GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

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

RE: License #: AH580402179
Hampton Manor of Bedford
3099 W Sterns Rd
Lambertville, MI 48182

Dear Licensee:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at 877-458-2757.

Sincerely,

Jessica Rogers

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH580402179
Licensee Name:	Hampton Manor of Bedford LLC
Licensee Address:	3099 W Sterns Rd Lambertville, MI 48182
Licensee Telephone #:	(989) 971-9610
Authorized Representative/ Administrator:	Shahid Imran
Name of Facility:	Hampton Manor of Bedford
Facility Address:	3099 W Sterns Rd Lambertville, MI 48182
Facility Telephone #:	(734) 807-5800
Original Issuance Date:	04/09/2021
Capacity:	114
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2026

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☐ Worksheet ☒ Combination

Date of Exit Conference: 05/14/2026

No. of staff interviewed and/or observed 10
No. of residents interviewed and/or observed 25
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.

- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  Bureau of Fire Services reveiws fire drills. Disaster plan reviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.

- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: CAP dated 10/27/2023 to Licensing Study Report (LSR) dated 10/12/2023: R 325.1932(2), R 325.1953(1)(2), R 325.1954, R 325.1976(6)
- CAP dated 1/5/2024 to SIR 2024A1027007 dated 12/21/2023: R 325.1931(2)
- CAP dated 8/16/2024 to SIR 2024A1022049 dated 6/26/2024: R 325.1932(2), 333.20201(2)(e)
- CAP dated 7/9/2024 to SIR 2024A1022056 dated 7/31/2024: 333.20201(2)(e)
- CAP dated 1/12/2026 to SIR 2025A1035089 dated 12/23/2025: 333.20153(2)
- CAP dated 1/13/2026 to Special Investigation Report (SIR) 2026A0628017 dated 12/30/2025: R 325.1953(1)
- CAP dated 3/26/2026 to SIR 2026A1019018 dated 3/11/2026: R 325.1931(5), 1921(1)(b)
- Number of excluded employees followed up? On LSR - Zero, as verified in the workforce background check account on date of survey. N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1923 **Employee's health.**

(2) A home shall provide initial TB screening at no cost for its employees. New employees shall be screened within 10 days after hire and before occupational exposure. The screening type and frequency of routine TB testing must be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and the 2019 update to these recommendations as described in the 2019 MMWR Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 (http://dx.doi.org/10.15585/mmwr.mm6819a3.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Employee #1's file revealed a hire date of February 28, 2025; however, her TB skin test was not completed within the required 10 days of hire, as it was administered on April 6, 2025, and read on April 8, 2025.

Additionally, although the home had a TB Risk Assessment Worksheet, it had not been completed, and they did not have a current annual TB Risk Assessment on file in compliance with this rule or with their own TB policy.

VIOLATION ESTABLISHED.

R 325.1953 Menus.

(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.

A review of the kitchen records showed that several residents were prescribed therapeutic and special diets, including but not limited to pureed, mechanical soft, and diabetic diets. However, the home did not maintain nor post the required therapeutic and special diet weekly menus.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 10/12/2023, CAP dated 10/27/2023 and SIR 2026A0628017 dated 12/30/2025, CAP dated 1/13/2026]

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

A review of the Dishwashing/Warewashing Machine Temperature Log showed that it was incomplete for April 2026, and no entries had been recorded for May 2026.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

A review of the Hampton Manor Daily Temperature Sheets showed that food temperatures were not completed for any meals prepared in May 2026.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 10/12/2023, CAP dated 10/27/2023]

R 325.1979 General maintenance and storage.

(2) Hazardous and toxic materials shall be stored in a safe manner.

Upon entering the memory care unit, it was observed that the laundry room door was propped open with no staff present, leaving unlocked chemicals easily accessible to residents. Additionally, an inspection of the memory care kitchen revealed a stain remover stored in an unlocked cabinet under the sink.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the status of this license will remain unchanged.

05/20/2026

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Date

Licensing Consultant