

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 094020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 6/24/2025
NAME OF PROVIDER OR SUPPLIER HAMPTON NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 800 MULHOLLAND RD BAY CITY, MI 48708		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E0000 SS=	Initial Comments On June 24, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Hampton Nursing and Rehabilitation was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000			
K0000 SS=	INITIAL COMMENTS On June 24, 2025, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Hampton Nursing and Rehabilitation was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 482.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code. The facility is a one story building of type II (000) construction built in 1968, with physical therapy addition built in 2008. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 51 certified beds. At the time of the survey the census was 48.	K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/10/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0241 SS= E	<p>Number of Exits - Story and Compartment Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide required numbers of exits per story and compartment as required by NFPA. This deficient practice could affect approximately 10 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On June 24, 2025, at approximately 12:00 PM, observation revealed there is only one exit from the facility basement. NFPA 101, 19.2.4.1 - 19.2.4.4 requires two exits. The basement is occupied by laundry with a linen shoot from the first floor, employee break room, maintenance office, boiler room, storage room, electrical room, and employee bathroom/locker room.</p> <p>These findings were confirmed through interview with the Director of Facilities and Maintenance & Environmental Services Director at the time of observation.</p>	K0241	<p>Element 1 No residents were identified. Residents do not have access to the basement. Staff are aware of the emergency exit.</p> <p>Element 2 All other areas where residents have access to, have required exits.</p> <p>Element 3 The facility administrator has contracted with the LSC Specialist to conduct a Fire Safety Evaluate System (FSES) survey for a waiver request. The FSES will be completed on 7/18/2025 and forwarded to Life Safety for a waiver request.</p> <p>Element 4 Audit will be completed weekly regarding accessible exits on every story. Results will be reviewed with the Administrator and brought to monthly QAPI for review and recommendations. Administrator is responsible for compliance.</p>	7/24/2025
K0351 SS= F	<p>Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic</p>	K0351	<p>Element 1 No residents were identified in this concern. The light fixture in the lobby was moved to accommodate the required distance from the sprinkler head. Completed by 7/24/2025</p>	7/24/2025

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	<p>sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide a sprinkler system installed as required by NFPA. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On June 24, 2025, at approximately 11:32 AM, observation revealed the sprinkler head located in the main lobby near the front egress door is located too close to a light fixture per NFPA 13, 8.3.2.5, Table 8.3.2.5(c). The automatic sprinkler head is within a few inches of the light fixture which would alter the water flow pattern, not providing proper sprinkler protection.</p> <p>These findings were confirmed through interview with the Director of Facilities and Maintenance & Environmental Services Director at the time of observation.</p>		<p>Element 2 An audit of the facility determined that 3 additional light fixtures are located too close to the sprinkler heads. Element 3 Electrician is scheduled to move overhead lights to be completed by 7/24/2025 Element 4 EVS Director or designee will audit sprinkler heads weekly to ensure that they are not blocked and provide proper sprinkler protection. Results will be brought to weekly QA for review and recommendations. EVS Director is responsible for compliance.</p>	