2024	Special Investigation Intake 2024A1019070
09/11/2024	Special Investigation Initiated - Letter Notified APS of the allegations.
09/11/2024	APS Referral
09/18/2024	Inspection Completed On-site
09/18/2024	Inspection Completed BCAL Sub. Compliance

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Residents don't have service plans.

INVESTIGATION:

On 9/9/24, the department received a complaint alleging that residents either do not have service plans or that the service plans that are in place are not updated. The complaint did not provide names of residents who are missing a service plan or whose plan requires an update.

On 9/18/24, I conducted an onsite inspection. Employee 1 was interviewed at the facility. Employee 1 reported that each resident receives an assessment prior to move in and a service plan is written at that time. Residents are re-evaluated after move in and changes are made to the service plan if needed and annually thereafter. Employee 1 reported that she is unaware of any resident that does not have a service plan or has an outdated plan in place. While onsite, Employee 1 provided licensing staff with a resident roster. I observed 39 residents on the resident and randomly selected six resident files to review. All six files contained service plans that were updated within the past year.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.
ANALYSIS:	Review of resident files revealed current service plans in for the selected residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Employees don't have TB tests.

INVESTIGATION:

The complaint alleged that employees are allowed to work without having completed TB testing. The complaint did not provide names of staff who were allowed to work prior to completing their TB test.

While onsite, I requested an employee roster to include staff name and hire date. Employee 1 produced a list with 34 staff members listed. Licensing staff randomly selected five employee files to review. All five files contained evidence of initial TB testing within the parameters of this administrative rule.

APPLICABLE RULE	
R 325.1923	Employees; general provisions.
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.
ANALYSIS:	Review of employee files revealed evidence of initial TB testing for the selected staff.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is insufficiently staffed.

INVESTIGATION:

The complaint alleged that there are staffing concerns on the 7pm-7am shift. The complaint did not provide examples of insufficient staffing or dates that the facility was understaffed.

Employee 1 reported that at the current census (29 residents in assisted living and 10 residents in memory care) and resident acuity level, there should minimally be four care staff scheduled on second shift, which also includes med passing staff. Employee 1 reported that in addition to the four or five scheduled staff, at times there are additional staff in training that can help in some instances. Employee 1 reported that to combat staffing shortages or unexpected call ins, each shift has assigned mandated staff that are required to stay over into the next shift. Employee 1 reported that management staff are available on call as well and that there is a call list that staff use to obtain coverage whenever needed.

While onsite, I received staff schedules for the previous six weeks. I observed staffing to be below the expressed minimum during second shift on the following dates: 8/1/24, 8/4/24, 8/5/24, 8/8/24, 8/9/24, 8/10/24, 8/11/24, 8/12/24, 8/13/24, 8/14/24, 8/15/24, 8/16/24, 8/17/24, 8/18/24, 8/19/24, 8/20/24, 8/21/24, 8/22/24, 8/23/24, 8/24/24, 8/26/24, 9/1/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/7/24, 9/8/24, 9/9/24, 9/10/24, 9/14/24, 9/15/24, 9/16/24 and 9/17/24.

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:	Reviews of facility schedules revealed that staffing levels were consistently below the totals outlined by management staff throughout August and September 2024.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Narcotic counts are off.

INVESTIGATION:

The complaint alleged that narcotic counts on the medication carts are usually off. The complaint did not provide any additional detail regarding medication counts such as names of residents or specific medications whose counts are inaccurate.

Employee 1 reported that the facility has three medication carts (two in assisted living and one in memory care). Employee 1 reported that narcotics are counted at the end of every shift with two staff signing off that the counts are completed. Employee 1 reported that the counts are documented on a controlled substance record form in a binder located at each med cart and electronically in their medication administration record (MAR) system.

While onsite, I reviewed the previous eight weeks of records in the narcotic count binders for two of the medication carts and reviewed the corresponding electronic records. I observed that in one instance, there was a discrepancy on the controlled substance record form in the binder, however the count in the electronic record was accurate. Employee 1 confirmed that the medication in question was accounted for, and the electronic record was accurate.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
ANALYSIS:	Interviews with facility staff demonstrate an organized procedure for counting narcotics during every shift. Review of facility documentation reveals that narcotics are accounted for.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The kitchen is dirty and open food is served to residents.

INVESTIGATION:

The complaint alleged that the facility kitchen is not clean and that “open food” is served to the residents. No additional information was provided.

While onsite, I conducted an inspection of the facility kitchen during lunchtime meal service. I observed that the kitchen was clean, temperature and dish sanitization

records were complete and items in the walk-in refrigerator and freezer were properly stored with labels and dates notated on prepared items.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
ANALYSIS:	Direct observation of the facility kitchen reveals it was clean and food was being properly stored.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is a constant leak in the ceiling.

INVESTIGATION:

The complaint alleged that the facility has frequent leaks in the ceiling. The complaint did not identify where in the building the leaks are present.

While onsite, Employee 1 reported that she did have knowledge of a small leak in the ceiling outside of the kitchen, adjacent to the assisted living dining room. Employee 1 reported that she did not know specifics of the leak but reported that a company has come out to inspect the area and she believes that the problem has been fixed. Employee 1 took me to the affected area, and I observed several ceiling tiles to have water staining and a moldlike substance present, however no dripping water was seen and the floor directly below the affected area was dry. Following my visit, the licensee submitted photographs showing that the ceiling tiles had been replaced and provided a service invoice from 911 Mechanical Heating, Cooling & Plumbing dated 8/19/24 demonstrating that there was a service call completed. The licensee reported that 911 Mechanical is scheduled to return to the facility on 9/25/24 to install rubber supply runs to enhance the conditioning of the space which is expected to decrease the moisture in the air and prevent any future leaks. In follow up correspondence with the licensee, a service invoice dated 9/25/24 was provided showing 911 Mechanical came back out to the facility, however additional repairs are needed and are scheduled to be completed on 10/9/24.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Evidence of water damage was present on ceiling tiles in the assisted living dining room. However, the licensee demonstrated that the area was serviced, and efforts were made to make repairs in a timely fashion.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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



10/08/2024

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



10/14/2024

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

Date