



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 2, 2025

Mary Ostrowski
StoryPoint Livonia
33579 8 Mile Road
Livonia, MI 48152

RE: License #: AH820405630
Investigation #: 2026A1019001

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) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

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

License #:	AH820405630
Investigation #:	2026A1019001
Complaint Receipt Date:	10/01/2025
Investigation Initiation Date:	10/02/2025
Report Due Date:	11/30/2025
Licensee Name:	AEG Livonia Opco, LLC
LicenseeAddress:	1610 Des Peres Road, Suite 385 St. Louis, MO 63131
Licensee Telephone #:	(314) 272-4980
Administrator and Authorized Representative:	Mary Ostrowski
Name of Facility:	StoryPoint Livonia
Facility Address:	33579 8 Mile Road Livonia, MI 48152
Facility Telephone #:	(248) 665-8688
Original Issuance Date:	03/09/2022
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	58
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's personal hygiene needs were not met.	Yes
Resident A's sheets were not changed.	No
Additional Findings	No

III. METHODOLOGY

10/01/2025	Special Investigation Intake 2026A1019001
10/02/2025	Special Investigation Initiated - Letter Emailed licensee requesting documentation.
10/13/2025	Inspection Completed On-site
10/17/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Resident A's personal hygiene needs were not met.

INVESTIGATION:

On 10/1/25, the department received a complaint alleging that Resident A went without toilet paper, had overgrown toenails and was not being bathed. The number provided by the complainant was invalid, therefore additional information could not be obtained.

On 10/13/25, I conducted an onsite inspection. Administrator and authorized representative (AR) Mary Ostrowski was not present, so Employee 1 was interviewed in her absence. Employee 1 reported that Resident was no longer at the facility and moved out the weekend of 9/27/25. Employee 1 reported that Resident A resided in the same apartment as her husband in assisted living until he was hospitalized. Employee 1 reported that Resident A liked to walk around and was an elopement risk, so with her husband out of the facility the decision was made to move her to memory care for more safety and monitoring. Employee 1 reported that Resident A nor her family ever reported any issues to her, and she was unaware of any care related complaints until a Yelp review was posted online after the resident moved out.

Regarding toilet paper, Employee 1 reported that each resident apartment should be stocked with toilet paper. If a resident is out or is running low, there is a large supply available in a housekeeping storage closet. Employee 1 reported that Resident A was independent with toileting and denied that she was aware of a time that Resident A did not have toilet paper. Employee 1 reported that staff are in resident rooms daily conducting room tidies and toilet paper should be replaced at that time. Employee 1 reported that Resident A or any visitor could have asked for additional toilet paper and it would have been provided.

Resident A's service plan dated 9/4/25 read "*Resident independent with all tasks related to toileting without reminders from staff*". While onsite, I was taken to the closet where the toilet paper is held. I observed a large shelving unit with dozens of toilet paper rolls.

In follow up correspondence with the AR, she reported that there was a time that she was informed that Resident A was out of toilet paper. The AR reported that Resident A's room was restocked immediately once it was brought to staff's attention and confirmed that they keep adequate toilet paper supply in the housekeeping closet.

Regarding her toenails, Employee 1 reported that the facility has a visiting podiatrist that residents can sign up for. Employee 1 provided a power of attorney document that demonstrated that Resident A is her own person. The document is not enforced until she is deemed incompetent by two physicians. I reviewed Resident A's admission contract and additional documentation provided upon admission and observed that Resident A did not sign up for podiatry services. Employee 1 reported that Resident A walked all over the community constantly, every single day and never expressed any issues with her toenails or discomfort with her feet. Employee 1 reported that Resident A nor her family expressed any concern with her feet, and she denied knowledge of any issue.

In follow up correspondence with the AR, she reported that she was the main point of contact for Resident A's family and reported that no one came to her with concerns about Resident A's feet or toenails. The AR stated "*[Resident A] walked all day around the memory care area and exhibited no signs or issues with her feet.*"

Regarding bathing, Employee 1 reported that she needed standby assistance with this task. Employee 1 reported that Resident A would refuse often and at times, staff had difficulty redirecting her. Employee 1 reported that staff are required to document bathing activities (including refusals).

In follow up correspondence with the AR, she reported that Resident A should have received two showers per week and provided shower sheet documentation for September 2025. Staff documented that Resident A bathed on 9/2/25 and 9/11/25; no refusals were documented for the timeframe reviewed.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	<p>Direct observation of the facility revealed large amounts of toilet paper available for residents. While there was a time that staff needed to restock Resident A's room, it appears to be an isolated incident.</p> <p>Review of Resident A's admission documents reveal that she did not sign up for podiatry services.</p> <p>Resident A requires staff assistance with bathing. Staff are to document when bathing activities occurred including refusals. The facility supplied bathing documentation reviewed revealed that Resident A bathed only two times during her last month at the facility. For this reason, a violation is established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A's sheets weren't changed.

INVESTIGATION:

The complaint read that staff didn't change Resident A's sheets. Employee 1 reported that laundry is done weekly for each resident, and more often if needed. Employee 1 reported that Resident A was not a resident who had accidents and was not incontinent, so she did not require more frequent laundry services. Employee 1 reported that laundry typically corresponds with the Resident's shower day and that the process also includes changing the sheets at that time. At the time of my onsite, Resident A had moved out a few weeks prior and I was unable to observe the condition of her bed or linens.

APPLICABLE RULE	
R 325.1935	Bedding, linens, and clothing.
	(1) Bedding shall be washable, in good condition, and clean, and shall be changed at least weekly or more often as required.
ANALYSIS:	Facility staff described standard protocol of weekly laundering of residents' personal items as well as weekly bedding changes. Due to the resident no longer residing at the facility, I was unable to see the condition of her bedding and could not establish a violation had occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon completion of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



10/21/2025

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



12/01/2025

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

Date