



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 17, 2025

Katelyn Fuerstenberg
StoryPoint Farmington Hills
30637 W 14 Mile Rd
Farmington Hills, MI 48334

RE: License #: AH630402476
Investigation #: 2025A1035032
StoryPoint Farmington Hills

Dear Katelyn 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 responsible party 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.

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630402476
Investigation #:	2025A1035032
Complaint Receipt Date:	01/29/2025
Investigation Initiation Date:	01/29/2025
Report Due Date:	03/28/2025
Licensee Name:	30637 W 14 Mile Rd OpCo LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	Unknown
Administrator:	Jeanae Tripp
Authorized Representative:	Katelyn Fuerstenberg
Name of Facility:	StoryPoint Farmington Hills
Facility Address:	30637 W 14 Mile Rd Farmington Hills, MI 48334
Facility Telephone #:	(248) 983-4780
Original Issuance Date:	03/30/2022
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	120
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility does not have enough staff.	No
Residents are not receiving medications as ordered. Medications are not documented appropriately. Medication is not stored properly.	Yes
The facility does not offer nutritious meals, meeting regulatory guidelines.	No
Additional Findings	No

III. METHODOLOGY

01/29/2025	Special Investigation Intake 2025A1035032
01/29/2025	Special Investigation Initiated - Letter
02/24/2025	Contact - Face to Face
03/14/2025	Inspection Complete. BCAL Sub – Compliance.
03/14/2025	Exit Conference.

ALLEGATION:

The facility does not have enough staff.

INVESTIGATION:

On January 29, 2025, the department received an anonymous complaint which read:

The facility is understaffed and cannot keep up with the call lights.

On February 24, 2025, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP)1 who states who states Residents are provided care in accordance with their service plan. Residents who reside on assisted living have call light pendants and Residents residing on memory care have staff rounding on them each hour. SP1 states the average daily census is 80 residents with staffing goals on floor 1 & 2 one Med Tech and two caregivers on days and afternoons one

Med Tech and one caregiver on midnight. Staffing goals on floor three one Med Tech and two and half caregivers on day shift, one Med Tech and one caregiver on afternoons and midnights.

While onsite I interviewed SP2 who state memory care always has two staff persons one caregiver and one med tech/ care giver for each shift. SP2 states the staff work well together to provide good care to the residents.

Through direct observation approximately seven residents observed well dress and engaged with each other. Common areas clean and free of clutter.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Through record review of schedule facility is staffing in accordance with staffing goals. Through direct observation residents observed well-groomed and dressed appropriately. Based on information noted this allegation has not been substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not receiving medications as ordered. Medications are not documented appropriately. Medication is not stored properly.

INVESTIGATION:

On January 29, the department received an anonymous complaint which read:

“Med cart is not properly kept & meds are not logged correctly.”

On February 11, 2025, the department received an additional complaint which stated concerns related to medication technicians not having proper training, medication not being administered appropriately, and lack of knowledge related to medication administration.

On February 24, 2025, an onsite investigation was conducted. While onsite I interviewed SP1 who states medication are administered as ordered.

While onsite two medication carts audited both carts appropriately stored medications. Medication narcotic books reviewed medication count and signed off appropriately.

Through record review of January and February medication administration record (MAR) for Resident A indicates medications had been administered as ordered. Medications that had been refused by Resident A had been signed off as not given with explanation refusal.

Through record review of January and February MAR for Resident B several missed doses of Amlodipine, Aspirin, Atorvastatin, and Tramadol with not given reasons of "she was sleeping", "can't stay up to take", and "resident refused."

Through record review of January and February MAR for Resident C refused 46 blood glucose monitoring/ checks and no 16:00 p.m. glucose monitoring check completed for the month of January. The majority of medication ordered had not been administered in the months of January and February with not given reason "resident refused." Resident C had one progress note from the Wellness Director stating Resident C continues to refuse medication.

Through record review SP 3, SP4, and SP5 received appropriate medication administration training with check off. Additional medication administration training had been provided to all med techs during monthly meetings 12/6/2024, 01/16/2025, 02/16/2025, and medication administration class on 12/3/2024.

APPLICABLE RULE	
R 325.1932	Resident medications.
	1)Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

ANALYSIS:	Through record review of Resident B and Resident C multiple doses of prescribed medications not administered. Through record review there is no documentation related collaboration with Resident B or Resident C physician to make adjustments to medication to gain compliance to medication regime. Based on information noted above this allegation has been substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility does not offer nutritious meals, meeting regulatory guidelines.

INVESTIGATION:

On January 29, the department received an anonymous complaint which read:

“The food served is not healthy.”

On February 11, 2025, the department received an additional complaint which stated concerns related to the facility not offering well balanced, nutritious food.

On February 24, 2025, an onsite visit was conducted. While onsite I observed approximately seven residents during lunch meal. All observed residents eating meal provided while engaging in conversation. On staff member observed providing 1:1 feeding assistance.

Through record review of monthly menus of December, January, and February facility offers well balanced meals for breakfast, lunch, and dinner with alternative choices. SP1 states the facility offers specialty diets and consistencies for those residents that require specialty diets.

Through direct observation monthly menu is posted in common area.

APPLICABLE RULE	
R 325.1951	Nutritional need of residents.
	A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.

ANALYSIS:	Through record review and direct observation appetizing meals are offered. Monthly menu with alternative choices is posted. Based on information noted above this allegation has not been substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.



03/10/2025

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



03/14/2025

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