



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 10, 2026

Jennifer Herald  
Story Point of Grand Ledge  
11555 Silverstone Lane  
Grand Ledge, MI 48837

RE: License #: AH230342257  
**Story Point of Grand Ledge**  
**11555 Silverstone Lane**  
**Grand Ledge, MI 48837**

Dear Jennifer Herald:

Attached is the 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, the status of the license will remain unchanged. 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 (517) 335-5985.

Sincerely,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH230342257
<b>Licensee Name:</b>	Great Lakes Senior Living Communities LLC
<b>Licensee Address:</b>	5565 Bankers Avenue Baton Rouge, LA 70808
<b>Licensee Telephone #:</b>	(225) 766-3977
<b>Authorized Representative:</b>	Jennifer Herald
<b>Administrator:</b>	Jennifer Lear
<b>Name of Facility:</b>	Story Point of Grand Ledge
<b>Facility Address:</b>	11555 Silverstone Lane Grand Ledge, MI 48837
<b>Facility Telephone #:</b>	(517) 622-0625
<b>Original Issuance Date:</b>	08/26/2013
<b>Capacity:</b>	40
<b>Program Type:</b>	ALZHEIMERS AGED



**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

<p><b>This facility was found to be in non-compliance with the following rules:</b></p>	
<p><b>MCL 333.20173a</b></p>	<p><b>Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.</b></p>
	<p><b>(9) A staffing agency or covered facility shall use criminal history record information obtained under subsection (3) or (4) only for the purpose of evaluating an applicant's qualifications for employment, an independent contract, or clinical privileges in the position for which he or she has applied and for the purposes of subsections (5) and (7). A staffing agency or covered facility or an employee of the staffing agency or covered facility shall not disclose criminal history record information obtained under subsection (3) or (4) to a person who is not directly involved in evaluating the applicant's qualifications for employment, an independent contract, or clinical privileges. An individual who knowingly uses or disseminates the criminal history record information obtained under subsection (3) or (4) in violation of this subsection is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$1,000.00, or both. Except for a knowing or intentional release of false information, a staffing agency or covered facility has no liability in connection with a criminal history check conducted in compliance with this section or the release of criminal history record information under this subsection.</b></p>
<p>Review of the facility's employee list revealed that it did not correspond with the Workforce Background Check system regarding the number of current employees working at the facility.</p>	

R 325.1922	Admission and retention of residents.
	<b>(5) A home shall update each resident's service plan not less than annually or if there is a significant change in the resident's care needs. Changes must be communicated to the resident and the resident's authorized representative, if any.</b>
Review of Resident B's service plan revealed a lack of detail regarding her specific needs. The service plan read, " <i>Dressing requires assistance.</i> " The service plan did not go into any other details regarding level of assistance and methods staff were to follow to meet her needs.	
R 325.1922	Admission and retention of residents.
	<b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis (TB) 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 TB testing must be determined by a risk assessment as described in the 2005 Morbidity and Mortality Weekly Report (MMWR) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), and the 2019 update to these recommendations as described in the 2019 MMWR "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019" (<a href="http://dx.doi.org/10.15585/mmwr.mm6819a3">http://dx.doi.org/10.15585/mmwr.mm6819a3</a>.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. 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.</b>

Review of facility documentation revealed the facility did not complete the annual TB risk assessment.	
<b>R 325.1932</b>	<b>Resident's medications.</b>
	<b>(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.</b>
Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Lorazepam 0.5mg tablet with instruction to administer one tablet by mouth every four hours as needed for anxiety. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident C's MAR.	
<b>R 325.1932</b>	<b>Resident's medications.</b>
	<b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following (b) Complete an individual medication log that contains all of the following information: (v) The initials of the individual who administered the prescribed medication.</b>
Review of Resident D's MAR revealed Resident D was prescribed Acidophilus, Magnesium, and specialty drugs. On 03/29/2026, the facility did not document that these medications were administered.	
<b>R 325.1968</b>	<b>Toilet and bathing facilities.</b>
	<b>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</b>
Inspection of the facility revealed a spa room that was being used as a storage area.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>

Inspection of the facility kitchen revealed that the walk-in refrigerator contained items that were opened, unsealed, and were not dated (including but not limited to frozen vegetables).	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(9) An individual portion of food which is served and not eaten shall be destroyed.</b>
Inspection of the facility revealed there was leftover food that was not destroyed stored in a common area refrigerator.	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>
Inspection of the facility revealed oxygen tanks were stored in a resident's room.	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

*Kimberly Host*

04/10/2026

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Licensing Consultant

\_\_\_\_\_  
Date