



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 6, 2025

Rochelle Lyons
StoryPoint Birmingham
2400 E. Lincoln Street
Birmingham, MI 48009

RE: License #: AH630381578
Investigation #: 2025A0585046
StoryPoint Birmingham

Dear Ms. Lyons:

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. 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) 335-5985.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630381578
Investigation #:	2025A0585046
Complaint Receipt Date:	04/02/2025
Investigation Initiation Date:	04/02/2025
Report Due Date:	06/02/2025
Licensee Name:	2400 East Lincoln St OpCo LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Administrator:	Haylee Hutchinson
Authorized Representative:	Rochelle Lyons
Name of Facility:	StoryPoint Birmingham
Facility Address:	2400 E. Lincoln Street Birmingham, MI 48009
Facility Telephone #:	(248) 940-2050
Original Issuance Date:	03/29/2018
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	128
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A fell while in the dining room area in the locked memory care unit.	Yes
Additional Findings	No

III. METHODOLOGY

04/02/2025	Special Investigation Intake 2025A0585046
04/02/2025	Special Investigation Initiated - Telephone Called the complainant to discuss allegation. Left message to return the call.
04/03/2025	Contact Telephone call received. The complainant return call to discuss the allegations.
04/15/2025	Inspection Completed On-site Completed with interview and record review.
04/15/2025	Inspection Completed-BCAL Sub. Compliance
05/06/2025	Exit Conference Conducted via email to authorized representative Rochelle Lyons and administrator Haylee Hutchinson.

ALLEGATION:

Resident A fell while in the dining room area in the locked memory care unit.

INVESTIGATION:

On 4/02/2025, the Department received an anonymous complaint which alleged that on 04/13/2024, Resident A fell in the dining area in the locked memory care unit that led to nine days in the hospital with a broken left humerus. The complaint alleged that she had two falls in three months and this experience led to her being permanently bound to a wheelchair.

On 04/02/2025, I spoke to the complainant by telephone. The complainant's statements were consistent with what was reported in the complaint. The complainant stated that Resident A was in the hospital for nine days and she never recovered from her injuries. She said that this was Resident A's second fall. She said the first fall was in January of 2024 and then she had this big fall in April of 2024.

On 04/15/2025, I interviewed administrator Haylee Hutchinson at the facility. The administrator stated that she was not there at that time. She said that she has only been the administrator at the facility since 12/30/2024. She shared documents for review.

Resident A's service plan read, admitted to the facility on 7/8/2023. In the section *Fall potential* it read, "monitor resident for falls and report to appropriate team member." In the section for *transferring* it reads, "Independent – does not require assistance with transferring."

Resident A's MD Quick Mar Notes read:

04/13/2024 – Resident fell in dining room on head and was complaining about shoulder pain, resident sent to the hospital. We were unable to obtain a blood pressure.

04/22/2024 – Resident returned to the community with orders on her left arm, due to fracture of her arm, the sling may be removed for daily skin checks and hygiene.

06/11/2024 – 6:01 a.m. – Resident refused medication

06/12/2024 – 5:54 a.m. – Resident refused.

Hospital discharged record read: hospitalized due to fall. Closed supracondylar fracture of left humerus with routine healing postoperative delirium, postoperative anemia, sensorineural hearing loss, bilateral late onset Alzheimer's disease without behavioral disturbance, acute pain of left shoulder.

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.

R 325.1901	Definitions.
	(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.
	(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.
ANALYSIS:	<p>Resident A had a fall which she sustained a fracture. The service plan notes that staff is to monitor Resident A for falls and report to appropriate team members. There is nothing that notes that the resident was monitored nor was there any documentation showing when the last time she was monitored.</p> <p>The service plan does not provide information as to how often the resident is to be monitored. Therefore, the facility did not comply with this rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon completion of an acceptable corrective action plan, I recommend no changes to the status of the license at this time



05/06/2025

Brender Howard
Licensing Staff

Date

Approved By:



05/06/2025

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

Date