



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2026

Rochelle Lyons
StoryPoint Novi
42400 12 Mile Rd
Novi, MI 48377

RE: License #: AH630404534
Investigation #: 2026A0784015
StoryPoint Novi

Dear Rochelle Lyons:

Attached is the Special Investigation Report for the above-mentioned 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630404534
Investigation #:	2026A0784015
Complaint Receipt Date:	01/28/2026
Investigation Initiation Date:	01/28/2026
Report Due Date:	03/29/2026
Licensee Name:	42400 W 12 Mile Rd Op Co LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Administrator:	Tiffany Tucker
Authorized Representative:	Rochelle Lyons
Name of Facility:	StoryPoint Novi
Facility Address:	42400 12 Mile Rd Novi, MI 48377
Facility Telephone #:	(248) 692-4836
Original Issuance Date:	11/25/2020
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	116
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Inadequate care provided for Resident A	No
Additional Findings	Yes

III. METHODOLOGY

01/28/2026	Special Investigation Intake 2026A0784015
01/28/2026	Special Investigation Initiated - Telephone Interview with complainant
01/29/2026	Inspection Completed On-site
03/11/2026	Exit - Email Report sent

ALLEGATION:

Inadequate care provided for Resident A

INVESTIGATION:

On 1/28/2026, the department received this online complaint.

According to the complaint, Resident A is not being provided with adequate grooming or showers.

On 1/28/2026, I interviewed complainant by telephone. Complainant stated Resident A lives in the memory care (MC) of the home and requires regular hygiene care including peri care by staff. Complainant stated Resident A has regularly observed to be unkept with her hair uncombed, teeth not brushed and presenting with a foul odor. Complainant stated this has been brought to the attention of staff and that staff and the issue continues.

On 1/28/2026, I interviewed staff 1 at the facility. Staff 1 stated Resident A can use the restroom by herself but does require assistance with peri care. Staff 1 stated Resident A also receives assistance with showers and grooming. Staff 1 stated concerns about poor hygiene have been brought to her attention as well as staff 2 and that efforts have been made to ensure adequate hygiene for Resident A. Staff 1 stated staff 2 would be more familiar with the details of Resident A's care.

On 1/28/2026, I interviewed Relative A at the facility. Relative A stated that prior to the past few weeks, Resident A appeared as if she had not been groomed very well. Relative A can provide a little of her own grooming, but she needs staff assistance to complete these tasks. Relative A stated Resident A is a person who has dementia and will not always remember to groom herself. Relative A stated if staff do not help her, Resident A will not do a good job with tasks such as brushing her own hair and teeth. Relative A stated that during the past few visits, Resident A has appeared to be more attended to since conversations were had with the facility about these concerns. Relative A stated Resident A is supposed to receive four showers a week and does not believe this is getting done.

During the onsite, I observed Resident A in her room. Resident A appeared clean and well groomed.

On 1/29/2026, I interviewed staff 2 at the facility. Staff 2 provided statements consistent with those of staff 1 as they pertain to Resident A's grooming and peri-care needs. Staff 2 stated Resident A had previously been very independent with grooming and peri-care and has increased in her need for assistance. Staff 2 stated she has discussed family concerns with staff and feels staff are doing a better job in assisting Resident A. Staff 2 stated Resident A is scheduled for two showers a week, but that she is provided with more as needed. Staff 2 stated that when showers are given, staff are instructed to fill out a *Shower Sheet* to show the shower was given.

Upon request, staff 2 provided the available *Shower Sheets* for Resident A for December 2025 and January 2026. Review of the documents provided revealed sheets were completed on 12/06/2025, 12/17/2025, 12/30/2025, 1/14/2025, 1/21/2025, 1/23/2025 and 1/24/2025.

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 consistently with the resident's service plan.

ANALYSIS:	The complaint alleged Resident A did not receive adequate grooming assistance or showers. Interviews with staff and Relative A indicated some concerns were brought to the attention of administration regarding these concerns. The interviews as well as observations made onsite indicate the facility is addressing Resident A's grooming needs in response to the concerns. While review of shower sheets indicated Resident A was not receiving adequate showering in December 2025, the sheets also indicated that the facility has recently increased attention to this issue also. Based on the findings, there is insufficient evidence to support a citation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

When interviewed, staff 2 stated the facility does not explicitly document completion of activities of daily living (ADLs) outside of the shower sheets completed by staff. Staff 2 stated staff are expected to provide care consistent with the service plan.

I reviewed Resident A's service plan, provided by staff 2. Within a section titled *Bathing*, the plan read, in part, "[Resident A] needs standby assistance for transferring in and out of the shower, as well as for washing her hair and back. Care staff will monitor and report any skin conditions noted during [Resident A's] showers and/or as reported by [Resident A]". Within a section titled *Grooming*, the plan read, in part, "[Resident A is independent with all tasks related to grooming without reminders from staff". Within a section titled *Toileting*, the plan read, in part, "[Resident A] is independent with all tasks related to toileting without reminders from staff".

When interviewed, staff 2 revealed that Resident A had recently been evaluated by a psychiatrist. Staff 2 stated this evaluation as a follow up as Resident A had been evaluated by this psychiatrist before. Upon request, staff 2 provided a copy of the evaluation. I reviewed the *Psychiatry Follow Up* evaluation dated 1/22/2026. Under a section titled *History of Present Illness*, the evaluation read, in part, "[Resident A] has recently refused showers which calls into question her hygiene and ability to maintain PERI care".

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the

	resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
For Reference R 325.1901	Definitions.
	(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:	When interviewed, staff 1 and 2 described Resident A as a person who requires at least some assistance with grooming and peri care either as standby assistance or at least some hands-on assistance. Review of Resident A's evaluation by her psychiatrist revealed that the psychiatrist also called into question Resident A's ability to maintain her own hygiene and peri care. Review of Resident A's service plan revealed the plan has not been updated consistently with Resident A's increased needs. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Aaron L. Clum

3/10/2026

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

03/11/2026

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

Date