



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 11<sup>th</sup>, 2021

Katelyn Fuerstenberg  
Story Point of Grand Ledge  
11555 Silverstone Lane  
Grand Ledge, MI 48837

RE: License #:	AH230342257 Story Point of Grand Ledge 11555 Silverstone Lane Grand Ledge, MI 48837
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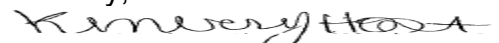
Dear Ms. Fuerstenberg:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

  
Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH230342257
<b>Licensee Name:</b>	Senior Living Grand Ledge, LLC
<b>Licensee Address:</b>	2200 Genoa Businss Pk Dr Brighton, MI 48114
<b>Licensee Telephone #:</b>	(517) 622-0625
<b>Authorized Representative:</b>	Katelyn Fuerstenberg
<b>Administrator:</b>	Holly Ridenour
<b>Name of Facility:</b>	Story Point of Grand Ledge
<b>Facility Address:</b>	11555 Silverstone Lane Grand Ledge, MI 48837
<b>Facility Telephone #:</b>	(517) 622-0625
<b>Original Issuance Date:</b>	08/26/2013
<b>Capacity:</b>	40
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/5/2021

Date of Bureau of Fire Services Inspection if applicable: 02/02/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 5/11/2021

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 12  
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Resident funds not kept in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
8/7/2020: R 325.1931(5); R 325.1933 (2); R 325.1931 (2); R 325.1944 (2)
- Number of excluded employees followed up? 7 N/A


### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(2) The admission policy shall specify all of the following: (d) The home's policy governing the annual screening of residents for tuberculosis.</b>
Review of Resident A, B, and C admission agreement revealed the admission policy did not include the facility policy on tuberculosis (TB) screening.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</b>
Interview with administrator Holly Ridenour revealed the facility is not completing the annual tuberculosis risk assessment.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b>

<p>Review of Resident A's service plan revealed lack of detail regarding his specific needs. For instance, his plan identified he required staff to observe/provide assistive/adaptive device. However, it is not known what device he requires and the amount of staff assistance he needs. Resident A also required ted hose and there was no mention of ted hose in his service plan.</p>	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</b>
<p>Inspection of the facility revealed the facility does not post the therapeutic weekly menu.</p>	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>
<p>Inspection of the facility revealed the facility does not keep a meal census of the kind and amount of food used.</p>	
<b>R 325.1968</b>	<b>Toilet and bathing facilities.</b>
	<b>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</b>
<p>Inspection of the facility revealed the spa room is used as a storage closet for personal protective equipment, medical equipment, and various other items. This practice makes this room inaccessible for residents.</p>	
<b>R 325.1976</b>	<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>
<p>Inspection of the facility kitchen revealed that the refrigerator and freezer area contained items that were opened, unsealed, and were not dated (including fresh fruit, meatballs, coleslaw, and chicken).</p>	

#### IV. RECOMMENDATION

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



5/11/21

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Date

Licensing Consultant