



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 14, 2024

Shahid Imran
Hampton Manor of Bloomfield Hills LLC
7560 River Road
Flushing, MI 48433

RE: License #: AH630408737
Hampton Manor of Bloomfield Hills

Dear Licensee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630408737
Licensee Name:	Hampton Manor of Bloomfield Hills LLC
Licensee Address:	7560 River Road Flushing, MI 48433
Licensee Telephone #:	(734) 673-3130
Administrator and Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Bloomfield Hills
Facility Address:	2101 S. Opdyke Rd Bloomfield Township, MI 48301
Facility Telephone #:	(989) 971-9610
Original Issuance Date:	05/20/2024
Capacity:	82
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2024

Date of Bureau of Fire Services Inspection if applicable: 04/10/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/14/2024

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A- no corrective action plans have been received to date
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:	
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.
Resident A moved into the facility on 8/20/24. Employee 1 confirmed during the onsite survey that a service plan had not been written for Resident A.	
R 325.1923	Employee's health.
	(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.
Employee 2 did not have her TB screen completed within the timeframe outlined in this rule. Employee 2 was hired on 7/24/24 and TB screen on file was completed on 9/18/23.	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the individual who administered the prescribed medication.

Medication administration records (MAR) were reviewed for the previous six weeks, and the following observations were made:

Resident A missed one or more doses of carbidopa on 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/19/24, 10/26/24, 10/27/24, 10/29/24, 11/1/24, 11/3/24, 11/5/24, 11/6/24, 11/8/24 and 11/9/24. Resident A missed a dose of donepezil on 10/15/24, 10/16/24, 10/17/24, 10/18/24 and 10/19/24. Resident A missed a dose of finasteride on 10/27/24. Resident A missed a dose of glyburide on 10/18/24, 10/19/24, 10/27/24 and 11/4/24. Resident A missed a dose of melatonin on 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/19/24 and 10/26/24. Resident A missed a dose of tamsulosin on 10/15/24, 10/16/24, 10/18/24 and 10/19/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.

Resident A's controlled substance count sheets were also reviewed. Staff documented that Resident A was administered morphine on 11/4/24 and was administered lorazepam on 10/4/24, 11/8/24, 11/10/24 (2x) and 11/11/24, however Resident A's MAR did not reflect these medication administrations.

Additionally, the medication counts on the controlled substance sheets appeared to be inaccurate. For example, on 10/4/24 the count sheets for Resident A's lorazepam, staff documented that Resident A had 11 pills on hand. The count sheet listed that the next administration occurred on 11/8/24 and staff administered the one pill to Resident A, however documented that 8 pills were remaining (the number on hand should have been 10 based on the 10/4/24 administration).

Resident B missed one or more doses of chlorhexidine on 10/1/24, 10/4/24, 10/6/24, 10/7/24, 10/8/24, 10/11/24, 10/13/24, 10/14/24, 10/15/24, 10/18/24, 10/19/24, 10/20/24, 10/21/24, 10/22/24, 10/23/24, 10/24/24, 10/25/24, 10/26/24, 10/27/24, 10/30/24, 10/31/24, 11/1/24, 11/4/24, 11/5/24, 11/6/24, 11/7/24, 11/8/24, 11/10/24 and 11/11/24. Resident B missed a dose of ezetimibe on 10/15/24, 10/16/24, 10/18/24, 10/19/24 and 11/5/24. Resident B missed a dose of fluvoxamine on 10/15/24, 10/16/24, 10/17/24, 10/18/24 and 10/19/24. Resident B missed a dose of gabapentin on 10/15/24, 10/16/24, 10/18/24, 10/19/24, 10/22/24 and 11/8/24. Resident B missed a dose of vitamin D2 on 10/27/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.

Resident B's controlled substance count sheets were also reviewed. Staff documented that Resident B was administered hydrocodone on 10/3/24, 10/6/24, 10/8/24, 10/23/24, 10/25/24, 11/1/24, 11/5/24 and 11/11/24. Resident B's MAR did not reflect the 10/8/24, 11/1/24 and 11/5/24 medication administrations. Resident B's MAR listed that she was administered the medication on 10/16/24, and while the controlled substance sheet indicated that this medication was administered, the columns for the number of pills on hand, the number of pills given to the resident and the number of pills remaining were all blank and staff failed to initial the document for that entry. Resident B's MAR also listed that Resident B was administered the medication on 10/18/24, but the controlled substance sheet does not list that administration.

Additionally, the medication counts on the controlled substance sheets appeared to be inaccurate. For example, on 10/3/24 the count sheets for Resident B's hydrocodone, staff documented that Resident B had 27 pills on hand. Staff documented one pill was administered to the resident on that date which left 26 remaining pills. On 10/6/24, staff documented that 27 pills were on hand (the number on hand should have been 26 based on the 10/3 administration). Staff documented one pill was administered to the resident on that date which left 25 remaining pills. On 10/8/24, staff documented that 27 pills were on hand (the number on hand should have been 25 based on the 10/6 administration). Staff documented one pill was administered to the resident on that date which left 24 remaining pills. On 10/23/24, staff documented again that 27 pills were on hand. Staff documented one pill was administered to the resident on that date which left 26 pills remaining (I cannot determine how many pills should be remaining because staff did not document on the count sheet how many pills were administered to the resident on 10/16). On 11/1/24, staff documented that 3 pills were on hand (the previous number of remaining pills listed on the count sheet was 25). Facility staff provided no explanation as to why the number of pills went from 25 to 3.

Resident C missed one or more doses of CBD gummies on 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/19/24, 10/20/24, 10/21/24, 10/22/24, 10/23/24, 10/24/24, 10/25/24, 10/27/24, 10/29/24, 10/30/24, 11/1/24, 11/2/24, 11/3/24, 11/4/24, 11/6/24, 11/7/24, 11/10/24 and 11/11/24. Resident C missed both doses of lorazepam daily during the entire timeframe reviewed. Resident C missed one or more doses of risperidone on 11/1/24, 11/2/24, 11/3/24, 11/4/24, 11/5/24, 11/6/24, 11/7/24, 11/10/24 and 11/11/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.

R 325.1973	Heating.
	(1) A home shall provide a safe heating system that is designed and maintained to provide a temperature of at least 72 degrees Fahrenheit measured at a level of 3 feet above the floor in rooms used by residents.

Two thermostats located in common areas of the facility (one in a memory care hallway and one in a general assisted living hallway) were set at 71 degrees.	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Thermometers were missing from the refrigerator and freezer located in the memory care kitchen.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Unsecured chemicals and various cleaning agents were observed underneath a sink in the assisted living dining room and in a cabinet in the beauty salon. The cabinets were not locked, nor was the door to the beauty salon. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



11/14/2024

Elizabeth Gregory-Weil
Licensing Consultant

Date