



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 24, 2025

Katelyn Fuerstenberg  
StoryPoint Farmington Hills  
30637 W 14 Mile Rd  
Farmington Hills, MI 48334

RE: License #: AH630402476  
StoryPoint Farmington Hills  
30637 W 14 Mile Rd  
Farmington Hills, MI 48334

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.

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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630402476
<b>Licensee Name:</b>	30637 W 14 Mile Rd OpCo LLC
<b>Licensee Address:</b>	4500 Dorr Street Toledo, OH 43615
<b>Licensee Telephone #:</b>	(248) 983-4780
<b>Authorized Representative:</b>	Katelyn Fuerstenberg
<b>Administrator:</b>	Sandra Salvati
<b>Name of Facility:</b>	StoryPoint Farmington Hills
<b>Facility Address:</b>	30637 W 14 Mile Rd Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 983-4780
<b>Original Issuance Date:</b>	03/30/2022
<b>Capacity:</b>	120
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/16/2025

Date of Bureau of Fire Services Inspection if applicable: 10/01/2024

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 09/18/2025

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 22

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. No resident funds held in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan 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:  
Licensure Survey Report dated 11/29/2022 to CAP dated 12/14/2022: R 325.1921(1)(b), R 325.1922(7), R 325.1923(2), R 325.1932(1), R 325.1973(1), R 325.1979(1), R 325.1979(3)
- Special Investigation Report (SIR) 2023A1019035 dated 4/26/2023 to CAP dated 5/17/2023: R 325.1932(2), R 325.1932(3)(iv)(v)
- SIR 2023A1019067 dated 8/31/2023 to CAP dated 9/22/2023: R 325.1921(1)(b)
- SIR 2023A1027039 dated 3/27/2023 to CAP dated 5/3/2023: R 325.1931(2), R 325.1932(2)
- SIR 2023A1035005 dated 8/21/2023 to CAP dated 9/1/2023: R 325.1931(2)
- SIR 2024A0784025 dated 2/29/2024 to CAP dated 3/11/2024: R 325.1922(5)
- SIR 2024A1019053 dated 5/28/2024 to CAP dated 6/13/2024: R 325.1921(1)(b)
- SIR 2025A1035032 dated 3/17/2025 to CAP dated 4/1/2025: R 325.1931(1)
- Number of excluded employees followed up? Seven N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 325.1913** Licenses and permits; general provisions.

**(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.**

During the on-site inspection, it was determined that Sandra Salvati was serving as the home's administrator. However, the Department has not received notification of this change in appointment of the administrator.

#### **VIOLATION ESTABLISHED.**

**MCL 333.20201** Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.

**(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization that is subject to chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or agency shall post the policy at a public place in the health facility or agency and shall provide the policy to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.**

Although Administrator Sandra Salvati stated that Resident Rights are provided to each resident, they were not publicly posted in accordance with the requirements of the Public Health Code.

**VIOLATION ESTABLISHED.**

**R 325.1979                    General maintenance and storage.**

**(3) Hazardous and toxic materials shall be stored in a safe manner.**

In the memory care activity area, Clorox cleaning wipes and nail polish remover were observed on and above the sink. These hazardous materials were removed at the time of the inspection.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Licensure Survey Report (LSR) dated 11/29/2022, CAP dated 12/14/2022]**

**R 325.1922                    Admission and retention of residents.**

**(4) If there is a change in a term or condition in the written resident admission contract, then the home or home's designee shall review the change with the resident and the resident's authorized representative, if any.**

A review of Resident C's admission contract revealed that it was signed and dated under the previous licensee. An updated contract was not completed following the change in ownership.

**VIOLATION ESTABLISHED.**

**R 325.1922                    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.**

Resident E's service plan, updated on June 27, 2025, indicated that he received outside services through hospice; however, it lacked the hospice agency's information. The plan also noted that he received therapy services from Legacy Medical Group, making the plan contradictory and unclear.

The Administrator provided a list of residents receiving hospice services. However, Resident F's service plan, updated on June 30, 2025, and Resident G's service plan, updated on July 2, 2025, did not identify the outside provider responsible for their hospice care.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see special investigation report (SIR) 2024A0784025 dated 2/29/2024, CAP dated 3/11/2024]**

**R 325.1922 Admission and retention of residents.**

**(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 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.**

Residents D, F and G lacked an initial TB screening upon admission to the home.

Additionally, the home lacked a TB Risk Assessment completed within the previous year.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Licensure Survey Report (LSR) dated 11/29/2022, CAP dated 12/14/2022]**

**R 325.1923**

**Employee's health.**

**(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.**

A review of Employee #2's tuberculosis (TB) screening showed that a Tuberculin Skin Test was administered on January 28, 2025; however, documentation was incomplete as it did not include the test site or the interpretation of results.

