



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 22, 2025

Katelyn Fuerstenberg  
StoryPoint Saline  
6230 State Street  
Saline, MI 48176

RE: License #: AH810354781  
Investigation #: 2025A1027064  
StoryPoint Saline

Dear Licensee:

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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH810354781
<b>Investigation #:</b>	2025A1027064
<b>Complaint Receipt Date:</b>	06/26/2025
<b>Investigation Initiation Date:</b>	06/27/2025
<b>Report Due Date:</b>	08/26/2025
<b>Licensee Name:</b>	Senior Living Ann Arbor, LLC
<b>Licensee Address:</b>	Ste. 100 2200 Genoa Business Park Brighton, MI 48114
<b>Licensee Telephone #:</b>	(248) 438-2200
<b>Administrator:</b>	Jodi Meier
<b>Authorized Representative:</b>	Katelyn Fuerstenberg
<b>Name of Facility:</b>	StoryPoint Saline
<b>Facility Address:</b>	6230 State Street Saline, MI 48176
<b>Facility Telephone #:</b>	(734) 944-6600
<b>Original Issuance Date:</b>	12/18/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2025
<b>Expiration Date:</b>	07/31/2026
<b>Capacity:</b>	40
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff improperly used the Hoyer lift sling on Resident A.	No
Staff did not wash their hands, nor wear gloves when providing care to Resident A.	Yes
Additional Findings	No

## III. METHODOLOGY

06/26/2025	Special Investigation Intake 2025A1027064
06/27/2025	Special Investigation Initiated - Letter Email sent to administrator Jodi Meier and AR Katelyn Fuerstenberg
06/27/2025	Contact - Document Received Email received with requested documentation
07/07/2025	Inspection Completed On-site
07/08/2025	Inspection Completed-BCAL Sub. Compliance
07/22/2025	Exit Conference Conducted with Katelyn Fuerstenberg and Jodi Meier

### **ALLEGATION:**

**Staff improperly used the Hoyer lift sling on Resident A.**

### **INVESTIGATION:**

On 6/26/2025, the Department received allegations which read on 6/17/2025 Employee #1 and another newly hired staff member improperly used a Hoyer lift sling while transferring Resident A. It was further alleged that the sling was abruptly pulled from her unclothed body during a brief change and that the sling was not washed.

On 7/7/2025, I conducted an on-site inspection at the home and interviewed staff.

Administrator Jodi Meier and Employee #2 confirmed that Employee #3 had been involved in training staff and was working on 6/17/2025. The Administrator noted that Resident A had video surveillance in her room, and staff were aware

they were being recorded. However, Relative A1 was also reportedly taking photos and videos of staff using a personal phone, which was against facility policy. Relative A1 was informed of the home's policy. Employee #2 also stated Employee #3 had provided care to Resident A for two years prior.

Employee #3 confirmed Resident A transferred by Hoyer lift, and Employees #1 and #4 were working on 6/17/2025. She stated Employee #1 was training Employee #4, and Employee #4 had been trained, but had not physically used a Hoyer lift prior; therefore, she was present during the transfer. Employee #3 stated Relative A1 was present during the transfer and took pictures of Resident A's peri-area during this timeframe. Employee #3 stated Resident A had no open wounds but would occasionally have a red coccyx area and her ordered cream was applied as needed. Employee #3 reaffirmed there were no concerns with the transfer that day; therefore, an incident report and any further documentation were not completed.

The administrator, Employees #2 and #3 stated there had been no concerns from other residents or their families regarding care received from Employees #1 and #4. Additionally, Adult Protective Services investigated the same allegations and closed their case without concern. Additionally, the ombudsman was notified. Relative A1 provided notice of Resident A's discharge, and Resident A was discharged from the facility on 6/27/2025.

Employee #2 stated the Hoyer lifts, and their slings were rented from a durable medical equipment company, and slings could be exchanged if needed. Employee #3 stated that each resident who required a Hoyer lift transfer maintained the lift and usually two slings in their rooms. One sling was for transfers and the other sling had holes for toileting or for use in the shower. Employee #3 stated the slings would be laundered when soiled and would rarely become soiled since residents were clothed when utilizing the transfer sling. Employee #3 stated she laundered Resident A's sling, and currently another resident's sling was being laundered.

During the on-site inspection, I observed two Hoyer lifts in resident rooms. One sling was in the laundry; the other appeared clean.

