GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 2, 2025

Shahid Imran
Hamburg Investors Holdings LLC
7560 River Rd
Flushing, MI 48433

RE: License #: AL470402182
Investigation #: 2025A0466040
Hampton Manor Of Hamburg 3

Dear Mr. 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (517) 335-5985.

Sincerely,

Julie Elkins

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AL470402182 |
| | |
| **Investigation #:** | 2025A0466040 |
| | |
| **Complaint Receipt Date:** | 06/03/2025 |
| | |
| **Investigation Initiation Date:** | 06/03/2025 |
| | |
| **Report Due Date:** | 08/02/2025 |
| | |
| **Licensee Name:** | Hamburg Investors Holdings LLC |
| | |
| **Licensee Address:** | 7244 E M36<br>Hamburg, MI 48139 |
| | |
| **Licensee Telephone #:** | (313) 645-3595 |
| | |
| **Administrator:** | Shahid Imran |
| | |
| **Licensee Designee:** | Shahid Imran |
| | |
| **Name of Facility:** | Hampton Manor Of Hamburg 3 |
| | |
| **Facility Address:** | 7300 Village Center Dr.<br>Whitmore Lake, MI 48189 |
| | |
| **Facility Telephone #:** | (734) 673-3130 |
| | |
| **Original Issuance Date:** | 04/12/2021 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 10/12/2023 |
| | |
| **Expiration Date:** | 10/11/2025 |
| | |
| **Capacity:** | 18 |
| | |
| **Program Type:** | AGED<br>ALZHEIMERS |

## II. ALLEGATION:

| | **Violation Established**? |
|---|---|
| Resident A requires assistance from two direct care workers and the facility only has one direct care worker during the night shift. | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 06/03/2025 | Special Investigation Intake 2025A0466040. |
| 06/03/2025 | Special Investigation Initiated – Telephone call to Complainant interviewed. |
| 06/17/2025 | Inspection Completed On-site. |
| 08/29/2025 | APS Referral not required as no allegation of abuse or neglect. |
| 08/28/2025 | Exit Conference with licensee designee Shahid Imran. |

**ALLEGATION: Resident A requires assistance from two direct care workers and the facility only has one direct care worker during the night shift.**

**INVESTIGATION:**
On 06/03/2025, Complainant reported that the facility is chronically understaffed, and management consistently fails to provide support during critical shortages. Complainant reported that when staff raise concerns about being overworked or experiencing burnout, they are frequently ignored or, in some cases, terminated for speaking up. Complainant reported that this culture of fear and retaliation prevents necessary issues from being addressed. Complainant reported that the administrator routinely walks the building to monitor staff and assigns housekeeping tasks during downtime, including dusting and vacuuming, despite staff already being overextended with care responsibilities. Complainant reported that staff are underpaid, underappreciated, and forced to take on additional responsibilities when others fail to perform their duties with no compensation or acknowledgment. Complainant reported that repeated concerns brought to management about unfair workloads and inadequate staff performance are dismissed or ignored. Complainant reported that the current working conditions are unsustainable and directly affect both the quality of resident care and staff well-being.

On 06/03/2025, I interviewed Complainant who reported that Resident A requires assistance from two direct care workers (DCWs) to transfer and there is only one DCW during the night shift.

On 06/17/2025, I conducted an unannounced investigation and I reviewed the *building census* provided by executive director Altaf Veryamani who confirmed that the facility has 12 residents.

