

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 19, 2022

Katelyn Fuerstenberg Senior Living Portage, LLC Ste. 150 950 Corporate Office Dr. Milford, MI 48381

RE: License #: AH390377735

StoryPoint of Portage 3951 W. Milham Ave. Portage, MI 49024

Dear Mrs. Fuerstenberg:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed since the approved BFS rating was received today. Your 12-month regular license is effective until 10/23/2022. It is valid only at the address listed and is not transferable

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 204-4300.

Sincerely,

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Julie Viviano, Licensing Staff Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

| License #: | AH390377735 | |
|----------------------------------|----------------------------|--|
| | | |
| Licensee Name: | Senior Living Portage, LLC | |
| | | |
| Licensee Address: | 2200 Genoa Business Pk Dr | |
| | Brighton, MI 48114 | |
| | | |
| Licensee Telephone #: | (810) 220-2200 | |
| | | |
| Authorized Representative: | Katelyn Fuerstenberg. | |
| | | |
| Administrator/Licensee Designee: | Martila Sanders | |
| No. 20 C Footilis | 01 D:1 (D.1 | |
| Name of Facility: | StoryPoint of Portage | |
| Encility Address: | 3951 W. Milham Ave. | |
| Facility Address: | Portage, MI 49024 | |
| | 1 Ortage, IVII 49024 | |
| Facility Telephone #: | (269) 329-0200 | |
| . acinty receptions // | (200) 020 0200 | |
| Original Issuance Date: | 04/24/2017 | |
| | | |
| Capacity: | 40 | |
| | | |
| Program Type: | AGED | |
| | ALZHEIMERS | |

II. METHODS OF INSPECTION

| Date of On-site Inspection | (s): No On-site Completed | |
|--|--|----------------------|
| Date of Bureau of Fire Ser | vices Inspection if applicable: B | 3FS A – 4/19/2022 |
| Inspection Type: | ☐Interview and Observation ☐Combination | ☐Worksheet |
| Date of Exit Conference: | | |
| No. of staff interviewed an No. of residents interviewed No. of others interviewed | | |
| Medication pass / sim | ulated 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. Meal preparation / service observed? Yes No If no, explain. | | |
| • Fire drills reviewed? Yes No If no, explain. | | |
| 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: | | |
| Number of excluded en | mployees followed up? | N/A 🗌 |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Date Licensing Consultant