



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

May 3, 2022

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

RE: License #:	AH390377735
Investigation #:	2022A1021043
	StoryPoint of Portage

Dear Mrs. Fuerstenberg:

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 authorized representative 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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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) 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH390377735
Investigation #:	2022A1021043
Complaint Receipt Date:	04/08/2022
Investigation Initiation Date:	04/11/2022
Report Due Date:	06/08/2022
Licensee Name:	Senior Living Portage, LLC
Licensee Address:	2200 Genoa Business Pk Dr Brighton, MI 48114
Licensee Telephone #:	(810) 220-2200
Administrator:	Martila Sanders
Authorized Representative:	Katelyn Fuerstenberg
Name of Facility:	StoryPoint of Portage
Facility Address:	3951 W. Milham Ave. Portage, MI 49024
Facility Telephone #:	(269) 329-0200
Original Issuance Date:	04/24/2017
License Status:	REGULAR
Effective Date:	10/24/2020
Expiration Date:	10/23/2021
Capacity:	40
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is not changed regularly and has skin breakdown.	Yes
Additional Findings	No

III. METHODOLOGY

04/08/2022	Special Investigation Intake 2022A1021043
04/08/2022	APS Referral referral came from APS. APS denied the referral
04/11/2022	Special Investigation Initiated - On Site
05/03/2022	Exit Conference Exit Conference with authorized representative

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Resident A is not changed regularly and has skin breakdown.

INVESTIGATION:

On 4/8/22, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident A is not changed regularly. The complainant alleged there are times when Resident A is soaked all the way through to her bed pad. In addition, Resident A has skin breakdown due to incontinence issues.

On 4/11/22, I interviewed Resident A at the facility. Resident A reported she has a call button that she can press when she needs assistance. Resident A reported it can take some time for staff to respond but they will respond. Resident A reported facility staff come in every two hours during the night to change her.

On 4/11/22, I interviewed wellness director Moriah Newberry at the facility. Ms. Newberry reported Resident A moved into the facility from a hospice house in January 2022. Ms. Newberry reported Resident A was having bladder stents placed but has stopped this treatment due to signing on with hospice. Ms. Newberry reported Resident A has a catheter placed but it is leaking due to an internal tumor. Ms. Newberry reported the hospice company, CorsoCare Hospice, has tried to place different catheters but Resident A keeps leaking out of the catheter. Ms. Newberry reported Resident A is now on two-hour checks to assist with incontinence. Ms. Newberry reported when Resident A admitted to the facility, she had skin breakdown on her buttocks. Ms. Newberry reported the facility has worked closely with hospice for treatment options. Ms. Newberry reported Resident A has creams and powders that caregivers apply. Ms. Newberry reported the facility receives direction from the hospice company on treatment and care for Resident A. Ms. Newberry reported Resident A is changed appropriately and receives good care at the facility.

On 4/11/22, I interviewed staff person 1 (SP1) at the facility. SP1 reported Resident A's catheter is leaking due to her cancer diagnosis and tumor growth. SP1 reported Resident A is now on 1–2-hour check and change. SP1 reported Resident A does wear incontinence products. SP1 reported Resident A is bed bound and does have a red sore on her bottom. SP1 reported caregivers place ointment on Resident A's bottom to promote healing. SP1 reported Resident A is changed appropriately.

On 4/11/22, I interviewed SP2 at the facility. SP2's statements were consistent with those made by SP1.

On 4/11/22, I interviewed CorsoCare Hospice nurse Carla Gairis at the facility. Ms. Gairis reported Resident A admitted to the facility with a sore on her bottom. Ms. Gairis reported she has encouraged Resident A to have her bottom open to air and to get out of bed for pressure relief. Ms. Gairis reported Resident A refuses to leave the bed or have the sore open to air. Ms. Gairis reported the sore will improve and then will become sore again. Ms. Gairis reported the facility is doing everything possible to heal the sore. Ms. Gairis reported Resident A has leakage out of the catheter due to the tumor pressing on the catheter. Ms. Gairis reported she has changed the size of the catheter, but Resident A still has leakage. Ms. Gairis reported facility staff change Resident A on a regular basis and she has never observed Resident A to be covered in urine.

I reviewed Hospice Communication Form. The form dated 3/30/22 read,

“Client foley cath leaking. Using poise pad and brief. Please change pad/brief every 2-3 hours.”

I reviewed Resident A's service plan. The service plan omitted all information about frequency of checks and caregiver responsibility with changing Resident A.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(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.
ANALYSIS:	Interviews with caregivers and review of documents revealed Resident A is to be checked and incontinence products are to be changed every two hours. However, review of Resident A's service plan omitted this information.
CONCLUSION:	VIOLATION ESTABLISHED

On 5/3/22, I conducted an exit conference with authorized representative Katelyn Fuerstenberg by telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



4/13/22

Kimberly Horst
Licensing Staff

Date

Approved By:



05/02/2022

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

Date