



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2024

Abdul Aleem
3115 Silverwood Dr.
Saginaw, MI 48603

RE: License #: AL730417080
Hampton Manor of Merrill
400 N. Midland Road
Merrill, MI 48637

Dear Mr. Aleem:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AL730417080
Licensee Name:	Abdul Aleem
Licensee Address:	3115 Silverwood Dr. Saginaw, MI 48603
Licensee Telephone #:	(989) 996-1610
Licensee/Licensee Designee:	N/A
Administrator:	Rachel Morgan
Name of Facility:	Hampton Manor of Merrill
Facility Address:	400 N. Midland Road Merrill, MI 48637
Facility Telephone #:	(989) 996-1610
Original Issuance Date:	01/17/2024
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2024

Date of Bureau of Fire Services Inspection if applicable: 12/20/2023

Date of Health Authority Inspection if applicable: 06/25/2024

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 18

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ 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 ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ 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.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license, pending the receipt of the Large Group Home Application fee.

A handwritten signature in black ink, reading "Anthony Humphrey". The signature is written in a cursive style with a large, looping "H" and a long, sweeping underline.

07/01/2024

Anthony Humphrey
Licensing Consultant

Date