



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 1, 2023

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

RE: License #: AH820402181  
Investigation #: 2023A1035001  
Hampton Manor of Woodhaven

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 authorized representative 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) 241-1970.

Sincerely,

Jennifer Heim, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 410-3226  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820402181
<b>Investigation #:</b>	2023A1035001
<b>Complaint Receipt Date:</b>	04/27/2023
<b>Investigation Initiation Date:</b>	05/01/2023
<b>Report Due Date:</b>	06/27/2023
<b>Licensee Name:</b>	Hampton Manor of Woodhaven LLC
<b>Licensee Address:</b>	22125 Van Horn Woodhaven, MI 48183
<b>Licensee Telephone #:</b>	(734) 673-3130
<b>Authorized Representative/ Administrator:</b>	Shahid Imran
<b>Name of Facility:</b>	Hampton Manor of Woodhaven
<b>Facility Address:</b>	22125 Van Horn Woodhaven, MI 48183
<b>Facility Telephone #:</b>	(734) 673-3130
<b>Original Issuance Date:</b>	06/25/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/25/2022
<b>Expiration Date:</b>	12/24/2023
<b>Capacity:</b>	113
<b>Program Type:</b>	ALZHEIMERS AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The kitchen was unsanitary.	Yes
There was unclean kitchen equipment.	Yes
The kitchen was accessible by residents.	No
Additional Findings	No

**III. METHODOLOGY**

04/27/2023	Special Investigation Intake 2023A1035001
05/01/2023	Special Investigation Initiated - Letter email sent to Mr. Imran requesting an employee list and kitchen policies and procedures.
05/02/2023	Contact - Document Received email received from Mr. Imran
05/09/2023	Inspection Completed On-site
05/09/2023	Inspection Completed-BCAL Sub. Compliance
05/11/2023	Contact – Document Sent Email sent to Employee #1 requesting additional documentation.
05/11/2023	Contact – Document Received Email received from Employee #1 with additional documentation.
08/01/2023	Exit Conference Conducted by telephone with authorized representative Mr. Imran

The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

**ALLEGATION:**

**The kitchen was unsanitary.**

**INVESTIGATION:**

On 4/27/2023, the Department received a complaint through the online complaint system which read *“conditions in food facility are unsafe. Expired and unlabeled food continually in kitchen facility. No proper PPE (no hair nets/hats and no nonslip shoes).”*

On 5/9/2023, I conducted an on-site inspection at the facility. While on-site, I reviewed Employees #1, #2, and #3 files in which read they had received training for but not limited to general orientation, employee handbook, and their job responsibilities as well as duties.

While on-site, I reviewed the kitchen’s policy which stated the kitchen staff will label all food products with the date received and the date expired. The policy read kitchen staff must regularly check for expired food products, and promptly discard them to prevent the spread of foodborne illnesses. Additionally, the policy read staff are required to wear closed toed tennis shoes or crocks and hairnets while in the kitchen area.

While onsite, I interviewed Employee #4 who’s statements were consistent with the kitchen policies.

While onsite, I observed two one-gallon containers of milk expired on 5/7/2023, one opened gallon of milk not labeled, as well as two ketchups, and one mustard not labeled. I also observed fresh cut fruit not labeled with an expiration date.

While on-site, I observed two kitchen staff wearing proper footwear and hairnets according to facility policy. Kitchen staff provided a hairnet upon entry into the kitchen.

<b>APPLICABLE RULE</b>	
R 325.1976	<b>Kitchen and dietary.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Review of the facility policy revealed staff were to date opened food and throw away expired food. Observations at the facility revealed they were inconsistent with the facility’s policy. Observations of kitchen revealed their attire is consistent with

	facility policy. However, based on the above information, this allegation was substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**There was unclean kitchen equipment.**

**INVESTIGATION:**

On 4/27/2023, the Department received a complaint through the online complaint system which read *“unclean equipment (such as a deli slicer that has remained unclean).”*

On 5/9/2023, I conducted an onsite inspection at the facility. I observed the deli slicer was noted to have dried meat buildup on slicer and top blade cover. I observed crockpots on shelf had dust and leftover food particles noted on lid and sides.

<b>APPLICABLE RULE</b>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Review of the facility policy revealed all kitchen equipment will be cleaned and sanitized after each use. Observations revealed left over food products on deli slicer and crockpots. Based on this observation, this allegation was substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The kitchen was accessible by residents.**

**INVESTIGATION:**

On 4/27/2023, the Department received a complaint through the online complaint system which read the kitchen was easily accessible by residents.


On 5/9/2023, I conducted an on-site inspection at the facility. I interviewed Employee #5 who stated the facility locked the kitchen doors after hours. Employee #5 stated the charge caregiver has a key to access the kitchen area after hours to obtain food for residents if needed. I observed a sign on kitchen door requesting the kitchen only be accessed by assigned staff.

<b>APPLICABLE RULE</b>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(3) The kitchen and dietary area shall be restricted to kitchen and dietary activities.</b>
<b>ANALYSIS:</b>	Review of the facility policy revealed the kitchen was locked while unoccupied and only accessible via key on charge caregiver medication ring. Based on information, this allegation was not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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

  
 \_\_\_\_\_ 05/23/2023  
 Jennifer Heim Date  
 Licensing Staff

  
 \_\_\_\_\_ 05/23/2023  
 Jessica Rogers Date  
 Licensing Staff

Approved By:

  
 \_\_\_\_\_ 07/31/2023  
 Andrea L. Moore, Manager Date  
 Long-Term-Care State Licensing Section