



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 29, 2026

Abdul Aleem
Hampton Manor Of Auburn LLC
3115 Silverwood Dr
Saginaw, MI 48603

RE: Application #:	AL090418834 Hampton Manor of Auburn 202 Plainview Dr. Auburn, MI 48611
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Dear Abdul Aleem:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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) 643-7960.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090418834
Applicant Name:	Hampton Manor Of Auburn LLC
Applicant Address:	3115 Silverwood Dr Saginaw, MI 48603
Applicant Telephone #:	(989) 996-1610
Licensee Designee:	Abdul Aleem
Administrator:	Rachel Morgan
Name of Facility:	Hampton Manor of Auburn
Facility Address:	202 Plainview Dr. Auburn, MI 48611
Facility Telephone #:	(989) 662-7202
Application Date:	09/18/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

01/11/2024	Inspection Completed-Fire Safety : A Please refer to facility license AL090413023
09/18/2024	Enrollment
09/18/2024	PSOR on Address Completed
09/18/2024	Comment Email sent to Hamptonmanorauburn@gmail.com asking to verify name of Corp.
09/18/2024	Contact - Telephone call received Rachel Called and verified that the LLC has a different name and will be emailing proof to verify.
09/18/2024	Application Incomplete Letter Sent Email sent to Hamptonmanorauburn@gmail.com asking to verify name of Corp.
09/18/2024	Contact - Document Received IRS letter Received
09/27/2024	File Transferred To Field Office
10/08/2024	Application Incomplete Letter Sent
03/28/2025	Inspection Completed On-site
03/28/2025	Inspection Completed-BCAL Sub. Compliance
03/28/2025	Application Incomplete Letter Sent
11/26/2025	Inspection Completed- Fire Safety: A Completed under license # AL090413023
04/17/2026	Inspection Completed On-site
04/17/2026	Inspection Completed- Env. Health: A
04/17/2026	Inspection Completed BCAL-Sub. Compliance
04/24/2026	Confirming Letter Sent
04/24/2026	Application Incomplete Letter Sent
04/29/2026	Application Complete/On-site Needed

04/29/2026	Inspection Completed- BCAL Full Compliance
04/29/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hampton Manor of Auburn is a single story, ranch styled building, with a wood frame and vinyl siding. There are 20 private bedrooms, all of which have more than ample square footage for the single occupancy bedroom size. Thirteen of the bedrooms have a half bath in the bedroom. Seven bedrooms also have full bathroom facilities available. The facility also has a library, a combined dining/living area, kitchen, physical therapy room, a private family dining area, salon, laundry room, two full bathrooms, an office, staff breakroom, and two half-bathrooms. There is parking lot in front of the facility, providing ample parking space. The facility is located just south of Midland Rd, west of Garfield Rd, and across from Bay City Western High School. The facility is located in town, close to local restaurants and other local businesses. The facility is wheelchair accessible.

The facility is located at 202 Plainview Dr. Auburn, MI 48611. The facility was previously licensed as Plainview Adult Care II (AL090413023) since 12/18/2023. Prior to that it was licensed as Plainview Assisted Living from 07/11/2011 through 12/17/2023.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility has public water and public sewer service. The furnace inspection was completed on 04/14/2026, by Advance Heating & Cooling and the furnaces were determined to be in working order. A Bureau of Fire Services inspection was completed on 11/26/2025 with an A-rating. A quarterly water-based fire protection systems inspection was completed on 01/19/2026 by Cintas Fire Protection. A quarterly fire alarm and signaling inspection was completed on 01/02/2026 by Cintas Fire Protection.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
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1-3, 6-13	12 x 24.5	294 sq ft	1 (each room), 11 total
4, 5	14.4 x 16	230.4 sq ft	1 (each room), 2 total
14- 20	16 x 24	384 sq ft	1 (each room), 7 total

The living, dining, and sitting room areas measure a total of 2,464 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male or female adults aged 65 and over whose diagnosis is physically handicapped, aged, or Alzheimer’s in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. Residents will be referred from nursing homes, local community, and local hospitals.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will assist residents with connecting with outside agencies that provide transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Hampton Manor of Auburn, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/23/2024. The applicant submitted a financial statement and established an annual budget projecting

expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Hampton Manor of Auburn, LLC. has submitted documentation appointing Abdul Aleem as Licensee Designee for this facility and Rachel Morgan as the Administrator of the facility.

A licensing record clearance request was completed and approved for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift. It is the intent of the applicant that all staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

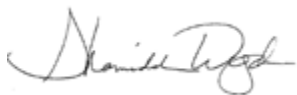
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home (capacity 13-20).

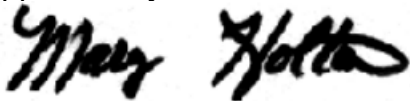


04/29/2026

Shamidah Wyden
Licensing Consultant

Date

Approved By:



04/29/2026

Mary E. Holton
Area Manager

Date