



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 21, 2025

Ginger Nahikian
Niche Aging Hampton OP
581 Scheurmann Rd
Bay City, MI 48708

RE: License #:	AL090418499 Niche Aging Hampton OP 581 Scheurmann Rd Bay City, MI 48708
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Dear Ginger Nahikian:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AL090418499
Licensee Name:	Niche Aging Hampton OP
Licensee Address:	581 Scheurmann Rd Bay City, MI 48708
Licensee Telephone #:	(989) 737-2355
Licensee Designee:	Ginger Nahikian
Administrator:	Ginger Nahikian
Name of Facility:	Niche Aging Hampton OP
Facility Address:	581 Scheurmann Rd Bay City, MI 48708
Facility Telephone #:	(989) 737-2355
Original Issuance Date:	06/12/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2025

Date of Bureau of Fire Services Inspection if applicable: 11/20/2024

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 19
No. of others interviewed [redacted] Role: [redacted]

- 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.
Inspection not completed during mealtime.
- 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.
No incident reports requiring follow-up.
- 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 found to be in non-compliance with the following rules:	
MCL 400.734b	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

At the time of inspection, staff files were reviewed. There were copies of criminal background checks completed for staff Laurie Duffield and staff Colleen Gugel dated 11/03/2022, but they were not completed for this facility. The Workforce Background check website was checked, and there were no current staff listed under this facility's account.

R 400.619	Emergency preparedness plan.
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	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
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At the time of inspection, there were incomplete fire safety drill records reviewed. There was only one drill documented since the issuance of the license, in August 2025.

R 400.645	Environmental health.
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	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.
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At the time of inspection, resident bedroom #14 bathroom had a water temperature below 105 degrees Fahrenheit.

R 400.647	Safety and maintenance of premises.
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	(14) Handrails and nonskid surfacing must be installed in showers and bath areas.
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At the time of inspection, resident bedroom #11 and bedroom #4 did not have nonskid surfacing installed in the showers.

R 400.647	Safety and maintenance of premises.
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	(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.
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At the time of inspection, the lighting in the kitchen area lighting was dim. It was observed to need a light bulb replacement.

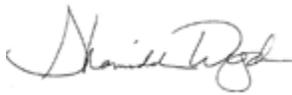
R 400.661	Bedroom furnishings.
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	(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.
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At the time of inspection, resident bedroom #1 lighting was dim. It was observed to need a light bulb replacement.	
R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <p>(v) Initials of the individual who administered the medication at the time given.</p>
At the time of inspection, Resident A and Resident B's October 2025 medication administration records were missing multiple staff initials. Resident A's records were missing staff initials for 8:00 pm medications for two medications on 10/08/2025 and 10/14/2025. Resident B's record was missing staff initials on 10/18/25, 10/20/25, 10/23/25, 10/24/25, 10/26/25, 10/27/25, and 11/07/25 for 12:00pm, 2:00pm, and 5:00pm medications.	

IV. RECOMMENDATION

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



11/21/2025

Shamidah Wyden
Licensing Consultant

Date