



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2025

Shahid Imran
Hampton Manor of Burton
2105 Center Rd
Burton, MI 48519

RE: License #: AH250410173
Investigation #: 2025A0784056
Hampton Manor of Burton

Dear Shahid Imran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations 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) 335-5985.

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 #:	AH250410173
Investigation #:	2025A0784056
Complaint Receipt Date:	06/04/2025
Investigation Initiation Date:	06/05/2025
Report Due Date:	08/03/2025
Licensee Name:	Hampton Manor of Burton LLC
Licensee Address:	2105 South Center Rd. Burton, MI 48519
Licensee Telephone #:	(989) 971-9610
Administrator/Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Burton
Facility Address:	2105 Center Rd Burton, MI 48519
Facility Telephone #:	(810) 553-3355
Original Issuance Date:	05/18/2023
License Status:	REGULAR
Effective Date:	11/18/2024
Expiration Date:	07/31/2025
Capacity:	102
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Medications were not properly stored or disposed of.	Yes
Additional Findings	No

III. METHODOLOGY

06/04/2025	Special Investigation Intake 2025A0784056
06/05/2025	Special Investigation Initiated - On Site
06/05/2025	Inspection Completed On-site
06/05/2025	Exit Conference Conducted with staff 1

ALLEGATION:

Medications were not properly stored or disposed of

INVESTIGATION:

On 6/04/2025, the department received this online complaint.

According to the complaint, staff 1, a supervisor, stores expired medications, including morphine, in her office. There are also expired medications in the cart at medication station three.

On 6/05/2025, I conducted an onsite visit at the facility. Upon inspection of a floor cabinet in the office of staff 1, I observed a box with several bags of morphine syringes. Staff 1 stated these medications were for residents who were on hospice and passed away. Staff 1 stated some of the medications were for residents who had passed several weeks prior. Further inspection revealed several non-narcotic medications, still within the original bubble packing, were also being stored in the office with many of the medications having been expired for several weeks to months.

On 6/05/2025, I interviewed staff 1 at the facility. Staff 1 stated that when medications are no longer needed, they are either taken back to the pharmacy on the next pharmacy pick up day or destroyed. Staff 1 acknowledged that the

medications stored in the office were no longer needed as the residents they were prescribed either moved from the facility or had passed away. Staff 1 stated she believed it was ok to have the medications in the office as long as they were secured in there. This writer has been onsite at this building several times in the past several months and observed the door to this office to be open with no one around to ensure the medications were secured.

During the onsite, I inspected the medication cart located at the facilities med station three in the assisted living. Upon inspection, several expired medications were still being stored in the cart.

I reviewed the facilities *Destruction of Medications* Procedure policy provided by staff 1. The policy read, in part, “when a resident is discharged or expires, or when a medication is discontinued, remove the medications from the medication storage area(s). This includes storage cupboards, medication carts, and refrigerators. If the medication being removed is in a multi-dose packet or zip-lock baggie these medications should be placed into the pharmacy tote and sent to the pharmacy with the pharmacy driver on the next regularly scheduled delivery”.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
R 325.1932	Resident medications.
	(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.
ANALYSIS:	The complaint alleged medications are not properly stored. The investigation revealed that several medications had not been properly stored or discarded. Additionally, several medications were stored in an office which were not secured. Based on the findings, the facility is not in compliance with these rules.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan. It is recommended that the status of the license remains unchanged.



7/15/2025

Aaron Clum
Licensing Staff

Date

Approved By:



07/21/2025

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

Date