



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 8, 2025

Sara Dickendesher  
StoryPoint Fenton  
440 N. Fenway Drive  
Fenton, MI 48430

RE: License #: AH250405635  
StoryPoint Fenton  
440 N. Fenway Drive  
Fenton, MI 48430

Dear Sara Dickendesher:

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 of the licensee or licensee designee or home for the aged authorized representative and a date.

If you fail to submit an acceptable corrective action plan, disciplinary action may result.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH250405635
<b>Licensee Name:</b>	AEG Fenton Opco, LLC
<b>Licensee Address:</b>	1610 Des Peres Rd. Ste 385 St. Louis, MO 63131
<b>Licensee Telephone #:</b>	(517) 294-0534
<b>Authorized Representative:</b>	Sara Dickendesher
<b>Administrator:</b>	Jacueline Shanteau
<b>Name of Facility:</b>	StoryPoint Fenton
<b>Facility Address:</b>	440 N. Fenway Drive Fenton, MI 48430
<b>Facility Telephone #:</b>	(810) 936-2807
<b>Original Issuance Date:</b>	05/26/2022
<b>Capacity:</b>	60
<b>Program Type:</b>	ALZHEIMERS AGED



### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>
<p>Upon inspection, I observed three of the washers located within the assisted living (AL) to have a large accumulation of black mold build up on the inside edge of the opening of the washers.  <b>(Repeat Violation: SI#2025A0784075)</b></p>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(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” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b></p>
<p>Review of documentation for Resident A revealed she was admitted to the facility on 8/01/2024 with an initial T.B. screening dated 10/11/2022 which is not in compliance with this rule. Additionally, upon request, the facility provided an annual risk assessment dated 11/20/2024 which is more than a year past the due date for the updated annual risk assessment.</p>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened</b>

	<p>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” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</p>
<p>Upon request of initial TB screenings for staff 1, 2, 3 and 4, administrator Jacqueline Shanteau stated these staff had not completed the screenings upon hire. Additionally, upon request, the facility provided an annual risk assessment dated 11/20/2024 which is more than a year past the due date for the updated annual risk assessment.  <b>(Repeat Violation: SI#2025A0784075)</b></p>	

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

*Aaron L. Clum*

12/08/2025

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 Licensing Consultant Date