

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

ORLENE HAWKS DIRECTOR

July 1, 2022

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

> RE: License #: AL580396860 Hampton Manor of Dundee 4 123 Waterstradt Commerce Dundee, MI 48131

Dear Mr. Imran:

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 (313) 456-0380.

Sincerely,

Chokea ٠., NOM

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

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

I. IDENTIFYING INFORMATION

License #:	AL580396860	
Licensee Name:	Hampton Manor of Dundee LLC	
Licensee Address:	123 Waterstradt Commerce Dundee, MI 48131	
Licensee Telephone #:	(734) 673-3130	
Licensee/Licensee Designee:	Shahid Imran	
Administrator:	Shahid Imran	
Name of Facility:	Hampton Manor of Dundee 4	
Facility Address:	123 Waterstradt Commerce Dundee, MI 48131	
Facility Telephone #:	(734) 826-9191	
Original Issuance Date:	01/31/2020	
Capacity:	20	
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection	(s):	06/29/2	2022
Date of Bureau of Fire Services Inspection if applicable: 06/29/2022			
Date of Health Authority Inspection if applicable: 06/29/2022			
Inspection Type:	Interview and Obs Combination	ervatio	n 🖾 Worksheet 🗌 Full Fire Safety
No. of staff interviewed an No. of residents interviewe No. of others interviewed		i.	2 3
• Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.			
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.			
 Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain. Meal preparation / service observed? Yes No I If no, explain. Residents had eaten prior to inspection. Fire drills reviewed? Yes No I If no, explain. 			
• Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.			
 E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No If no, explain. 			
● Incident report follow-up? Yes ⊠ No □ If no, explain.			
N/A 🖂	compliance verified? \ employees followed-up?		CAP date/s and rule/s: N/A \boxtimes
• Variances? Yes 🗌 (p	olease explain) No 🗌	N/A 🗌]

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of inspection, Resident A did not have an assessment plan completed at admission. Resident A also did not have an annual assessment plan for 2021.

Resident B's assessment plan was not signed by the Resident or Resident's designated representative, or licensee designee as required.

IV. RECOMMENDATION

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

Pandrea Robinson Licensing Consultant

07/01/22 Date