GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 30, 2026

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

RE: License #: AH470412880
Investigation #: 2026A1019020

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 responsible party 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) 335-5985.

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 #:	AH470412880
Investigation #:	2026A1019020
Complaint Receipt Date:	02/24/2026
Investigation Initiation Date:	02/25/2026
Report Due Date:	04/26/2026
Licensee Name:	Hampton Manor of Brighton LLC
Licensee Address:	1320 Rickett Rd Brighton, MI 48116
Administrator and 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:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	93
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed.	Yes
Staff pass medications without being trained.	No
Residents aren't receiving their medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/24/2026	Special Investigation Intake 2026A1019020
02/25/2026	Special Investigation Initiated - Telephone Called complainant to conduct interview; unable to leave a message and will try again at a later date.
03/03/2026	Contact - Telephone call made Phone interview with complainant conducted.
03/05/2026	Inspection Completed On-site
03/05/2026	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: The facility is understaffed.

INVESTIGATION:

The department recently received complaints that the facility is understaffed. The complaints read that short staffing is evidenced by lack of staff on the schedule, excessive call light response times, hoyer lifts being used by one staff instead of two and residents not being bathed.

On 3/5/26, I conducted an onsite inspection. I interviewed Employee 1 at the facility. Employee 1 reported that she now oversees facility scheduling. A resident roster was provided that listed 56 residents (44 in general assisted living and 12 in the memory care unit). Employee 1 reported that there are three residents that need a hoyer lift for transfers that require two staff to assist at all times and there are 49

residents who require some level of assistance with bathing. At the current census and acuity level, Employee 1 reported that there should minimally be six staff, comprised of both care and med passing staff, on first shift, five staff on second shift until 7:00pm and then it goes down to four, and four staff on third shift to operate safely. Employee 1 reported that to combat unexpected staffing shortages such as a no call no show, staff are supposed to notify her directly and she will come in to cover the shift and reports that the facility also uses a staffing agency. Employee 1 reported that there has been a lot of staff turnover lately and that they are actively hiring.

While onsite, I interviewed Employee 2 at the facility. Employee 2 reported there should be five to six staff on first shift, four to five staff on second shift and three to four staff on third shift.

Employee 1 provided a copy of the schedule for the previous two pay periods and also copies of the daily assignment sheets. Employee 1 reported that the assignment sheets were more accurate than the schedules to reflect what care and med passing staff worked each shift. I observed staffing at less than the minimum staffing levels attested to for all or part of the following shifts: 3/4/26 (2nd shift), 3/1/26 (3rd shift), 2/25/26 (1st and 2nd shift), 2/23/26 (1st shift), 2/22/26 (1st shift), 2/21/26 (1st shift), 2/20/26 (2nd shift), 2/15/26 (2nd and 3rd shift), 2/13/26 (all three shifts), 2/11/26 (2nd shift), 2/9/26 (2nd shift) and 2/8/26 (1st shift).

Employee 2 provided call light response data for the previous four-week period. From 2/1/26-2/7/26 there were 418 pedant alerts with an average response time of 4 minutes and 58 seconds. From 2/8/26-2/14/26 there were 413 pendant alerts with an average response time of 6 minutes and 39 seconds. From 2/15/26-2/21/26 there were 409 pendant alerts with an average response time of 5 minutes and 26 seconds. From 2/22/26-2/28/26 there were 375 pendant alerts with an average response time of 6 minutes and 2 seconds.

Regarding improper hoyer use, Employee 1 reported that there should be two staff members to transfer a resident using a hoyer lift. Employee 1 acknowledged that there was a recent incident involving Resident A where a staff member attempted to transfer her without additional staff assistance and the resident sustained a fall. Employee 1 provided an incident report that read "*I was putting [Resident A's apartment #] into her chair from her hoyer the stick to open the legs of the hoyer wasn't working it tipped [Resident A's apartment number] fell into her chair I took hoyer off and placed her on the floor called for [Employee 3] to help me we put her in the chair."* The incident report read that the event occurred on 2/9/26 at 5:10am.

Regarding bathing, Employee 1 reported that all residents are on the shower schedule for twice weekly which was confirmed by reviewing each resident service plan. Employee 1 reported that skin assessment documentation should be completed for bathing activities, including resident refusals. Skin assessment documentation was requested for Residents A, B C, D, E and F for the previous four

weeks. Employee 1 reported that hospice is responsible for completing bathing activities for Residents A and B and that facility staff complete bathing for Residents C, D, E and F. Skin assessments for Residents A and B demonstrate regular bathing by hospice staff. Skin assessments for Resident C demonstrated only 3 showers/baths for the timeframe reviewed. Skin assessments for Resident D demonstrated only 2 showers/baths and one refusal for the timeframe reviewed. Skin assessments for Resident E demonstrated only 1 shower/bath during the timeframe reviewed. No documentation was provided for Resident F, so there wasn't any proof that bathing activities occurred during the timeframe reviewed.

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:	While emergency call pendant response times were below desired timeframes, review of schedules and daily assignment sheets revealed that there were numerous dates and shifts where staffing was consistently below minimum levels described by facility management.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 325.1933	**Personal care of residents.**
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	The facility could not demonstrate weekly bathing activities were completed on Residents C, D, E and F who all require staff assistance with this task.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(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.
ANALYSIS:	The facility could not demonstrate that service planned bathing tasks were completed for Residents C, D, E and F.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Staff pass medications without being trained.

