



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 24, 2017

Sheryl Carson
Residential Outreach Community Center
6795 Glenway Drive
West Bloomfield, MI 48322

RE: License #: AS820298267
Crystal Sierra Adult Foster Care Home
24110 Outer Drive
Melvindale, MI 48122

Dear Ms Carson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820298267

Licensee Name: Residential Outreach Community Center

Licensee Address: 6795 Glenway Drive
West Bloomfield, MI 48322

Licensee Telephone #: (313) 790-4032

Licensee/Licensee Designee: Sheryl Carson

Administrator: June Coleman

Name of Facility: Crystal Sierra Adult Foster Care Home

Facility Address: 24110 Outer Drive
Melvindale, MI 48122

Facility Telephone #: (313) 790-4032

Original Issuance Date: 11/17/2008

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2017

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed [redacted]
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Meals were not being prepared at the time of inspection.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP dated 2/15/2016 MCL 400.734, R 400. 14301 (2), R 400. 14301 (6), R 400.
14318 (5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



8/24/2017

Denasha Walker
Licensing Consultant

Date