



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 24, 2026

Jami McDaniel
StoryPoint Canton
49825 Ford Road
Canton, MI 48187

RE: License #: AH820412296
StoryPoint Canton
49825 Ford Road
Canton, MI 48187

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 of the 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,

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH820412296
Licensee Name:	AEG Canton Opco LLC
Licensee Address:	Ste 207 9450 Manchester Rd. St. Louis, MO 63119
Licensee Telephone #:	(314) 272-4980
Authorized Representative/ Administrator:	Jami McDaniel
Name of Facility:	StoryPoint Canton
Facility Address:	49825 Ford Road Canton, MI 48187
Facility Telephone #:	(734) 589-0380
Original Issuance Date:	07/17/2023
Capacity:	95
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/23/2026

Date of Bureau of Fire Services Inspection if applicable: 11/19/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 3/23/2026

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 25

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No resident funds held in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Corrective Action Plan (CAP) dated 9/20/2023 to Licensing Study Report (LSR) dated 8/31/2023: R 325.1923(2), R 325.1931(3), R 325.1931(6), R 325.1932(2), R 325.1954, R 325.1976(13), R 325.1976(6)
- CAP dated 7/7/2025 to Special Investigation Report (SIR) 2025A1027058 dated 6/30/2025: R 325.1931(5), R 325.1931(3)
- CAP dated 12/20/2023 to SIR 2023A0784095 dated 11/29/2023: R 325.1921(1)(b), R 325.1932(3)
- Number of excluded employees followed up? Zero, as verified in the workforce background check account on date of survey. N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

For Reference:

R 325.1901 Definitions.

(s) "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.

(w) "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.

An interview with the Administrator revealed that six residents had bedside assist devices attached to their beds. She reported that all devices had corresponding physician orders and were documented in the residents' service plans.

Observation of the devices used by Residents C, D, E, G, H, and I revealed several different types, including but not limited to halo ring devices and U-shaped devices placed under the mattress and secured to the bedframe. Resident G had two U-shaped devices positioned on the same side of the bed—one near the head and the other near the foot of the bed.

A review of the home's "Bedside Mobility Aids" standard operating procedure, last updated November 27, 2023, read in part that bedside mobility aids should not be used as restrictive devices and that specific instructions regarding their use should be documented in the resident's service plan.

A review of the service plans for Residents C, D, and E revealed a lack of specific instructions regarding bedside assist devices. For example, Resident C's service plan noted the use of a halo bar for mobility; however, observation showed he had two U-shaped bedside devices secured under the mattress and to the bedframe. The service plans omitted or lacked sufficient information for specific use, care, and maintenance of the devices such as means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device or for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

A review of physician orders for Residents C, D, E, G, H, and I indicated that each resident was prescribed one or two halo devices.

Overall, a review of resident records demonstrated inconsistencies with the home's standard operating procedure for bedside mobility aids as well as physician orders. Based on these findings, the home did not have an organized program in place to ensure the protection and safety of residents using these devices.

VIOLATION ESTABLISHED.

R 325.1922

Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis (TB) 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 TB testing must be determined by a risk assessment as described in the 2005

Morbidity and Mortality Weekly Report (MMWR) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), and the 2019 update to these recommendations as described in the 2019 MMWR "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019" (<http://dx.doi.org/10.15585/mmwr.mm6819a3>.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. 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.

A review of the records for Residents A and F revealed that their tuberculosis (TB) screenings were not completed within 12 months prior to admission. For example, Resident A was admitted on April 30, 2025; however, her TB blood test was completed on April 13, 2024. Resident F was admitted on June 18, 2025; however, her chest X-ray was completed on April 20, 2024.

VIOLATION ESTABLISHED.

R 325.1923

Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened 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" (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), 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.

A review of Employees #4 and #6 revealed that their tuberculosis (TB) screenings were not completed within 10 days of hire and prior to occupational exposure. For example, Employee #4's date of hire was June 13, 2025; however, her TB skin test was administered on July 9, 2025, and read on July 11, 2025. Employee #6's date of hire was December 15, 2025; however, her TB blood test was completed on December 3, 2025.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/31/2023, CAP dated 9/20/2023]

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

A review of the staffing schedule from March 15 through March 28, 2026, revealed that it did not identify a shift supervisor on duty.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/31/2023, CAP dated 9/20/2023, and SIR 2025A1027058 dated 6/30/2025, CAP dated 7/7/2025]

R 325.1931 Employees; general provisions.

(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:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

For Reference:

R 325.1981 Disaster Plans.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

333.20178 Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.

Sec. 20178. (1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a related condition. A written description shall include, but not be limited to, all of the following:

(d) Staff training and continuing education practices.

A review of Employees #2, #4, and #6 revealed that they did not have training consistent with the Administrative Rules and Public Health Code. For example, Employee #2 lacked training in reporting, resident rights and responsibilities, safety and fire prevention, infectious disease and standard precautions, and dementia care. Employee #4 lacked training in personal care. Employee #6 lacked training in medication administration, personal care, and dementia care.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/31/2023, CAP dated 9/20/2023]

R 325.1932 Resident's medications.

(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.

A review of the February 2026 Medication Administration Records (MARs) for Residents A, B, C, and E revealed the following:

Resident A:

There were two as-needed (PRN) acetaminophen orders for pain or fever that lacked specific administration instructions for staff.

Resident B:

The following dates lacked staff initials for one or more medications, making it unclear whether medications were administered: February 9, 10, 14, 25, 26, and 27, 2026.

Resident C:

The following dates lacked staff initials for one or more medications, making it unclear whether medications were administered: February 12 and 14, 2026.

Resident E:

The MAR lacked staff initials for one or more medications on February 19, 2026, making it unclear whether medications were administered. Additionally, the as-needed (PRN) acetaminophen order did not include a documented reason or diagnosis for use. Three as-needed (PRN) anti-diarrheal medications were prescribed without specific instructions to guide staff in selecting which medication to administer. Furthermore, two as-needed (PRN) medications for severe pain lacked clear instructions to assist staff in determining which medication to administer.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/31/2023, CAP dated 9/20/2023]

R 325.1953

Menus.

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

An interview with the Administrator revealed that residents were prescribed therapeutic or special diets, such as pureed diets; however, a weekly menu was not posted for these residents.

VIOLATION ESTABLISHED.

R 325.1970 Water supply systems.

(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

The water temperature for room 231 was 126 degrees Fahrenheit and therefore not in compliance with this rule.

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 March 2026 Daily Sanitizing Heat Dish Machine temperature log found that it was incomplete for the period of March 10 through March 23, 2026. Additionally, the log did not indicate the minimum required temperatures for either the wash or rinse cycles at the top of the form.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/31/2023, CAP dated 9/20/2023]

IV. RECOMMENDATION

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



03/24/2026

Date

Licensing Consultant