



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2025

Katelyn Fuerstenberg
StoryPoint Birmingham
2400 E. Lincoln Street
Birmingham, MI 48009

RE: License #: AH630381578
Investigation #: 2025A1019032

Dear Licensee:

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.

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,

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

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|---------------------------------------|--|
| License #: | AH630381578 |
| Investigation #: | 2025A1019032 |
| Complaint Receipt Date: | 01/30/2025 |
| Investigation Initiation Date: | 01/31/2025 |
| Report Due Date: | 04/01/2025 |
| Licensee Name: | 2400 East Lincoln St OpCo LLC |
| Licensee Address: | 4500 Dorr Street Toledo, OH 43615 |
| Licensee Telephone #: | (419) 247-2800 |
| Administrator: | Haylee Hutchinson |
| Authorized Representative: | Katelyn Fuerstenberg |
| Name of Facility: | StoryPoint Birmingham |
| Facility Address: | 2400 E. Lincoln Street Birmingham, MI 48009 |
| Facility Telephone #: | (248) 940-2050 |
| Original Issuance Date: | 03/29/2018 |
| License Status: | REGULAR |
| Effective Date: | 08/01/2024 |
| Expiration Date: | 07/31/2025 |
| Capacity: | 128 |
| Program Type: | AGED ALZHEIMERS |

II. ALLEGATION(S)

| | Violation Established? |
|---------------------------------------|------------------------|
| Medication errors are occurring. | Yes |
| Security doors aren't working. | No |
| The facility is not properly cleaned. | No |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|---|
| 01/30/2025 | Special Investigation Intake 2025A1019032 |
| 01/31/2025 | Special Investigation Initiated - Letter Notified APS of the allegations |
| 01/31/2025 | APS Referral |
| 02/05/2025 | Inspection Completed On-site |
| 02/18/2025 | Inspection Completed BCAL Sub. Compliance |

ALLEGATION:

Medication errors are occurring.

INVESTIGATION:

On 1/30/25, the department received a complaint that alleged "*med tech giving other residents medication that don't belong to that specific resident*". The complaint did not indicate which residents received the wrong medications, what staff were responsible for giving incorrect medication and did not provide a timeframe that the allegations occurred in. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 2/5/25, I conducted an onsite inspection. I interviewed administrator Haylee Hutchinson at the facility. The administrator denied knowledge of any medication errors and reported that medication administration records (MAR) are reviewed regularly.

Given the lack of information and no way to identify the residents referenced in the complaint, 10 resident records were randomly selected for review. Medication administration records were reviewed for the previous five weeks, and the following observations were made:

Resident A missed a scheduled dose of aspirin on 1/1/25, 1/2/25, 1/3/25, 1/4/25, 1/7/25, 1/8/25, 1/11/25, 1/12/25, 1/17/25, 1/21/25, 1/25/25 and 1/26/25. Resident A missed a scheduled dose of clopidogrel on 2/4/25, 2/5/25, 2/7/25, 2/8/25 and 2/9/25. Resident A missed one or both scheduled doses of memantine from 2/1/25-2/9/25. Resident A missed a scheduled dose of rosuvastatin and tamsulosin on 2/1/25, 2/2/25, 2/3/25, 2/4/25, 2/5/25, 2/6/25, 2/7/25 and 2/9/25. For all the above dates, staff documented the reason for the missed doses as the medication not being on the med cart. In follow-up correspondence with the administrator, it was confirmed that the medications were available the entire time and staff incorrectly documented that they were not in the building.

Resident B missed a scheduled dose of Ativan gel from 1/23/25-1/31/25 and from 2/2/25-2/4/25. Staff documented the reason for the missed doses as the medication not being on the med cart. In follow-up correspondence with the administrator, she reported that the medication is written as a 10-day supply and that a new prescription was needed to obtain the medication. Additionally, staff documented that the medication was administered to Resident B on 2/1/25, in between dates that staff indicated that the medication was not available; this is a documentation error.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1932 | Resident medications. |
| | (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. |
| ANALYSIS: | While it could not be determined that residents received the incorrect medications as the complaint alleged, review of Residents' A and B's medication administration records reveal that they did not receive all their medications as prescribed during the timeframe reviewed. |
| CONCLUSION: | REPEAT VIOLATION ESTABLISHED |

ALLEGATION:

Security doors aren't working.

INVESTIGATION:

The complaint alleged that there are security doors in the facility that are not functioning properly. The complaint did not indicate which doors were affected. Due to the anonymous nature of the complaint, additional information could not be obtained.

The administrator reported that there was a door in the memory care unit that was being worked on but denies that it was out of order. The administrator could not speak to the exact nature of the work being done to the door and directed me to speak with Employee 1.

While onsite, Employee 1 was interviewed. Employee 1 reported that the door was initially designed with a 15 second delayed egress and the licensee had requested to change the locking mechanism. Employee 1 reported that throughout the duration of the work being completed, the door lock and alarm functions were not affected, but the delay function was removed. Employee 1 reported that instead of having to press on the cross bar for 15 seconds to get the lock to release, it will now only release when the fire suppression system is triggered or by pressing a release button on the wall. Employee 1 reported that the work took two to three weeks to complete in total during November and December 2024 and that the change to the locking mechanism was reviewed and approved by the department. In follow up correspondence, I was provided with an approved plan review from The Bureau of Fire Services confirming approval of the changes to the door.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1964 | Interiors. |
| | (1) A building shall be of safe construction and shall be free from hazards to residents, personnel, and visitors. |
| ANALYSIS: | Staff attestations confirm that a secured door in the memory care unit was being worked on but deny that the locking mechanism was affected. At the time of my inspection, the door was locked and alarmed. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

The facility is not properly cleaned.

INVESTIGATION:

The complaint alleged “*the facility doesn’t have housekeeping to properly clean and disinfect on afternoon and nights*”. The complaint alleges that due to the lack of housekeeping on afternoons and evenings, 70% of residents are sick with a virus.

The administrator reported that recently there were some confirmed cases of norovirus at the facility (16 residents and 5 staff were symptomatic). The administrator reported that in response to the virus, communal dining and activities were cancelled in efforts to help prevent the spread of the highly contagious virus. The administrator reported that residents’ symptoms were being closely monitored and as of 2/5/25, dining and activities have resumed.

While there is no requirement to have designated housekeeping staff nor a requirement as to what hours staff are to provide housekeeping services, the facility’s protocol was reviewed. The administrator reported that there are four assigned housekeeping staff, two maintenance staff that assist to provide housekeeping services as well as care staff that conduct room tidies and additional cleaning as needed. The administrator reported that the full-time housekeeping staff work normal business hours Monday-Friday and part-time housekeeping staff who work on the weekends. The administrator reported that the facility uses industrial strength cleaning agents which sanitize the surfaces they are used on.

While onsite, I was provided with housekeeping staff schedules for the previous five weeks. I observed that Monday-Friday, three to four staff were scheduled between the hours of 8:00am and 5:00pm. On the weekends, one staff was scheduled between 8:00am-5:00pm.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1979 | General maintenance and storage. |
| | (1) The building, equipment, and furniture shall be kept clean and in good repair. |

| | |
|--------------------|---|
| ANALYSIS: | The facility has designated housekeeping staff on site seven days per week. While there have been confirmed norovirus cases, there is a lack of evidence to suggest that the presence of the virus in the facility is a direct result of a lack of housekeeping as the complaint alleged. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



02/24/2025

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



02/24/2025

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

Date