While on-site, I reviewed employee files.

Employee #1 was hired on 2/28/2025. Her Workforce Background Check confirmed she was eligible for employment. Her records showed completion of training in resident rights, abuse, and neglect. Her caregiver competency checklist confirmed she was trained and observed on toileting, peri care, transfers, including use of a Hoyer lift, and separately

documented training on mechanical assistance devices. The file lacked disciplinary actions taken since her hire date.

Employee #4 was hired on 6/2/2025. Her Workforce Background Check confirmed she was eligible for employment. Her training included resident rights, abuse, and neglect. Her caregiver competency checklist indicated she was trained and observed on toileting, peri care, and Hoyer lift transfers. The file lacked disciplinary actions taken since her hire date.

Resident A's face sheet read she moved into the home on 11/17/2022, with Relative A1 as her responsible party. Her service plan, updated on 3/20/2025, read she required a mechanical lift for transfers.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(d) Resident rights and responsibilities.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Containment of infectious disease and standard precautions.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>
<b>ANALYSIS:</b>	Staff attestations indicated that Employees #1 and #4 completed a Hoyer lift transfer with Resident A without any noted concerns regarding the transfer process or the removal of the sling. A review of their training records confirmed that both employees had received training on proper use of Hoyer lifts. Based on this information, the allegation is not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff did not wash their hands, nor wear gloves when providing care to Resident A.**

## INVESTIGATION:

On 6/26/2025, the Department received a complaint alleging that staff failed to wash their hands before and after providing care and did not don gloves while caring for Resident A. The complainant submitted photographs showing staff not wearing gloves while changing Resident A's brief on 6/9/2025 at 5:30 AM, and again on 6/14/2025 at 3:07 AM and 7:28 AM. It was further alleged that Resident A exhibited signs of a urinary tract infection, which the complainant believed was linked to staff not wearing gloves during care.

On 7/7/2025, I conducted an on-site inspection at the home and interviewed staff.

Administrator Jodi Meier stated that staff receive hand hygiene training three times during orientation: once via video with her and then separately with Employees #2 and #3. Additionally, all staff complete infection control training through the Relias online system. The Administrator reported that sinks are available in residents' bathrooms and in hallways outside their rooms; therefore, staff washing their hands may not have been on video surveillance in Resident A's room or observed by visitors.

Employees #2 and #3 corroborated the Administrator's statements regarding staff training and expectations for hygiene practices.

The complainant's submitted photos showing staff providing care to Resident A without gloves were reviewed with the Administrator and Employee #2, who identified the staff members as Employees #5 and #6.

While on-site, I observed boxes of gloves in residents' rooms and in storage closets located in each wing of the facility.

I reviewed Employees #5 and #6's files, which read they were hired on 4/7/2025, and 5/2/2025 consecutively. Both employees had signed communicable disease reporting agreements acknowledging their responsibility to follow good hygiene practices. Their orientation checklists included training on infection control and proper handwashing for medication administration. Their competency checklists confirmed they were trained and observed for proper handwashing techniques.

The facility's *Preventing Transmission of Infection* policy requires staff to complete hand hygiene competency verification upon hire. The policy outlines the use of hand sanitizer or soap and water based on specific scenarios and emphasizes adherence to standard precautions. It reads that gloves and other protective barriers must be used when staff come into contact with blood, body fluids, or any potentially infectious material. The definition of other potentially infectious materials read in part were human body fluids such as semen, vaginal secretions, any fluid that is visibly

contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

The policy also requires all employees to receive infection prevention training upon hire and annually, including instruction on disease transmission, hand hygiene, barrier precautions, and recognizing symptoms of infection.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>ANALYSIS:</b>	<p>Review of training records confirmed that Employees #5 and #6 received handwashing and infection control training and demonstrated competency upon their recent hire dates. Additionally, sinks were readily available in the facility, making it difficult to confirm whether handwashing occurred.</p> <p>However, photographic evidence confirmed that Employees #5 and #6 changed Resident A's brief without wearing gloves, which was a violation of the facility's infection control policy. Standard precautions were not followed during a procedure that involved potential exposure to bodily fluids. Therefore, this part of the allegation was substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Jessica Rogers*

07/08/2025

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Jessica Rogers  
Licensing Staff

Date

Approved By:

*Andrea Moore*

07/21/2025

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

Date