Review of Employee #3's TB screening revealed that the date of administration nor when it was read could not be determined.

Additionally, the home lacked a TB Risk Assessment completed within the previous year.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Licensure Survey Report (LSR) dated 11/29/2022, CAP dated 12/14/2022]**

**R 325.1931**

**Employees; general provisions.**

**(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.**

A review of the previous two-week schedule revealed that it did not identify the supervisor of resident care assigned to each shift.

**VIOLATION ESTABLISHED.**

**R 325.1931 Employees; general provisions.**

**(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:**

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

A review of the home's training program revealed inconsistent documentation and a lack of evidence that training occurred. The Administrator reported that disaster plan training was provided during orientation through a poster board review, followed by a walkthrough of the home conducted by the maintenance staff; however, there was no documentation of this training in employee files. Additionally, care staff files showed completion of a caregiver competency checklist, but the files for Employees #2 and #4 lacked documentation confirming the checklist was completed. Furthermore, Employee #4's file was missing Relias training for reporting.

**VIOLATION ESTABLISHED.**

**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.**

**For Reference:  
R 325.1932**

**Resident's medications.**

**(1)A service plan must identify prescribed medication to be self-administered or managed by the home.**

**For Reference:  
R 325.1932**

**Resident's medications.**

**(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:**

**(v) The initials of the individual who administered the prescribed medication.**

A review of the narcotic count log on one medication cart revealed incomplete documentation. Staff did not consistently sign to verify that the narcotic counts had been completed.

Additionally, a review of the August 2025 medication administration records (MARs) showed that staff did not always initial to confirm medications were administered according to physician orders. For example, Resident A's MAR had missing staff initials or gaps on August 12, 16, 17, and 24, 2025. Resident C's MAR lacked staff initials on August 24, 2025. Resident F's MAR was missing staff initials for Tramadol on August 16, 2025. Resident G's MAR lacked staff initials from August 20 through 22, and on August 24, 2025. Due to these gaps, it could not be determined whether the medications were administered as prescribed.

Resident E's August 2025 MAR indicated Coreg was to be administered twice daily and held if systolic blood pressure was below 100. However, staff initialed administration despite a recorded blood pressure of 91/66.

Furthermore, several as-needed (PRN) medications lacked documented reasons or diagnoses for administration. Resident A's PRN Apomorphine, Resident C's PRN Polyethylene Glycol and Acetaminophen-Codeine, and Resident D's PRN Alprazolam (prescribed on August 21, 2025) did not include indications for use.

Resident G was prescribed two PRN medications for anxiety, Alprazolam and Lorazepam, but the MAR lacked clear instructions on whether these medications were to be given together, separately, alternately, or as substitutes.

Lastly, Resident B's service plan did not specify whether staff administered his medications or if he self-administered.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see SIR 2023A1019035 dated 4/26/2023, CAP dated 5/17/2023]**

**R 325.1943 Resident registers.**

**(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:**

- (a) Name, date of birth, gender, and room.**
- (b) Name, address, and telephone number of next of kin or authorized representative, if any.**
- (c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.**
- (d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.**
- (e) Name, address, and telephone number of resident's licensed health care professional, if known.**

The Resident Register was not updated to accurately reflect the current residents residing in the home.

**VIOLATION ESTABLISHED.**

**R 325.1953 Menus.**

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

An interview with Employee #1 revealed that one resident was on a pureed diet and that the home maintained a corresponding pureed diet menu; however, the menu was not posted.

**VIOLATION ESTABLISHED.**

**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.**

Observations revealed that the home washed dishes using either a dish machine or a three-compartment sink; however, there were no records verifying that the dish machine reached the required temperatures or that sanitization levels were met in the three-compartment sink.

**VIOLATION ESTABLISHED.**

**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.**

Review of the home's daily food and refrigerator temperature logs for September 2025 revealed they were incomplete, with food temperatures not recorded for all meals.

**VIOLATION ESTABLISHED.**

**R 325.1976            Kitchen and dietary.**

**(8) A reliable thermometer shall be provided for each refrigerator and freezer.**

Observation of the free-standing refrigerators and freezer in the kitchen, as well as the walk-in refrigerator and freezer, revealed that they lacked reliable thermometers.

**VIOLATION ESTABLISHED.**

**R 325.1954            Meal and food records.**

**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.**

A review of the September 2025 meal census revealed that it was incomplete and did not consistently document the number of residents served on the following dates: September 1–3, 5, 10, and 14, 2025.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

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

Handwritten signature of Jessica Rogers in cursive script.

09/24/2025

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Date

Licensing Consultant