



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 7, 2023

Abdul Aleem  
Hampton Manor of Montrose LLC  
3115 Silverwood Dr.  
Saginaw, MI 48603

RE: License #: AL250414324  
Investigation #: 2023A0871038  
Hampton Manor of Montrose

Dear Mr. Aleem:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 06/07/2023, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (989) 732-8062.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250414324
<b>Investigation #:</b>	2023A0871038
<b>Complaint Receipt Date:</b>	05/08/2023
<b>Investigation Initiation Date:</b>	05/12/2023
<b>Report Due Date:</b>	07/07/2023
<b>Licensee Name:</b>	Hampton Manor of Montrose LLC
<b>Licensee Address:</b>	9415 Vienna Rd. Montrose, MI 48457
<b>Licensee Telephone #:</b>	(810) 350-2600
<b>Administrator:</b>	Rachel Morgan
<b>Licensee Designee:</b>	Abdul Aleem
<b>Name of Facility:</b>	Hampton Manor of Montrose
<b>Facility Address:</b>	9415 Vienna Rd. Montrose, MI 48457
<b>Facility Telephone #:</b>	(810) 350-2600
<b>Original Issuance Date:</b>	12/13/2022
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	12/13/2022
<b>Expiration Date:</b>	06/12/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The food is frequently undercooked and still served because they do not check food temperatures.	No
Residents with special diets given by physicians are not followed.	No
Staff are not certified in CPR, first aide, or blood-borne pathogens.	No
Fire drills and severe weather drills never happen but are recorded that they are.	No
Additional Findings	Yes

## III. METHODOLOGY

05/08/2023	Special Investigation Intake 2023A0871038
05/12/2023	Special Investigation Initiated - On Site Interviewed Administrator Rachel Morgan, Interviewed Residents A-B
05/16/2023	Contact - Document Received Received staff training from Administrator Rachel Morgan
05/30/2023	Inspection Completed On-site Interviewed Administrator Rachel Morgan and Residents C-D
05/30/2023	Exit Conference Face-to-face exit conference with Administrator Rachel Morgan
06/01/2023	Inspection Completed-BCAL Sub. Compliance
06/02/2023	Exit Conference Telephone exit conference with Licensee Abdul Aleem
06/07/2023	Contact – Telephone call Telephone call to Staff Members Patricia Chamberlain and Kathy Licky
06/07/2023	Corrective Action Plan Received

**ALLEGATION:**

The food is frequently undercooked and still served because they do not check food temperatures.

**INVESTIGATION:**

On May 12, 2023, I conducted an unannounced onsite investigation and interviewed Administrator Rachel Morgan. Administrator Morgan indicated a cook was just fired last week because she was causing problems. Administrator Morgan said they do not test the temperature in the food, and it is not a requirement.

On May 12, 2023, I interviewed Residents A-B. Resident A said the food is cooked well and it is good. Resident A said, "I gained weight since being here" and it is always hot when it is served. Resident B said she gets plenty to eat, and it always is the right temperature. Resident B had no complaints about the food that she is served.

On May 30, 2023, I conducted an unannounced onsite investigation and interviewed Residents C-D. Resident C indicated "the food is very good" and it is always hot. Resident C said he is not on a special diet and had no complaints.

Resident D said, "the food is better here than at my home." Resident D stated sometimes it is not hot and she does not like the food.

On May 30, 2023, I observed a meal being cooked. The food appeared hot and steamy. The cook had covers for the plates to keep the food hot. There was pie for dessert.

On May 30, 2023, I also interviewed Administrator Morgan. Administrator Morgan indicated Resident D "is a very picky eater." Administrator Morgan reported that most of the residents in the facility have dementia and would not be able to provide any information. I observed the residents and none of them appeared to be underweight. They all appeared happy and receiving adequate care.

<b>APPLICABLE RULE</b>	
<b>R 400.15402</b>	<b>Food service.</b>
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with appropriate thermometers.

<b>ANALYSIS:</b>	Residents A-C all stated the food was of proper temperature. I observed a meal that was being prepared and the cook had covers for the plates to keep the food hot. There is no evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Residents with special diets given by physicians are not followed.

**INVESTIGATION:**

On May 12, 2023, Administrator Morgan indicated none of the residents are on a special diet. Administrator Morgan stated that one of the residents has a hard time eating meat, so the cooking staff will puree his meat only. Administrator Morgan indicated it is not ordered by a doctor but if the meat is not tender enough for him, staff will puree it.

I observed the residents' *Health Care Appraisals* and none of the residents were prescribed a special diet.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
<b>ANALYSIS:</b>	Administrator Rachel Morgan said none of the residents are on a special diet. I observed the residents' <i>Health Care Appraisals</i> and none of the residents have been prescribed a special diet. There is no evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Staff are not certified in CPR, first aide, or blood-borne pathogens.

**INVESTIGATION:**

On May 16, 2023, Administrator Morgan emailed me copies of staff trainings. It appears that staff have been fully trained.

On June 7, 2023, I interviewed Staff Patricia Chamberlain via telephone. Ms. Chamberlain indicated she was fully trained, and she is also trained in 'ServSafe.' Ms. Chamberlain stated she was trained in a group and was also trained in CPR and First Aide. I also interviewed Staff Kathy Lickly via telephone. Ms. Lickly stated she

is all trained and was also trained in a group. Ms. Lickly stated she goes to training every two years.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training.</b>
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: <ul style="list-style-type: none"> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul>
<b>ANALYSIS:</b>	I received documentation that all staff have been trained for all of the required trainings. Staff Members Patricia Chamberlain and Kathy Lickly both stated they are fully trained. There is no evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Fire drills and severe weather drills never happen but are recorded that they are.

**INVESTIGATION:**

On May 16, 2023, Administrator Morgan emailed me copies of fire drills that have been completed for the past six months. It appears that the facility is conducting fire drills as required by the rule.

On June 7, 2023, I asked Staff Patricia Chamberlain if she participated in conducting fire drills. Ms. Chamberlain said they do fire drills, and the residents are taken outside. I also asked Staff Kathy Lickly if she participated in fire drills, and she reported that she also has participated in conducting fire drills. Ms. Lickly said, “all of the residents are taken outside when we do fire drills.”

<b>APPLICABLE RULE</b>	
<b>R 400.15318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
<b>ANALYSIS:</b>	Administrator Rachel Morgan provided documentation of fire drills and they have been conducted as required. Staff Members Patricia Chamberlain and Kathy Lickly both said they have conducted fire drills. There is no evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On May 12 and May 30, 2023, a menu was not posted for the following week. The cook indicated she prepares them for the week of the meals and not a week in advance.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
<b>ANALYSIS:</b>	A menu was not posted for the following week as required by this rule. I confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On June 2, 2023, I conducted a telephone exit conference with Licensee Abdul Aleem. He was advised that a menu for the following week must be posted in advance.

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend the status of this adult foster care large group home remain unchanged (capacity 1-20).

*Kathryn A. Huber*

06/07/2023

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Mary E. Holton*

06/07/2023

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Mary E. Holton  
Area Manager

Date