

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 11, 2025

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

| RE: License #: | AL250414324               |
|----------------|---------------------------|
|                | Hampton Manor of Montrose |
|                | 9415 Vienna Rd.           |
|                | Montrose, MI 48457        |

Dear Abdul Aleem:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

Dusan Hutchinson

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (989) 293-5222

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

## I. IDENTIFYING INFORMATION

| License #:                  | AL250414324                   |
|-----------------------------|-------------------------------|
|                             |                               |
| Licensee Name:              | Hampton Manor of Montrose LLC |
|                             |                               |
| Licensee Address:           | 9415 Vienna Rd.               |
|                             | Montrose, MI 48457            |
|                             |                               |
| Licensee Telephone #:       | (810) 350-2600                |
|                             |                               |
| Licensee/Licensee Designee: | Abdul Aleem                   |
| Administrator:              | Rachel Morgan                 |
|                             |                               |
| Name of Facility:           | Hampton Manor of Montrose     |
|                             |                               |
| Facility Address:           | 9415 Vienna Rd.               |
| -                           | Montrose, MI 48457            |
|                             |                               |
| Facility Telephone #:       | (810) 350-2600                |
|                             |                               |
| Original Issuance Date:     | 12/13/2022                    |
| O and a site of             | 00                            |
| Capacity:                   | 20                            |
| Program Type:               | PHYSICALLY HANDICAPPED        |
| riogiaili iype.             | AGED                          |
|                             | ALZHEIMERS                    |
|                             |                               |
|                             |                               |

# **II. METHODS OF INSPECTION**

| Date of On-site Inspection(s):   | 03/27/2025                         |  |  |
|--|------------------------------------|--|--|
| Date of Bureau of Fire Services Inspection if applicable: 09/27/2024   |                                    |  |  |
| Date of Health Authority Inspection if applicable:   | 03/27/2025                         |  |  |
| No. of staff interviewed and/or observed<br>No. of residents interviewed and/or observed<br>No. of others interviewed 0 Role: N/A  | 4<br>10                            |  |  |
| <ul> <li>Medication pass / simulated pass observed? Yes X No I If no, explain.</li> </ul>  |                                    |  |  |
| <ul> <li>Medication(s) and medication record(s) reviewed? Yes X No I If no, explain.</li> </ul>  |                                    |  |  |
| <ul> <li>Resident funds and associated documents reviewed for at least one resident?<br/>Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>      |                                    |  |  |
| ● Fire drills reviewed? Yes ⊠ No □ If no, e  | explain.                           |  |  |
| Fire safety equipment and practices observe  | ed? Yes 🛛 No 🗌 If no, explain.     |  |  |
| E-scores reviewed? (Special Certification Only) Yes 🗌 No 🗌 N/A 🔀<br>If no, explain.<br>Water temperatures checked? Yes 🔀 No 🗌 If no, explain.  |                                    |  |  |
| <ul> <li>Incident report follow-up? Yes ⊠ No □ If</li> </ul>   | no, explain.                       |  |  |
| <ul> <li>Corrective action plan compliance verified?<br/>04/03/23: R 400.15105(1), R 400.15401(2),<br/>R 400.15313(4), 10/30/24: R 400.15305(3)</li> <li>Number of excluded employees followed-up</li> </ul> | R 400.15312(1), 06/07/23:<br>N/A 🗌 |  |  |

• Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

| This facility was found to be in non-compliance with the following rules:                  |  |  |
|--|--|--|
| R 400.15401  | 400.15401 Environmental health.  |  |
|  | (2) Hot and cold running water that is under pressure shall<br>be provided. A licensee shall maintain the hot water<br>temperature for a resident's use at a range of 105 degrees<br>Fahrenheit to 120 degrees Fahrenheit at the faucet. |  |
| At the time of my inspection, I noted the following hot water temperatures:                |  |  |
| <ul> <li>Kitchen 135 degrees Fahrenheit</li> </ul>   |  |  |
| <ul> <li>Bedroom 96 degrees Fahrenheit</li> </ul>  |  |  |
| Bedroom 113 degrees Fahrenheit   |  |  |
| The hot water temperature must remain at a range of 105 degrees to 120 degrees Fahrenheit. |  |  |
| REPEAT VIOLATION ESTABLISHED:<br>Ref. Renewal LSR dated 03/30/23, CAP dated 04/03/23       |  |  |

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Dusan Hutchinson

April 11, 2025

| Susan Hutchinson     | Date |
|----------------------|------|
| Licensing Consultant |      |