



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 30, 2022

Daniela Soave
Hampton Manor of Shelby LLC
51831 Van Dyke Avenue
Shelby Township, MI 48315

RE: License #: AH500399165
Hampton Manor of Shelby
51831 Van Dyke Avenue
Shelby Township, MI 48315

Dear Ms. Soave:

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 "Brender Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-----------------------------------|--|
| License #: | AH500399165 |
| Licensee Name: | Hampton Manor of Shelby LLC |
| Licensee Address: | 51831 Van Dyke Avenue Shelby Township, MI 48315 |
| Licensee Telephone #: | (734) 673-3130 |
| Authorized Representative: | Daniela Soave |
| Administrator: | Zachary Adamski |
| Name of Facility: | Hampton Manor of Shelby |
| Facility Address: | 51831 Van Dyke Avenue Shelby Township, MI 48315 |
| Facility Telephone #: | (586) 333-4940 |
| Original Issuance Date: | 09/27/2019 |
| Capacity: | 77 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/30/2022

Date of Bureau of Fire Services Inspection if applicable: 3/7/2022

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 3/30/2022

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 32
No. of others interviewed 1 Role Resident's family member

- 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. No funds held for the residents.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Interviewed staff on policies and procedures.
- 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: 10/22/21 2022A0585006 1921
- Number of excluded employees followed up? 1 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden L. Howard

3/30/2022

Date

Licensing Consultant