



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 18, 2024

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

RE: License #: AH560342673
StoryPoint of Midland
2329 Rockwell Drive
Midland, MI 48642

Dear Katelyn Fuerstenberg:

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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. 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 (517) 284-9730.

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

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AH560342673 |
| Licensee Name: | Senior Living Midland, LLC |
| Licensee Address: | 2200 Genoa Business Pk Dr Brighton, MI 48114 |
| Licensee Telephone #: | (248) 438-2200 |
| Authorized Representative: | Katelyn Fuerstenberg |
| Administrator: | Sara Schram |
| 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 |
| Capacity: | 42 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/18/2024

Date of Bureau of Fire Services Inspection if applicable: 11/08/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 1/18/2024

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 25
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes No If no, explain. Interviewed staff regarding medication administration procedures
- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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: SI#2022A0784052: 1921(1)(b)/1922(1)
- Number of excluded employees followed up? 6 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| <p>This facility was found to be in non-compliance with the following rules:</p> | |
| <p>R 325.1922</p> | <p>Admission and retention of residents.</p> |
| | <p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority 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” (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. 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.</p> |
| <p>Upon request, the facility was unable to provide an annual TB risk assessment which included residents.</p> | |
| <p>R 325.1923</p> | <p>Employee's health.</p> |
| | <p>(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.</p> |

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| Upon request, the facility was unable to provide an annual TB risk assessment which included staff | |
| R 325.1924 | Reporting of incidents, accidents, elopement. |
| | <p>(1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following:</p> <p>(a) Reviewing and evaluating incidents.</p> <p>(b) Identifying effective means to correct any deficient practice.</p> <p>(c) Ensuring resident safety and quality of care.</p> <p>(d) Improving procedures.</p> <p>(2) The program must be reviewed annually by the administrator and governing body.</p> <p>(3) The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel that have training or experience with the type of the incident being evaluated.</p> <p>(4) The multi-disciplinary team shall meet not less than twice each calendar year or more frequently as needed to review an incident or incidents.</p> <p>(5) Records must be maintained that demonstrate incident reporting</p> |
| Upon request, the facility was unable to provide evidence of a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. | |

IV. RECOMMENDATION

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

Aaron L. Chum

1/18/2024

Licensing Consultant

Date