GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 26, 2026

Shahid Imran
Hampton Manor of Dundee LLC
123 Waterstradt Commerce
Dundee, MI 48131

RE: License #: AL580396858
Investigation #: 2026A0116051
Hampton Manor of Dundee 2

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 (313) 456-0380.

Sincerely,



Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL580396858
Investigation #:	2026A0116051
Complaint Receipt Date:	09/23/2026
Investigation Initiation Date:	09/24/2026
Report Due Date:	11/22/2026
Licensee Name:	Hampton Manor of Dundee LLC
Licensee Address:	123 Waterstradt Commerce Dundee, MI 48131
Licensee Telephone #:	(734) 673-3130
Administrator:	Shahid Imran
Licensee Designee:	Shahid Imran
Name of Facility:	Hampton Manor of Dundee 2
Facility Address:	123 Waterstradt Commerce Dundee, MI 48131
Facility Telephone #:	(734) 826-9191
Original Issuance Date:	01/31/2020
License Status:	REGULAR
Effective Date:	07/31/2026
Expiration Date:	07/30/2028
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
On 09/10/26 three staff called off work (7:00 p.m.- 7:00 a.m. shift) leaving staff, Jacob Mecum, and float staff, Adrian Goldsmith, to cover two licensed buildings (#2 and #3) which together contained 33 residents.	Yes

III. METHODOLOGY

09/23/2026	Special Investigation Intake 2026A0116051
09/23/2026	APS Referral Not required as there is no allegation of abuse or neglect.
09/24/2026	Special Investigation Initiated - On Site Business Office Manager, Nicole Williams, reviewed staff schedule for 09/10/26 and resident register.
09/30/2026	Contact - Telephone call made Staff, Jacob Mecum.
09/30/2026	Contact - Telephone call made Staff, Adrian Goldsmith, left a message requesting a return call.
10/12/2026	Contact - Telephone call made Mailbox full, sent a text message requesting a return call.
10/12/2026	Contact - Telephone call made Executive director, Mindy Fell.
10/13/2026	Inspection Completed-BCAL Sub. Compliance
10/16/2026	Exit conference Licensee designee, Shahid Imran

ALLEGATION:

On 09/10/26 three staff called off work (7:00 p.m.- 7:00 a.m. shift) leaving staff, Jacob Mecum, and float staff, Adrian Goldsmith, to cover two licensed buildings (#2 and #3) which together contained 33 residents.

INVESTIGATION:

On 09/24/26, I conducted an unscheduled on-site inspection and interviewed business office manager, Nicole Williams, reviewed staff schedule for 09/10/26 and the resident register. Ms. Williams reported that recently four of five staff on one of the staffing teams were written up, resulting in two of them quitting and the other one getting terminated. Ms. Williams reported that this among other things has created some staffing issues. Ms. Williams reported that on 09/10/26 between 8:00 p.m.- 8:30 p.m. she received a telephone call from staff, Jacob Mecum, informing her that staff, Bethann Duncan, had not arrived at work and was scheduled to work in building #2. Ms. Williams reported that staff Britany Sheldon, had also quit on 09/06/26 leaving her shift uncovered and night supervisor, Gracie Tuttle, had approved leave for the evening leaving them short staffed. Ms. Williams did not make efforts to contact other trained staff to come in to cover the shifts. I informed Ms. Williams that it is their responsibility to find coverage when there are staff call-ins, no-call -no-shows and/or time off requests to ensure proper staffing levels at all times. Ms. Williams reported an understanding.

I reviewed the staff schedule for 09/10/26 and observed that staff, Jacob Mecum, was the only staff who worked from 7:00 p.m. to 7:00 a.m. on 09/10/26. Staff, Adrian Goldsmith, was listed on the schedule as a “float” and was assisting in buildings #2 and #3. I observed that “CO” (call off) was next to Brittany Sheldon and Bethanne Duncan names, additionally next to Ms. Duncan’s name that there was a notation that she called off at 4:49 p.m., allowing ample time for the facility to contact other trained staff to provide coverage. I informed Ms. Williams that staff, Adrian Goldsmith, who was scheduled as a floater, can only be used to assist once the facility meets the minimum staffing requirement as required by these rules, and determined by the needs of the residents. I informed Ms. Williams that a floater cannot be counted toward the staff to resident ratio when their responsibilities are not limited to one building.

I reviewed the resident register and confirmed that on 09/10/26, there was a total of 18 residents living in the facility which required at minimum 2 staff per shift during waking hours.

On 09/30/26, I interviewed staff, Jacob Mecum, and he reported that on 09/10/26 due to staff call-ins he was the only staff working in building #2 and building #3. He reported that staff, Adrian Goldsmith, was a floater and assisted him in both

buildings. Mr. Mecum reported that although they were able to take care of all the residents and get their medications passed, and pm care completed, it was difficult. Mr. Mecum reported that he has quit and is no longer working at the facility. He reported that staffing is and has always been an issue and there have been multiple times when he has been the only staff covering multiple buildings. He reported that he is glad to be gone.

On 10/12/26, I interviewed executive director, Mindy Fell. Ms. Fell reported that they have had some staffing challenges but continue to hire new staff. She reported that she was made aware of the incident on 09/10/26, by Ms. Williams and reported that up until that incident, they had been doing good with staffing and ensuring two staff per building, per shift. I advised Ms. Fell that a plan needs to be put in place to cover staff call-ins to ensure the needs of the residents are continually met, and to comply with the licensing rules. Ms. Fell reported an understanding.

I inquired with Ms. Fell, if staff, Adrian Goldsmith, was still employed as he had not returned my calls. Ms. Fell reported that he self-terminated by having multiple no-call no-shows.

On 10/16/26, I conducted the exit conference with licensee designee, Shahid Imran, and informed him of the findings of the investigation, the specific rule cited as well as the seriousness of repeat violations. Mr. Imran voiced his frustrations with the lack of care and work ethic of staff and their intentional behavior of calling in or no-call no-shows and how it impacts the residents and the business. I validated Mr. Imran's concerns and recommended that he look into staffing agencies to utilize in emergency situations. I informed Mr. Imran that he would need to ensure that any staff used are properly trained and competent in all required areas prior to assumptions of duty, however, this could be a viable option to ensure compliance moving forward.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.**

ANALYSIS:	Based on the findings of the investigation, which included interviews of business office manager, Nicole Williams, staff, Jacob Mecum, executive director, Mindy Fell, and my review of the staff schedule and resident register, there is a preponderance of evidence to substantiate the allegations, that staff, Jacob Mecum, was the only staff on shift for building #2 which had 18 residents, on 09/10/26, after multiple staff call ins. This violation is established as the licensee designee did not ensure sufficient staff was on duty at all times for the supervision, personal care, and protection of residents.
CONCLUSION:	***REPEAT VIOLATION ESTABLISHED* LSR dated 07/02/26; CAP dated 07/16/26.**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.



10/16/26

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Pandrea Robinson — Date
Licensing Consultant

Approved By:



10/22/26

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Ardra Hunter — Date
Area Manager