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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 10th, 2021

Katelyn Fuerstenberg
StoryPoint of Midland
2329 Rockwell Drive
Midland, MI 48642

RE: License #:	AH560342673
Investigation #:	2022A1021007 StoryPoint of Midland

Dear Ms. Fuerstenberg:

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 (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH560342673
Investigation #:	2022A1021007
Complaint Receipt Date:	11/16/2021
Investigation Initiation Date:	11/16/2021
Report Due Date:	1/16/2021
Licensee Name:	Senior Living Midland, LLC
Licensee Address:	2200 Genoa Business Pk Dr Brighton, MI 48114
Licensee Telephone #:	(248) 438-2200
Administrator:	Alison Williams
Authorized Representative:	Katelyn Fuerstenberg
Name of Facility:	StoryPoint of Midland
Facility Address:	2329 Rockwell Drive Midland, MI 48642
Facility Telephone #:	(989) 839-2114
Original Issuance Date:	08/29/2014
Status:	REGULAR
Effective Date:	02/28/2021
Expiration Date:	02/27/2022
Capacity:	42
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Facility is not following Covid-19 protocols.	Yes
Facility has insufficient staff.	No
Additional Findings	Yes

III. METHODOLOGY

11/16/2021	Special Investigation Intake 2022A1021007
11/16/2021	Special Investigation Initiated - Letter referral sent to centralized intake at APS
11/17/2021	Inspection Completed On-site
11/17/2021	Contact-Telephone call made Interviewed SP1
11/18/2021	Contact-Telephone call made Interviewed Midland County Health Department Tia Hagle-Gall
12/10/2021	Exit Conference Exit Conference with authorized representative

ALLEGATION:

Facility is not following Covid-19 protocols.

INVESTIGATION:

On 11/16/21, the licensing department received a complaint with allegations the facility is not following Covid-19 protocols. The complaint alleged a staff member had Covid-19 symptoms and was forced to work. The complaint alleged no contract tracing was completed. The complaint was anonymous and therefore I was unable to contact the complainant for additional information.

On 11/16/21, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 11/17/21, I interviewed health and wellness director Myneshia Shipman at the facility. Ms. Shipman reported staff person 1 (SP1) reported Covid-19 symptoms on 11/4 and tested positive for Covid-19 on 11/7. Ms. Shipman reported the facility policy is for staff members to wear a face shield and face mask. Ms. Shipman reported SP1 was able to wear the appropriate personal protective equipment (PPE) and therefore there was no direct exposure from SP1 to residents or staff. Ms. Shipman reported due to no direct exposure, no testing of residents or staff members was completed. Ms. Shipman reported the facility has monitored the residents for Covid-19 and no residents have exhibited symptoms. Ms. Shipman reported there has been no additional positive cases.

On 11/17/21, I interviewed administrator Allison Williams at the facility. Ms. Williams reported if an employee has Covid-19 symptoms the facility strongly encourages them to complete testing at an outside vendor because the facility needs to keep their supply of Covid-19 tests in case the facility experiences an outbreak. Ms. Williams reported on 11/6, SP1 worked at the facility and reported symptoms but they were not severe enough to test her. Ms. Williams reported the supervisor offered to come to the facility the following day to test SP1. Ms. Williams reported SP1 went to an urgent care the next day and received a positive Covid-19 test result. Ms. Williams reported she had a conversation with the supervisor on supporting staff members with Covid-19 symptoms. Ms. Williams reported SP1 was able to appropriately wear her PPE and had no direct exposure with residents or staff members. Ms. Williams reported no additional testing was completed. Ms. Williams reported she reported the positive Covid-19 test to the local health department.

On 11/17/21, I interviewed SP1 by telephone. SP1 reported she exhibited Covid-19 symptoms on 11/6 soon after reporting to work. SP1 reported she completed the entrance screening and then started showing symptoms. SP1 reported she contacted her supervisor to report the symptoms. SP1 reported the supervisor reported there was no one available to work her shift and therefore she needed to continue to work. SP1 reported the supervisor offered to come into the facility the following day to test her. SP1 reported she went the following morning to an urgent care and received a positive Covid-19 test result. SP1 reported she was throwing up, had a fever, and body aches. SP1 reported she worked with the assisted living and memory care residents. SP1 reported she contacted the appropriate management to inform them of her symptoms.

On 11/18/21, I interviewed Midland County Health Department Tia Hagle-Gall by telephone. Ms. Hagle-Gall reported with a positive staff member at a facility the facility has a responsibility to test all residents and staff that had contact with the staff member for the previous 48 hours. Ms. Hagle-Gall reported this is recommended to ensure the safety of the residents and staff members. Ms. Hagle-Gall reported if the staff member was wearing the appropriate PPE, then those that had 15 minutes of contact that was three feet separated should be tested. Ms.

