GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2024

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

RE: License #: AH470412880
Investigation #: 2024A1021091
Hampton Manor of Brighton

Dear Shahid 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 responsible party 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) 284-9730.

Sincerely,
Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH470412880
Investigation #:	2025A1021007
Complaint Receipt Date:	09/27/2024
Investigation Initiation Date:	10/01/2024
Report Due Date:	11/27/2024
Licensee Name:	Brighton Comfort Care, LLC
Licensee Address:	2635 Lapeer Road Auburn Hills, MI 48326
Licensee Telephone #:	(989) 607-0001
Administrator/ Authorized Representative:	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:	10/10/2024
Expiration Date:	07/31/2025
Capacity:	93
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A and Resident B have bruises from night shift grabbing them too hard.	No
Resident C and Resident D sit in their room, covered in urine, with no care provided.	No
Resident C forced to eat in room unsupervised.	No
Additional Findings	Yes

III. METHODOLOGY

09/27/2024	Special Investigation Intake 2024A1021091
09/30/2024	APS Referral referral came from APS
10/01/2024	Special Investigation Initiated - On Site
10/30/2024	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. 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:

Resident A and Resident B have bruises from night shift grabbing them too hard.

INVESTIGATION:

On 09/30/2024, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident A and Resident B have bruises from night shift grabbing them too hard during transfers.

On 10/01/2024, I interviewed Relative B1 at the facility. Relative B1 reported the new owners of the facility are very kind and working to provide good care. Relative B1

reported he now has no concerns about care being provided. Relative B1 reported caregivers transfer Resident B appropriately.

On 10/01/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported Resident A has always yelled out while care is provided. SP1 reported caregivers are very patient and kind while providing care to Resident A. SP1 reported no knowledge of bruises on Resident A or Resident B.

On 10/01/2024, I interviewed SP2 at the facility. SP2 statements were consistent with those made by SP1.

I observed Resident B at the facility. Resident B was sitting in her wheelchair. Resident B appeared to be well taken care of as observed by she had clean clothes on and there were no skin issues.

I observed caregivers providing care to Resident A. While Resident A did yell, it was not in pain or fear. I observed Resident A grab a caregiver to steady herself, and the caregiver was very patient and understanding towards Resident A.

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: R 325.1901	**Definitions.**
	(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:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident C and Resident D sit in their room, covered in urine, with no care provided.

INVESTIGATION:

APS alleged Resident C and Resident D sit in their room, covered in urine, with no care provided.

SP1 reported Resident C participates in activities and is usually out of his room. SP1 reported Resident C enjoys watching athletic games and will watch television in the common area. SP1 reported Resident D prefers to spend majority of the day in her room. SP1 reported caregivers encourage her to come out, but she usually declines. SP1 reported Resident D does have bathroom accidents, but caregivers still provide care to her.

On 10/01/2024, I interviewed SP3 at the facility. SP3 reported Resident D prefers to stay in her room with the door shut. SP3 reported caregivers assist her with dressing and bathing. SP3 reported Resident D is checked on approximately four or five times a day.

On 10/01/2024, I interviewed SP5 at the facility. SP5 reported Resident D keeps having bathroom accidents in her chair and her room does smell like urine. SP5 reported Resident D receives housekeeping services daily. SP5 reported caregivers encourage Resident D to open her door and to leave her room, however, she usually declines.

I observed Resident D in her room. Resident D had clean clothes on and was laying in her bed. Resident D reported caregivers help her with dressing. Resident D reported no concerns with care provided.

I observed Resident C at the facility. Resident C was in the beauty salon waiting to get his hair cut. Resident C did not smell of urine and had clean clothes on.

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:	**Definitions.**

R 325.1901	
	(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:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident C forced to eat in his room unsupervised.

INVESTIGATION:

APS alleged Resident C coughs and is forced to eat in his room alone.

SP2 reported Resident C does cough and at times other residents complain. SP2 reported the residents are told Resident C still has a right to sit at the table and eat his food. SP2 reported Resident C is not forced to sit in his room.

SP3 statements were consistent with those made by SP2.

Resident C's service plan read,

"Resident is able to feed self, staff to cue and encourage resident to meals. Staff to assist resident with feeding during meals."

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:	Interviews conducted revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED.**

ADDITIONAL FINDINGS:

INVESTIGATION:

SP5 reported housekeeping is providing services daily to clean the room due to the amount of bathroom accidents. SP5 reported there is an incontinence pad on the chair because of the urine accidents.

While onsite I observed Resident D's room. The room did smell strongly of urine.

Resident D's service plan read,

"Resident is able to toilet self but may require standby assist with toileting. Resident usually does not want caregivers to assist with toileting. Female staff to check resident for cleanliness at wake up and bedtime."

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Interviews conducted revealed housekeeping was to provide daily services and an incontinence pad was placed on the chair. However, these items were not detailed in the service plan. In addition, checking Resident D at wake and bedtime for incontinence is not reasonable as multiple interviews and observations made revealed Resident D has many incontinence episodes.
CONCLUSION:	**VIOLATION ESTABLISHED.**

IV. RECOMMENDATION

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

10/02/2024

Kimberly Horst Date
Licensing Staff

Approved By:

10/30/2024

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