

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 20, 2025

Katelyn Fuerstenberg StoryPoint Saline 6230 State Street Saline, MI 48176

RE: License #: AH810354781

StoryPoint Saline 6230 State Street Saline, MI 48176

#### Dear Licensee:

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 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 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

Jossica Rogers

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 285-7433

# 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: Jodi Meier

Name of Facility: StoryPoint Saline

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): 08/19/	2025
Date of Bureau of Fire Sei	vices Inspection if applicable:	02/10/2025
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet
Date of Exit Conference: 02/10/2025		
No. of staff interviewed an No. of residents interviewed No. of others interviewed	ed and/or observed	12 22
Medication pass / sim	ulated pass observed? Yes 🛭	☑ No ☐ If no, explain.
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. No resident funds held in trust.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> <li>Fire drills reviewed? Yes ☐ No ⋈ If no, explain. Bureau of Fire Services reviews fire drills. Disaster plan is reviewed and staff interviewed regarding disaster plan.</li> <li>Water temperatures checked? Yes ⋈ No ☐ If no, explain.</li> </ul>		
<ul> <li>Corrective action plant Licensing Study Reports 325.1921(1)(b), R 325.1921(1)(b), R 325.1922</li> <li>Special Investigation 9/4/2023: R 325.1922</li> <li>SIR 2023A1027081 dt R 325.1932(2), R 325.1932(2), R 325.1921(1)(b)</li> <li>SIR 2025A1027006 dt 325.1921(1)(b)</li> <li>SIR 2025A0585062 dt 325.1931(2)</li> <li>SIR 2025A1027064 dt</li> </ul>	compliance verified? Yes ort (LSR) dated 6/7/2023 to CA 5.1923(2), R 325.1932(2), R 325.1932(2), R 325.1932(2), R 325.1932(2), R 325.1932(2), R 325.1932(2), R 325.1932(2) ated 8/11/2023 to CAP dated 5.1942(2) ated 11/13/2024 to CAP dated ated 6/17/2025 to CAP dated ated 7/22/2025 to CAP dated	P dated 6/7/2023: R 25.1976(13), R 325.1976(6) ated 6/26/2023 to CAP dated 9/1/2023: R 325.1921(1)(b), I 11/14/2024: R 6/19/2025: 333.20201(2)(I), R
<ul> <li>Number of excluded en</li> </ul>	mployees followed up? Seven	N/A 🔛

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

#### 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.

A review of Resident A's July 2025 Medication Administration Record (MAR) showed he was prescribed Furosemide, to be taken once daily by mouth for heart-related issues, with instructions to hold the dose if systolic blood pressure was below 110 or heart rate was below 60. Despite this, staff documented the administration of the medication outside these parameters. For instance, on 7/1, 7/7, 7/15, 7/18, and 7/21, Resident A's heart rate was below 60, yet the MAR indicated the medication was given.

Resident B's July 2025 MAR indicated a prescription for Ondansetron, one tablet by mouth every eight hours as needed. However, the order lacked a documented reason or diagnosis for its use, and there were no specific written instructions outlining the circumstances under which staff should administer the medication.

#### REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 6/7/2023, CAP dated 6/7/2023, and SIR 2023A1027081 dated 8/11/2023, CAP dated 9/1/2023]

#### R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

A review of the August 2025 assisted living meal census showed that staff were required to document the number of residents, employees, and visitors served at each meal for breakfast, lunch, and dinner. However, documentation was incomplete on several dates: dinner counts were missing on 8/2, 8/5, 8/7, 8/11, and 8/12; breakfast was not recorded on 8/17; and all meals were left blank on 8/18.

A review of the August 2025 memory care meal census revealed similar documentation issues.

#### VIOLATION ESTABLISHED.

#### R 325.1964 Interiors.

- (9) Ventilation shall be provided throughout the facility in the following manner:
- (a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.
- (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Inspection of the assisted living public restroom, laundry, room 61 and the salon revealed those rooms lacked adequate and discernable air flow.

#### **VIOLATION ESTABLISHED.**

### 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.

A review of the July 2025 dishwasher final rinse temperature log indicated that staff were expected to record temperatures three times daily. However, on several dates—7/4, 7/9, 7/11, 7/16, 7/17, 7/18, 7/19, 7/22, 7/25, and 7/30—one or more temperature checks were missing.

#### REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 6/7/2023, CAP dated 6/7/2023]

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Date
Licensing Consultant