Hagle-Gall reported to be on the safe side all residents and staff members should be tested.

I reviewed the October 12, 2021, *MDHHS Epidemic Order Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities*. The order read that Homes for the Aged are to conduct testing in accordance with the CMS QSO-20-38-NH. When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction’s public health authority.

I reviewed CMS QSO-20-38-NH. The order read,

“Staff with symptoms or signs of COVID-19, vaccinated or not vaccinated, must be tested immediately and are expected to be restricted from the facility pending the results of COVID-19 testing.”

APPLICABLE RULE	
R 325.1917	Compliance with other laws, codes, and ordinances.
	(1) A home shall comply with all applicable laws and shall furnish such evidence as the director shall require to show compliance with all local laws, codes, and ordinances.
ANALYSIS:	SP1 exhibited symptoms of Covid-19 during her shift at the facility. SP1 reported these symptoms to management but was not immediately tested nor taken off work pending the Covid-19 test result. In addition, following the positive Covid-19 test, the facility did not conduct outbreak testing that was recommended by their public health authority.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged there is lack of staff at the facility. The complainant alleged on third shift there are only two caregivers in the building.

Ms. Shipman reported third shift is the hardest shift to fill but there are always three caregivers at the facility. Ms. Shipman reported when the schedule is developed if there are open shifts, the shifts are offered to agency staff and then as a bonus shift

to facility staff. Ms. Shipman reported if the shift is not picked up, management will then work the shift. Ms. Shipman reported the facility is currently hiring two full time caregivers for third shift. Ms. Shipman reported on assisted living there are three residents that are a two person assist, two residents on oxygen, and three residents that require frequent bathroom assistance. Ms. Shipman reported on memory care there are three residents that are a two person assist, one resident on oxygen, two residents with behaviors, and three residents that require frequent bathroom assistance. Ms. Shipman reported typically on third shift most of the residents are sleeping. Ms. Shipman reported the residents receive good care.

On 11/17/21, I interviewed Michelle Anderson at the facility. Ms. Anderson reported she has worked third shift. Ms. Anderson reported typically there are three people on third shift with one person assigned to each unit and a float caregiver. Ms. Anderson reported there is adequate staff on third shift.

On 11/17/21, I interviewed Resident A at the facility. Resident A reported the staff is very helpful and responsive to her needs. Resident A reported no concerns with the staff at the facility.

On 11/17/21, I interviewed Resident B at the facility. Resident B reported the facility is a good place to live. Resident B reported the staff is excellent. Resident B reported no concerns.

SP1 reported she works third shift and typically works with at least two other caregivers. SP1 reported there is one caregiver assigned to each unit and a caregiver that floats between the two units. SP1 reported the caregivers communicate to ensure resident needs are met. SP1 reported no concerns with staffing at the facility.

I reviewed the staff schedule and time stamps for 10/31-11/17. The schedule revealed there was always at minimum three caregivers that worked on third shift.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Review of schedules and attestations from staff revealed the facility is operating at their desired staffing level. Employees reported they are meeting the needs of the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Ms. Williams reported the facility did not complete an incident report for SP1's positive Covid-19 test result.

APPLICABLE RULE	
R 325.1924	Reporting of incidents, accidents, elopement.
	(1) The home shall complete a report of all reportable incidents, accidents, and elopements. The incident/accident report shall contain all of the following information: (a) The name of the person or persons involved in the incident/accident. (b) The date, hour, location, and a narrative description of the facts about the incident/accident which indicates its cause, if known. (c) The effect of the incident/accident on the person who was involved, the extent of the injuries, if known, and if medical treatment was sought from a qualified health care professional. (d) Written documentation of the individuals notified of the incident/accident, along with the time and date. (e) The corrective measures taken to prevent future incidents/accidents from occurring.
ANALYSIS:	An incident report is required if a resident suffers or is at risk of more than minimal harm. A staff person who tests positive could have exposed a resident or "put the resident at risk of more than minimal harm". For this reason, the facility was to submit an incident report when SP1 tested positive for Covid-19.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/10/21, I conducted an exit conference with authorized representative Katelyn Fuerstenberg by telephone. Ms. Fuerstenberg reported she has been told positive cases of Covid-19 are not a reportable incident.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Kimberly Horst 11/22/21

Kimberly Horst Date
Licensing Staff

Approved By:

Russell Misiak 12/10/21

Russell B. Misiak Date
Area Manager