



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 4, 2026

Rochelle Lyons
StoryPoint Birmingham
2400 E. Lincoln Street
Birmingham, MI 48009

RE: License #: AH630381578
Investigation #: 2026A1035004
StoryPoint Birmingham

Dear Rochelle Lyons:

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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 "Jennifer Heim".

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630381578
Investigation #:	2026A1035004
Complaint Receipt Date:	10/22/2025
Investigation Initiation Date:	10/23/2025
Report Due Date:	12/22/2025
Licensee Name:	2400 East Lincoln St OpCo LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Administrator:	Rochelle Lyons
Authorized Representative:	Haylee Hutchenson
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:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	128
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility is short-staffed.	No
Residents are not getting medications as ordered.	Yes
The facility has a disorganized program by not ensuring enough supplies are ordered to meet the needs of the residents. The facility does not monitor the cleanliness of the units and kitchen items.	No
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

III. METHODOLOGY

10/22/2025	Special Investigation Intake 2026A1035004
10/23/2025	Special Investigation Initiated - Letter
11/17/2025	Contact - Face to Face
01/02/2026	Inspection Complete. BCAL Sub Compliant.
01/02/2026	Exit Conference.

ALLEGATION:

The facility is short-staffed.

INVESTIGATION:

On October 22, 2025, the Department received a complaint through the online complaint system which read:

“Understaff resulting in resident falls.”

An additional complaint received October 31, 2025, stating, “they are always short staffed and that causes the residents to fall since they don't have help.”

On November 12, 2025, the department received an additional complaint alleging the facility is short staffed on every shift.

On November 7, 2025, an onsite investigation was conducted. While onsite, I interviewed staff person (SP)1 who states the average daily census is 118 residents. SP1 states the facility staffing goals are as follows:

“Our goal is to have 1 med tech on each floor and 1-2 caregivers on days and afternoons on the AL side. In our MC neighborhood our goal is to have 1-2 med techs with 2-3 care staff. On the midnight shift, our goal is to have 2-3 med techs in the building with 1-2 care associates assigned to each floor depending on where the med tech is primarily assigned with the goal of 1 care associate to 20 residents or less. The midnight med pass is very light, with some floors having no meds scheduled.”

While onsite, I interviewed SP2 who states staffing is good. The facility has significantly improved with the new management.

While onsite, I interviewed SP3 who states falls occur because residents are impulsive not because of staffing. SP3 states there is always room for improvement with staffing, but the memory care team works well together.

While onsite I interviewed SP4 who states, “we have plenty of staff.”

Through record review, the facility staffing levels are in accordance to stated staffing goals.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Through record review the facility staff according to their stated staffing goals. Through staff interview the facility staff appropriately and can meet the needs of the residents. Through direct observation approximately fifteen residents observed in the dining area on assisted living and ten residents on memory care unit well-groomed and dressed appropriately.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not getting medications as ordered.

INVESTIGATION:

On October 22, 2025, the Department received a complaint through the online complaint system with allegations of residents not receiving medications as ordered.

Through record review of October medication administration record: Resident A and Resident B received medications as ordered. Resident C had missed documented doses of Quetiapine 25mg, Vitamin B-12, and Vitamin D3. Resident D had missed documented doses of Atorvastatin, Caltrate 600 + D400, Ciclopirox, Memantine, Mirtazapine, Risperidone and Ensure Max. Resident E had missed doses of Amlodipine, Cephalexin, and levothyroxine. Resident F had missed documented doses of Senna. Resident G had missed documented doses of Risperidone, Senna, and Trazodone. Resident H had missed documented doses of Donepezil, Melatonin, and Vitamin B.

Within the records there were several missed scheduled documentation for “Incontinent Care, Shift Verification for patch, Supervision Monitoring, and monthly vital sign monitoring.”

APPLICABLE RULE	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Through record review of the month of October MAR for residents is review multiple doses of medication noted with missed documentation. Multiple missed scheduled documentations noted for Incontinent Care, Shift Verification, Vital Signs, and Supervision Documentation.”
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility has a disorganized program by not ensuring enough supplies are ordered to meet the needs of the residents. The facility does not monitor the cleanliness of the units and kitchen items.

INVESTIGATION:

On October 22, 2025, the Department received a complaint through the online complaint system with allegations that the facility does not maintain proper supply to care for residents such as briefs, cleaning supply, and toiletries. The complainant also made allegations that the facility does not maintain a clean environment within the community.

While onsite, I interviewed SP1 who states each area of the facility is on a cleaning schedule. The kitchen maintains their cleaning schedule and housekeeping maintains theirs with the care staff facilitating with the maintenance. SP1 states supplies are kept in the supply closet with overflow kept in separate closets convenient for all staff.

While onsite, I interviewed SP2 who states that the facility has plenty of supplies. When a floor runs out of briefs they may need to go to the overflow closet which may be on a different floor. SP2 states the facility does their best to maintain a clean environment.

While onsite, I interviewed SP3 who states there are plenty of supplies “the residents do not go without.”

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(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.
ANALYSIS:	Through direct observation, the Assisted Living Unit, Memory Care Unit, and Kitchen are free of clutter and well maintained. Through direct observation the facility had ample supply within the storage closets.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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



12/29/2025

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



01/02/2026

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