



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2024

Katelyn Fuerstenberg
Story Point of Grand Ledge
11555 Silverstone Lane
Grand Ledge, MI 48837

RE: License #:	AH230342257 Story Point of Grand Ledge 11555 Silverstone Lane Grand Ledge, MI 48837
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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 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 (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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH230342257
Licensee Name:	Senior Living Grand Ledge, LLC
Licensee Address:	2200 Genoa Businss Pk Dr Brighton, MI 48114
Licensee Telephone #:	(517) 622-0625
Authorized Representative:	Katelyn Fuerstenberg
Administrator:	Holly Ridenour
Name of Facility:	Story Point of Grand Ledge
Facility Address:	11555 Silverstone Lane Grand Ledge, MI 48837
Facility Telephone #:	(517) 622-0625
Original Issuance Date:	08/26/2013
Capacity:	40
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2024

Date of Bureau of Fire Services Inspection if applicable: 08/09/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 03/20/2024

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 20
No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- 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:
2023A1021044: 04/24/2023: R 325.1931 (2); R 325.1931(5)
- 2023A1021034 08/04/2021: R 325.1921 (1); R 325.1932 (2)
- Number of excluded employees followed up? 5 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Admission and retention of residents.
	(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.
	(p) "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.
Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Lorazepam Tab 0.5mg with instruction to administer one tablet twice a day as needed for anxiety/agitation. Review of Resident B's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.	
R 325.1921	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.
Review of Resident A's service plan revealed lack of detail specifying level of care Resident A requires. In the service plan, it read, <i>"Bathing: Resident requires assistance with (specify transferring in/out, steadying, washing/drying self, applying lotion, etc). Bathing: Requires Reminders."</i> There is lack of detail for staff to know the level and what type of assistance Resident A requires. Similar findings were noted with Resident B and Resident C.	

R 325.1922	Admission and retention of residents.
	<p>(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 HealthCare 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>Review of facility documents revealed the facility did not complete the tuberculosis annual risk assessment.</p>	
R 325.1923	Employee’s Health.
	<p>(2) A home shall provide annual tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening shall consist of intradermal skin test, chest x-ray, or other methods as recommended by the local health authority.</p>
<p>Review of Staff Person 1 (SP1) employee records revealed the facility did not have the results of the tuberculosis test.</p>	
R 325.1931	Employees; general provisions.
	<p>(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:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities.

	<p>(e) Safety and fire prevention.</p> <p>(f) Containment of infectious disease and standard precautions.</p> <p>(g) Medication administration, if applicable.</p>
<p>Review of SP1 and SP2 employee record revealed the facility did not have any record of staff training.</p>	
R 325.1954	Meal and food records.
	<p>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</p>
<p>Review of facility documentation revealed the facility does not keep a meal census to include the record and amount of food used.</p>	
R 325.1976	Kitchen and dietary.
	<p>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</p>
<p>Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated.</p>	
R 325.1964	Interiors.
	<p>(9) Ventilation shall be provided throughout the facility in the following manner:</p> <p>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
<p>Inspection of the facility revealed there was no continuous air flow in the public bathroom in assisted living and in the beauty salon.</p>	
R 325.17979	General maintenance and storage.
	<p>(3) Hazardous and toxic materials shall be stored in a safe manner.</p>

Inspection of the facility revealed oxygen tanks were not stored properly as observed by oxygen tanks were in a resident room.

IV. RECOMMENDATION

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

Kimberly Host

03/20/2024

Licensing Consultant Date