



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 7, 2023

Katelyn Fuerstenberg
StoryPoint of Ann Arbor
6230 State Street
Saline, MI 48176

RE: License #: AH810354781
StoryPoint of Ann Arbor
6230 State Street
Saline, MI 48176

Dear Mrs. 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 was received 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970
enclosure

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

I. IDENTIFYING INFORMATION

License #: AH810354781

Licensee Name: Senior Living Ann Arbor, LLC

Licensee Address: Ste. 100
2200 Genoa Business Park
Brighton, MI 48114

Licensee Telephone #: (248) 438-2200

Authorized Representative: Katelyn Fuerstenberg

Administrator/Licensee Designee: Erin Griffiths

Name of Facility: StoryPoint of Ann Arbor

Facility Address: 6230 State Street
Saline, MI 48176

Facility Telephone #: (734) 944-6600

Original Issuance Date: 12/18/2015

Capacity: 40

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/06/2023

Date of Bureau of Fire Services Inspection if applicable: 12/02/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/7/2023

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 22

No. of others interviewed One Role Gentiva Hospice Nurse

- 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. No resident funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
No, Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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:
Special Investigation Report (SIR) 2022A1019058, CAP dated 9/20/2022:
20202(1), R 325.1922(5)
- SIR 2023A1027031, CAP dated 3/9/2023: R 325.1931(2), R 325.1932(1), R 325.1924(3), R 325.1932(3)(e)
- Number of excluded employees followed up? Three N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

R 325.1901 Definitions.

Rule 1. As used in these rules:

(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

Employee #1 stated there were two assisted living residents with bedside assistive devices commonly referred to as "Halo Rings." Employee #1 stated Resident A had a physician order and letter for the use of the halo rings due to a diagnosis of Amyotrophic Lateral Sclerosis (ALS). Employee #1 stated Resident B had a physician letter for the use of halo rings. Employee #1 stated the facility did not maintain the manufacturer guidelines for the halo rings.

Observations of Resident A and B's halo devices revealed they were secured tightly to each side of the bed frame; however, they lacked covers.

Review of Resident A's physician order and letter read consistent with Employee #1's statements.

Review of Resident A's service plan dated 3/27/2023 and Resident B's service plan dated 4/25/2023 revealed they omitted or lacked sufficient information for specific use, care, and maintenance of the devices including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of

monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

VIOLATION ESTABLISHED.

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each 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 need to conduct annual TB testing for employees.

**For Reference:
R 325.1922**

Admission and retention of residents.

(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" (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), 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.

Interview with Employee #1 revealed the facility conducted annual risk TB risk assessment questionnaires for each resident, however lacked an annual TB risk assessment for the facility.

Additionally, review of Employee #2's file revealed her date of hire was 5/11/2019, however her TB skin test was dated 5/22/2019.

VIOLATION ESTABLISHED.

R 325.1932

Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Review of Resident A and C's medication administration records (MARs) revealed medications were not administered per the licensed healthcare professional's order due to waiting on delivery from the pharmacy. Resident A's MAR read staff documented medications as administered in between the dates they were waiting for delivery from the pharmacy. Additionally, Resident A's medications were not always documented as administered, and one medication was duplicated.

Review of Resident A's May and June 2023 MARs revealed he was prescribed Gabapentin 100 mg, take one capsule by mouth at bedtime which was documented by staff as not administered due to waiting on delivery from 5/24/2023 to 6/2/2023.

Review of Resident C's MARs dated May and June 2023 revealed one or more medications were left blank on the following dates: 5/10/2023 and 6/2/2023. The May 2023 MAR read Caltrate 600 MG/D800 MG tablet, take one tablet by mouth every day in which staff documented the medication was not administered due to waiting on delivery from 5/2/2023 to 5/4/2023, 5/6/2023 to 5/12/2023, 5/15/2023 to 5/18/2023, 5/20/2023 to 5/22/2023, 5/24/2023, 5/28/2023 to 5/31/2023 and the dates in between were initialed as administered. The May 2023 MAR read Januvia and Lisinopril were to be administered daily in which staff documented the medications were not administered due to waiting on delivery from 5/20/2023 to 5/25/2023, and 5/28/2023 to 5/31/2023 in which staff documented the medications as administered on 5/26/2023 and 5/27/2023. Additionally, review of Resident C's June 2023 MAR revealed Loperamide 2 mg, take one capsule by mouth every day as needed for diarrhea was duplicated.

REPEAT VIOLATION ESTABLISHED.

[For reference, see Special Investigation Report (SIR) dated 2/23/2023, CAP dated 3/9/2023]

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Inspection of the kitchen revealed chemical sanitization was utilized and tested daily then recorded to demonstrate the task was completed for each meal, however the April and May 2023 records were incomplete. For example, the log was left blank for one or more meals on the following dates: 4/1/2023, 4/11/2023, 4/30/2023, 5/8/2023, 5/14/2023, 5/16/2023, 5/19/2023, 5/27/2023, 5/28/2023 and 5/29/2023, thus it could not be confirmed if proper and adequate sanitization of dishware was completed.

R 325.1976

Kitchen and dietary.

(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.

Inspection of the kitchen refrigerators revealed food items were not always dated such as but not limited to two pans of chicken, sweet chili sauce, mild salsa, and salsa verde.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

Contingent upon receipt of the licensed bed fee invoice payment and an acceptable corrective action plan, renewal of the license is recommended.



06/07/2023

Date

Licensing Consultant