



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2025

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

RE: License #: AH820402181
Investigation #: 2025A0784034
Hampton Manor of Woodhaven

Dear Shahid Imran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820402181
Investigation #:	2025A0784034
Complaint Receipt Date:	02/19/2025
Investigation Initiation Date:	02/20/2025
Report Due Date:	04/20/2025
Licensee Name:	Hampton Manor of Woodhaven LLC
Licensee Address:	22125 Van Horn Woodhaven, MI 48183
Licensee Telephone #:	(734) 673-3130
Administrator/Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Woodhaven
Facility Address:	22125 Van Horn Woodhaven, MI 48183
Facility Telephone #:	(734) 673-3130
Original Issuance Date:	06/25/2021
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	113
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents do not have service plans.	No
Additional Findings	Yes

III. METHODOLOGY

02/19/2025	Special Investigation Intake 2025A0784034
02/20/2025	Special Investigation Initiated - On Site
02/20/2025	Inspection Completed On-site
02/20/2025	Exit Conference Conducted with staff 1

ALLEGATION:

Residents do not have service plans.

INVESTIGATION:

On 2/19/2025, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained.

According to the complaint, the facility does not maintain service plans for residents, so staff do not know the specific care needs of residents. No resident names were provided in relation to this complaint.

On 2/20/2025, I interviewed staff 1, a supervisor, at the facility. Staff 2, also a supervisor, was present during the interview. Staff 1 and 2 stated they were unaware of any issues related to residents not having service plans. Staff 1 stated the facility uses a computer system called *Point Click Care* (PCC) to create and store resident service plans. Staff 1 stated the service Staff 1 stated staff access the service plans in the system regularly in order to review resident care needs. Staff 1 stated residents also have corresponding activities of daily living (ADL) logs that are stored in the facilities system which specify the care needed by each resident in conjunction with the service plans.

During the onsite, staff 1 provided a copy of the resident census from which I requested service plans for randomly selected Residents A through K. Per request,

staff 2 produced completed service plans for each of these residents. Staff 1 also accessed the PCC system from a facility computer in which we were able to access the ADL logs as described by staff 1.

On 2/20/2025, I interviewed staff 3, a caretaker, at the facility. Staff 3 provided statements consistent with those of staff 1 regarding service plans and ADLs in the facility system. Staff 3 stated she was “fairly new” to working at the facility and had been out of training for approximately two weeks. Staff 3 stated staff also get updated information for residents during shift change from staff working the previous shifts. During the onsite, I requested that staff 3 show me she was able to access the computer system for the service plan and ADL information which she did.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.
ANALYSIS:	The complaint alleged staff lacked necessary service plan information required for resident care. The investigation did not find evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

Upon review of service plans, several of the plans had a review date or “effective date” older than one year. Service plans for Resident A, B, C, G and J were dated 12/18/2023, 12/20/2023, 12/13/2023, 12/21/2023 and 2/01/2024 Respectively.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

ANALYSIS:	The investigation revealed that of the service plans reviewed, Residents A, B, C, G and J had not been updated in over a year. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.



2/21/2025

Aaron Clum
Licensing Staff

Date

Approved By:



02/24/2025

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

Date