STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2025

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

RE: License #: AH580402179
Investigation #: 2025A1035089
Hampton Manor of Bedford

Dear Shahid 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.
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) 335-5985.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
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

License #:	AH580402179
Investigation #:	2025A1035089
Complaint Receipt Date:	09/04/2025
Investigation Initiation Date:	09/04/2025
Report Due Date:	11/04/2025
Licensee Name:	Hampton Manor of Bedford LLC
Licensee Address:	3099 W Sterns Rd Lambertville, MI 48182
Licensee Telephone #:	(989) 971-9610
Administrator/ Authorized Representative:	Shahid Imran
Name of Facility:	Hampton Manor of Bedford
Facility Address:	3099 W Sterns Rd Lambertville, MI 48182
Facility Telephone #:	(734) 807-5800
Original Issuance Date:	04/09/2021
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	114
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A waits long wait times when call light is activated.	No
Resident A is not having her blood pressure monitored prior to taking her blood pressure medication. Staff are unable to explain what medications they are giving.	No
Residents are not receiving nutritious foods.	No
Additional Findings: Single use morphine syringes observed being stored for reuse.	Yes

The complainant identified some concerns that were not related to licensing rules and statutes 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.

III. METHODOLOGY

09/04/2025	Special Investigation Intake 2025A1035089
09/04/2025	Special Investigation Initiated - Telephone
10/14/2025	Contact - Face to Face
12/23/2025	Inspection Complete. BCAL Sub Compliance.
12/23/2025	Exit Conference.

ALLEGATION:

Resident A waits long wait times when call light is activated.

INVESTIGATION:

On September 4, 2025, the Department received a complaint through the online complaint system which read:

> “If Resident A presses the call button for help it can take an hour before someone comes.”

On October 14, 2025, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP)1, who states staff are expected to answer call lights within ten minutes. SP1 states there are times when staff are busy helping residents during high call light trigger times resulting in longer wait times.

While onsite I interviewed SP2 who states they try to keep call light wait times less than ten minutes.

While onsite I interviewed SP3 who states she tries to answer call light as quickly as possible.

Through record review there were 1252 call lights triggered between the dates 09/29/2025 through 10/14/2025. The average call light response time is 12 minutes 29 seconds. The maximum average call light response time is 14 minutes 56 seconds.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.
ANALYSIS:	Based on interview, staff state goal call light wait times are ten minutes or less. The average call light response time is 12 minutes and 29 seconds.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A is not having her blood pressure monitored prior to taking her blood pressure medication. Staff are unable to explain what medications they are giving.

INVESTIGATION:

On September 4, 2025, the Department received a complaint through the online complaint system which read:

> “Resident A has extremely high blood pressure and heart rate. Medication is given according to her numbers. They told her they would no longer be taking her BP and pulse unless she asks for it. We were told they stopped taking it because there is no one trained in taking the BP properly using a stethoscope.

When asked upon delivering medication to my mother, they can never tell her what they are giving her."

On October 14, 2025, an onsite investigation was conducted. While onsite I interviewed the facility Administrator who states all med techs are trained on taking vital signs. The Administrator stated she is newly appointed this this home but has worked for the company for several years and all med techs are taught on taking vital signs using a manual cuff and an electronic cuff.

While onsite I interviewed SP1 who states she teaches all new med techs how to take a blood pressure and pulses. SP1 states that the med tech primarily uses the electronic blood pressure machine. Blood pressures and pulses are assessed when parameters are applied to blood pressure medications by the ordering physician.

While onsite I interviewed SP2 states she does not know how to take blood pressures manually but uses the electronic vital machine to monitor blood pressures and pulses when ordered. SP2 states not all blood pressure medications that have been ordered require blood pressure monitoring. SP2 states there are times when she doesn't remember every medication she has opened in the medication cup but will refer to the medication administration record when questions are asked.

While onsite I interviewed SP3 who states she was trained on medication administration and monitoring vital signs. SP3 states vital signs are taken as ordered. SP3 states she uses the electronic vital machine, she is not comfortable taking a manual blood pressure.

Through record review Resident A received medications as ordered. Resident A takes Lisinopril 5mg daily and Metoprolol 50mg for hypertension without blood pressure permeameters. Resident B, C, and D receive hypertensive medications with blood pressure parameters. Resident B, C, and D received medications as ordered, vital signs had been taken as ordered prior to administration.

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

ANALYSIS:	Through record review Resident A, B, C, and D received medications as ordered. Interviewed staff are able to articulate proper techniques to monitoring vital signs. Vital signs are monitored prior to blood pressure medication when parameters are ordered. Staff state they refer back to the medication administration record when questioned about medications being administered.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not receiving nutritious foods.

INVESTIGATION:

The Department received a complaint through the online complaint system which read:

> "Residents are expected to make it to the dining room. If meals are in the room they only get broth and crackers. We are paying for 3 meals a day, not broth."

While onsite I interviewed the Administrator who stated when she first started at the facility, she had approximately 30 residents eating all meals in their room and it was difficult for the staff to meet their needs and maintain safety. The Administrator states she encouraged everyone to eat meals in dining area and meals ate in room would only receive soup and crackers. The Ombudsman informed the Administrator this practice violated the rights of the residents and had to stop. The facility stopped this practice promptly. The facility currently allows room trays with the same meals as being provided in dining area.

While onsite I interviewed SP1, SP2 and SP3 who state Residents receive the same meal as served in dining area.

Through record review Residents are receiving the same meals as posted unless requiring an alternative meal.

APPLICABLE RULE	
R 325.1951	**Nutritional need of residents.**
	A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national

	research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.
ANALYSIS:	Through record review of food log Residents are receiving posted meals in rooms as requested or in the dining area. The Administrator states initially she tried to get all Residents to eat in the dining room unless sick. Administrator reports being informed by the Ombudsman this was a violation of their right therefore this practice has changed and the facility was compliant at the time of the onsite visit.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

Single use morphine syringes observed being stored for reuse.

INVESTIGATION:

Through direct observation approximately 30 used morphine syringes noted in cup set aside on counter. SP2 states they were instructed to set syringes aside for hospice nurses to refill. SP2 states syringes are cleaned and refilled by the hospice nurse.

APPLICABLE RULE	
MCL 333.20153	**Single-use device; reusing, recycling, or refurbishing**
	(2) Except as otherwise provided in this section, a health care provider shall not knowingly reuse, recycle, refurbish for reuse, or provide for reuse a single-use device.
ANALYSIS:	Through direct observation approximately 30 used morphine syringes observed in medication room were set aside to be refilled. Based on this observation, violation was established.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

10/27/2025

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:

12/23/2025

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section