



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 11, 2024

Katelyn Fuerstenberg
StoryPoint Novi
42400 12 Mile Rd
Novi, MI 48377

RE: License #: AH630404534

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.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630404534
Licensee Name:	42400 W 12 Mile Rd OpCo LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Authorized Representative:	Katelyn Fuerstenberg
Administrator:	Michael Hamid
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
Capacity:	116
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/04/2024

Date of Bureau of Fire Services Inspection if applicable: 03/14/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/04/2024

No. of staff interviewed and/or observed 22

No. of residents interviewed and/or observed 66

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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were 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:
Special investigation reports reviewed were full compliance and did not require completion of a CAP.
- Number of excluded employees followed up? 5 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:</p>	
R 325.1922	Admission and retention of residents.
	<p>(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.</p>
<p>Residents A, B, C, D, E, F, G, and H have signed admission contracts with a licensee that the facility is no longer affiliated with. A bill of sale occurred on 3/1/24, and administrator Michael Hamid reported that contracts have only been updated for newly admitted residents or those residents whose anniversary date has fallen after the sale took place.</p>	
R 325.1932	Resident medications.
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p> <p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the individual who administered the prescribed medication.</p> <p>(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.</p>

Medication administration records (MAR) were reviewed for the previous five weeks, and the following observations were made:

Resident A missed one or more doses of Creon, Lidocaine and Quetiapine on 3/19/24 and 3/30/24. The MAR was blank and did not list a reason for the missed doses. In follow up correspondence, Mr. Hamid provided documentation that Resident A spit the medications out on 3/19 and refused the medications on 3/30.

Resident B missed a dose of Tamsulosin on 3/19/24. The MAR was blank and did not list a reason for the missed dose. In follow up correspondence, Mr. Hamid provided documentation that Resident B was out of the facility for that med pass.

Resident C missed a dose of Albuterol on 3/29/24. The MAR was blank and did not list a reason for the missed dose. While onsite, I was provided documentation that the medication was on order and waiting delivery from the pharmacy. In follow up correspondence, Mr. Hamid provided documentation that Resident C was out of the facility for that med pass and clarified that the medication was not on order at the time.

Resident D missed a dose of Humalog on 3/1/24. The MAR was blank and did not list a reason for the missed dose. The MAR instructs that Resident D is to receive this medication before meals, however in follow up correspondence, Mr. Hamid provided documentation that Resident D was eating lunch and that is why the medication was missed.

Resident I missed a dose of Aripiprazole, Atorvastatin, Memantine, Metformin, Novolog, Primidone, Propranolol and Trazodone on 3/30/24. The MAR was blank and did not list a reason for the missed doses. In follow up correspondence, Mr. Hamid provided documentation that Resident I was administered the medication, and it is unclear why staff failed to properly document the medication passes. Resident I also missed a dose of Albuterol on 3/30/24. In follow up correspondence, Mr. Hamid provided documentation that the medication was on order and waiting delivery from the pharmacy.

Mr. Hamid added that med passing staff are trained on MAR coding, including how to document when a medication is not administered. Per Mr. Hamid, staff should never leave the record blank.

R 325.1972	Solid wastes.
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

<p>Garbage container throughout the facility were observed without lids, most notably in the memory care kitchenette.</p>	
R 325.1976	Kitchen and dietary.
	(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>Perishable food items (pie crust and baking soda) located in the dry storage area were not being stored properly, as the items were left uncovered to the open air in their original packaging after being opened.</p>	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
<p>A mini refrigerator located in the theater room was missing a thermometer. Food and beverage items were housed in the fridge at the time of observation.</p>	
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.
<p>I observed two containers of dry cereal that each housed a plastic cup inside the container. It was evident that the cups were left in the containers permanently to be used as a scooping mechanism and were not being sanitized or replaced after each use.</p>	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.

A refrigerator in the commercial kitchen was observed to have a broken seal along the bottom of the door.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Hazardous and toxic materials (various cleaning agents) were found unsecured in the theater room. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.	

IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan and receipt of the annual fee payment, renewal of the license is recommended.



04/11/2024

Elizabeth Gregory-Weil
Licensing Consultant

Date