



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 26, 2026

Rochelle Lyons
StoryPoint West Bloomfield
5475 West Maple
West Bloomfield, MI 48322

RE: License #: AH630381200

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.

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,

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630381200
Licensee Name:	PVL at West Bloomfield, LLC
Licensee Address:	1630 Des Peres Road, Suite 310 St. Louis, MO 63131
Licensee Telephone #:	(314) 238-3821
Authorized Representative:	Rochelle Lyons
Administrator:	Sara Morris
Name of Facility:	StoryPoint West Bloomfield
Facility Address:	5475 West Maple West Bloomfield, MI 48322
Facility Telephone #:	(248) 419-1089
Original Issuance Date:	03/27/2019
Capacity:	113
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2026

Date of Bureau of Fire Services Inspection if applicable: 09/25/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/26/2026

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 48

No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were 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: Compliance not verified, as this report contains repeat violations from the previous onsite survey and/or complaint investigations.
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following public health code and administrative rules regulating home for the aged facilities:</p>	
<p>MCL 333.20173a</p>	<p>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.</p>
	<p>(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), a staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant, to input the applicant's fingerprints into the automated fingerprint identification system database, and to forward the applicant's fingerprints to the Federal Bureau of Investigation...</p>
<p>Employee 1 was hired on 5/13/25, however review of her file revealed that she did not receive a background check. This was confirmed via review of the licensee's workforce background check account.</p>	
<p>R 325.1921</p>	<p>Governing bodies, administrators, and supervisors.</p>
	<p>(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.</p>
<p> </p>	

<p>The owner, operator, governing body did not assure that the home maintains an organized program of protection to its residents as evidenced by the following:</p> <p>I observed Residents A and B to have bedrails affixed to their beds. The facility lacked physician's orders for the devices directing their purpose and authorization for use and the devices were not addressed in the residents' service plans.</p> <p>The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices.</p>	
R 325.1922	Admission and retention of residents.
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident.
<p>Resident C moved into the facility on 10/10/19, and at the time of the licensure survey there was no signed admission contract in place.</p>	
R 325.1922	Admission and retention of residents.
	(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" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), 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? (http://dx.doi.org/10.15585/mmwr.mm6819a3.) 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

	<p>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.</p>
<p>Resident D moved into the facility on 1/28/24. The facility was unable to produce evidence that Resident D was screened for TB within 12 months prior to admission.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(2) A home shall provide initial TB screening at no cost for its employees. New employees shall be screened within 10 days after hire and before occupational exposure. The screening type and frequency of routine TB testing must 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 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 (http://dx.doi.org/10.15585/mmwr.mm6819a3.) 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 need to conduct annual TB testing for employees.</p>

<p>The facility was unable to produce evidence that Employees 1, 2 and 3 were screened for TB within 10 days after hire. Employee 1 was hired on 5/13/25 and her TB screen was dated 4/19/24. Employee 2 was hired on 4/13/24 and her TB screen was dated 4/15/25. Employee 3 was hired on 5/16/25 and her file did not contain evidence that she was screened for TB.</p>	
R 325.1932	Resident’s medications.
	<p>(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.</p> <p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 40px;">(v) The initials of the individual who administered the prescribed medication.</p>
<p>Medication administration records (MAR) were reviewed for the previous six weeks. The following observations were made:</p> <p>Resident E missed a scheduled dose of levothyroxine on 4/5/26, 5/2/26 and 5/10/26. The MAR was blank on 4/5/26 and staff failed to document a reason for the missed dose. For the 5/2/26 and 5/12/26 missed doses, staff documented the reason for the missed doses as “<i>med not available pharmacy notified</i>”. The licensee reported that staff used the incorrect coding and attested that the medication was in the building to administer; it cannot be confirmed if they were administered.</p> <p>Resident E missed a scheduled dose of golo caps from 4/3/26-4/9/26, zinc on 4/15/26, 4/16/26, 4/18/26, 4/19/26, 4/22/26, 4/27/26 and 4/30/26 and biotin on 5/6/26-5/9/26 and 5/12/26. Staff documented the reason for the missed doses of golo caps, zinc and biotin as “<i>med not available pharmacy notified</i>”, however documented intermittently that the medication was administered. When questioned as to when the medications were reordered and delivered to the facility, the licensee responded, “<i>The community acknowledges that documentation reflecting family notification and staff follow-up efforts regarding the medication shortage is not currently available in the record.</i>” The documented administrations of medication in between dates staff attest the medication was not in the building are considered to be repeated documentation errors.</p>	

Similar patterns of medications being unavailable and staff documenting inaccurately were observed throughout most of the records reviewed for Residents C, D, F, G and H.

[REPEAT VIOLATION ESTABLISHED]

R 325.1931	Employees; general provisions.
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	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
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Resident I's service plan wasn't followed, as medication was observed in his refrigerator. Per his service plan *"All medications will be administered by medication technician as ordered by physician. Medications will be properly labeled and stored in a locked medicine card, managed by a medication technician/nurse."*

R 325.1954	Meal and food records.
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	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.
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The facility did not maintain meal census records to include the kind and amount of food used.

R 325.1976	Kitchen and dietary.
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	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
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A thermometer was missing from the refrigerator and/or freezer in apartments 112, 216, 224, 229, memory care kitchen and the second floor activities area.

[REPEAT VIOLATION ESTABLISHED]

R 325.1979	General maintenance and storage.
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	(3) Hazardous and toxic materials shall be stored in a safe manner.
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Unsecured cleaning agents and detergents were observed in the beauty salon and memory care kitchen. The salon was unlocked and had numerous items throughout and the item in the memory care unit was observed out in the open on top of a counter. The observed items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.

[REPEAT VIOLATION ESTABLISHED]

IV. RECOMMENDATION

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



05/26/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date