INVESTIGATION:

An anonymous complaint submitted to the department read that Employee 4 passed medication at the facility despite failing the medication test. Employee 1 reported that med passer training consists of several days of job shadowing, a skills demonstration with a supervisor having to observe and sign off, and they must pass a medication exam with a score of 87% or higher. Employee 1 reported that Employee 4 works as both a care giver and a med passer. Employee 1 confirmed that Employee 4 did have to take the medication exam twice and that she was not put on the schedule as a med passer until she passed the examination. Employee 1 provided a copy of Employee 4's "*medication administration competency checklist and observation*" which showed satisfactory completion in all identified areas. Employee 1 also provided a copy of Employee 4's "*medication administration test*" which I observed that she scored an 87.5%.

APPLICABLE RULE	
R 325.1931	**Personal care of residents.**
	(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: **(g) Medication administration, if applicable.**

ANALYSIS:	Training records provided for Employee 4 were consistent with that of what Employee 1 described as necessary for all med passers.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Residents aren't receiving their medications.

INVESTIGATION:

Two complaints were recently submitted that outlined medication related concerns at the facility (one complaint was anonymous and could not be contacted for additional information). Complainant #1 was interviewed by telephone on 3/3/26. She reported that residents are frequently out of medications and mentioned Residents A, C, D, E and G specifically, but indicated that there were others that were affected.

While onsite, I obtained medication administration records for the previous five weeks and the following observations were made:

Resident A is scheduled to receive acetaminophen twice daily. Staff documented she missed her evening dose on 2/7/26 and her morning dose on 2/9/26, citing "med unavailable from pharmacy" as the reason for the missed doses. Despite not having the medication on 2/7/26 and 2/9/26, staff documented she received both doses on 2/8/26. It is unlikely that the medication can be administered in between dates where staff indicated that the medication was not in the building, and the 2/8/26 administrations are considered documentation errors. Resident A is scheduled to receive calprotect ointment 4-6 times per day. Staff documented she missed two doses on 2/11/26, one dose on 2/13/26 and one dose on 2/17/26. Staff documented the reason for the missed doses on 2/11/23 and 2/13/26 as "med unavailable from pharmacy" despite documenting that she received the medication six times between the missed doses on 2/11/26 and 2/13/26. It is unlikely that the medication can be administered in between dates where staff indicated that the medication was not in the building, and the two administrations on 2/11/26 and four administrations on 2/12/26 are considered documentation errors. Staff left the MAR blank on 2/17/26 and didn't identify a reason the medication was not given. Resident A is scheduled to receive polymyxin eye drops three times daily. Staff documented she missed two doses on 2/1/26, two doses on 2/2/26, two doses on 2/3/26, one dose on 2/5/26 and two doses on 2/6/26. Staff documented the reason for the missed doses as "med unavailable from pharmacy" despite documenting that she received the medication once on 2/1/26, once on 2/2/26, once on 2/3/26, three times on 2/4/26 and twice on 2/5/26. It is unlikely that the medication can be administered in between dates where staff indicated that the medication was not in the building, and the administrations on 2/1/26-2/5/26 are considered documentation errors. Resident A is scheduled to receive calmoseptine twice daily. Staff documented she missed the morning dose of

this medication on 2/3/26, 2/4/26, 2/5/26, 2/6/26, 2/7/26, 2/11/26, 2/13/26, 2/14/26, 2/17/26, 2/20/26, 2/25/26, 3/1/26, 3/3/26, 3/4/26 and 3/5/26. Staff documented the reason for the missed doses as “med unavailable from pharmacy” despite documenting that she received the medication intermittently in the morning on 2/8/26, 2/9/26, 2/10/26, 2/12/26, 2/15/26, 2/16/26, 2/18/26, 2/19/26, 2/21/26, 2/22/26, 2/23/26, 2/24/26 and 3/2/26 and documented that she received all evening doses for the entire timeframe reviewed. It is unlikely that the medication can be administered in between dates where staff indicated that the medication was not in the building. Resident A is scheduled to receive fluticasone twice daily. Staff documented she missed one dose on 3/1/26 and 3/3/26 citing “med unavailable from pharmacy” as the reason for the missed doses. Despite not having the medication for one dose on 3/1/26 and 3/3/26, staff documented the medication was administered three times in between the missed doses on 3/1/26 and 3/3/26. It is unlikely that the medication can be administered in between dates where staff indicated that the medication was not in the building.

Similar patterns of blank medication administration records and documenting medications were administered in between dates staff reported the medication to be unavailable were observed throughout most of the records reviewed for Residents C, D, E and G.

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. **(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.**

ANALYSIS:	The facility could not demonstrate that medications were administered as prescribed as evidenced by repeated holes in the medication administration records that lacked staff documentation, presumed documentation errors and not having medications for extended periods of time citing pharmacy issues.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During review of the daily assignment sheets and staff schedules, there were inconsistences in the two documents. Employee 1 acknowledged that the daily assignment sheets were more accurate and that the schedules were not always updated when changes in staffing occurred.

APPLICABLE RULE	
R 325.1944	**Employee records and work schedules.**
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
ANALYSIS:	Schedules provided by the facility were not updated to reflect staffing changes throughout the timeframe reviewed.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

03/13/2026

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

03/30/2026

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