



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 7, 2021

Shahid Imran  
Hampton Manor of Bedford LLC  
7560 River Rd  
Flushing, MI 48433

RE: License #: AH580402179  
Hampton Manor of Bedford  
3099 W Sterns Rd  
Lambertville, MI 48182

Dear Mr. Imran:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH580402179
<b>Licensee Name:</b>	Hampton Manor of Bedford LLC
<b>Licensee Address:</b>	3099 W Sterns Rd Lambertville, MI 48182
<b>Licensee Telephone #:</b>	(989) 971-9610
<b>Authorized Representative:</b>	Shahid Imran
<b>Administrator:</b>	Carol Cancio
<b>Name of Facility:</b>	Hampton Manor of Bedford
<b>Facility Address:</b>	3099 W Sterns Rd Lambertville, MI 48182
<b>Facility Telephone #:</b>	(734) 807-5800
<b>Original Issuance Date:</b>	04/09/2021
<b>Capacity:</b>	114
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/07/2021

Date of Bureau of Fire Services Inspection if applicable: 9/14/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/7/21

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 18

No. of others interviewed [REDACTED] Role No visitors interviewed at this time due to the COVID-19 pandemic.

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding the disaster plan.
- 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
- Number of excluded employees followed up? One N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this homes for the aged.



10/7/21

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Date

Licensing Consultant