I interviewed Caren Reyes, Residential Care Manager/Scheduler who reported that the facility operates with several different shifts: 7am-7pm, 7am-3:30pm, 7am-5:30p, 7am-3pm, 3pm-11pm and 7pm-7am or 11pm-7am. Ms. Reyes reported that it is difficult to hire staff and sometimes she has to schedule the DCW for the hours that they are willing to work even if it does not fall within the "ideal" staffing shifts. Ms. Reyes reported there are four individually licensed facilities that are all connected and at night each building has one DCW that is trained in medication administration assigned to each facility. Ms. Reyes reported that there is a fifth DCW on the schedule working as a "float" to assist all DCWs on duty as needed to meet the needs of the residents that require two-person assistance. Ms. Reyes reported that sometimes she documents the "float" on the lines in-between facilities on the list or the "float" is the second DCW on duty in Hampton Manor of Hamburg #3. Ms. Reyes reported that the DCWs have complained to her that there are not enough DCWs each shift however she reported that administration "follows the state requirements as much as possible" regarding ratios. Ms. Reyes reported that Resident A does require the assistance of two DCWs to be transferred.

I reviewed Resident A's *Assessment* which was dated 03/16/2025. This document is signed by facility nurse Julie Toering and in the "comment" section it states, *"Is on compassionate hospice service. Staff need to watch [Resident A] carefully. He is on a full blended diet and wife thinks he can be on a regular diet. He cannot remember to swallow and holds the food in his mouth. All meds need to be crushed. He is a two-person transfer, unable to ambulate safely."*

I reviewed Resident A's *Health Care Appraisal* dated 04/05/2025 which documented that he weights 179 pounds. It documented in the "diagnosis" section of the report it stated, "cardiovascular disease (CVD), heart failure, dementia, chronic kidney disease (CKD) stage 1, anxiety and Parkinsons disease." In the "mobility" section it documented the use of a "wheelchair." Additionally, it noted, "pureed diet, thick liquids, under hospice care as of 9/27/2024." In the mental/physical status" section of the report it documented "confused."

I reviewed the Hampton Manor Shift assignments or staff schedule dated 4/28/2025 through 6/17/2025. Based on the documentation, I did not find any time during waking hours when there was only one DCW working rather there were two direct care staff working during waking hours. Per the staff schedule, I noted that on 04/28/2025, 05/01/2025, 05/22/2025, 05/25/2025, 06/09/2025, 06/14/2025, 06/15/2025, two DCWs were not documented as working during sleeping hours.

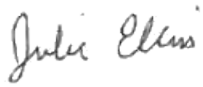
Resident A's record verified that he was admitted to the facility during the time frame reviewed. Resident A's *Assessment Plan* was dated 03/16/2025 and the census

report documented that he was living in Hampton Manor #3 at the time of investigation.

| APPLICABLE RULE | |
|---|---|
| **R 400.15206** | **Staffing requirements.** |
| | **(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.**<br>**(2) (A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.** |
| **ANALYSIS:** | Resident A's *Assessment Plan* documented that he "is a two-person transfer, unable to ambulate safely." Ms. Reyes reported that Resident A requires two direct care workers to assist with transferring. Ms. Reyes also reported that she does the staff schedule and there is a "float" direct care worker scheduled to assist all direct care workers in all of the buildings as needed to meet the needs of the residents that require two-person assistance. Because a "float" direct care worker cannot be in every facility at the same time, the float direct care worker cannot be counted into the staffing ratio.<br><br>I reviewed the *Hampton Manor Shift Assignments* or staff schedules from 4/28/2025 through 6/16/2025 and found multiple dates (04/28/2025, 05/01/2025, 05/22/2025, 05/25/2025, 06/09/2025, 06/14/2025, 06/15/2025) when there was only one direct care worker scheduled during nighttime hours. Consequently, residents, like Resident A, requiring the assistance of two direct care workers did not have that assistance available. Additionally, Ms. Reyes reported that sometimes she documents the float direct care worker as the second direct care worker in Hampton Manor of Hamburg #3, therefore there may have been additional dates and times when Resident A's needs were not met as the second DCW may have been working in another licensed facility on the same property. Based on this information a violation has been established. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in license status.



08/28/2025

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Julie Elkins Date
Licensing Consultant

Approved By:

08/29/2025

_____

Dawn N. Timm Date
Area Manager