



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2021

Courtney Carver
Crystal Creek Assisted Living Inc
8121 Lilley
Canton, MI 48187

RE: License #: AL820073559
Investigation #: 2021A0101028
Crystal Creek Assisted Living I

Dear Ms. Carver:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL820073559
Investigation #:	2021A0101028
Complaint Receipt Date:	08/11/2021
Investigation Initiation Date:	08/17/2021
Report Due Date:	10/10/2021
Licensee Name:	Crystal Creek Assisted Living Inc
Licensee Address:	8121 Lilley Canton, MI 48187
Licensee Telephone #:	(734) 927-7025
Administrator:	Courtney Carver
Licensee Designee:	Courtney Carver
Name of Facility:	Crystal Creek Assisted Living I
Facility Address:	8157 Lilley Canton, MI 48187
Facility Telephone #:	(734) 927-7025
Original Issuance Date:	03/30/2001
License Status:	REGULAR
Effective Date:	04/03/2020
Expiration Date:	04/02/2022
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Insufficient staffing.	Yes
Medications not given as prescribed.	No
ADDITIONAL FINDING	Yes

III. METHODOLOGY

08/06/2021	Referral from Adult Protectives Services
08/11/2021	Special Investigation Intake 2021A0101028
08/17/2021	Special Investigation Initiated - Telephone Vice president for Crystal Creek Assisted Living
08/18/2021	Contact - Document Received
09/15/2021	Inspection Completed-BCAL Sub. Compliance
09/19/2021	Inspection Completed On-site
09/30/2021	Exit Conference Courtney Carver

ALLEGATION: Insufficient staffing.

INVESTIGATION: According to the complainant, on 7/4/2021, the nurse on shift was not able to pass medications from 4:00 p.m. until 10:00 pm. The nurse was the only staff in building number two.

On 08/17/2021, I interviewed Crystal Creek Assisted Living Inc's designated person, Helen Brown. Ms. Brown stated due to the pandemic they have been experiencing a staffing crisis. In November of 2020 Crystal Creek had to cease operation in building number 4 because of insufficient staffing.

Ms. Brown stated on 09/04/2021, during the afternoon shift one direct care staff (DCS) was scheduled to work in buildings number 1, 2, and 3. The nurse was also scheduled to work floating among each facility. However, the staff scheduled to

work in building number 2 called off and the nurse could not leave building number 2. When Ms. Brown became apprised of the situation, another staff person, Nurse # 2 came in to work in building number 2.

All staff involved in this matter were terminated or resigned including Candice Girard, former licensee designee.

On 09/15/2021, I reviewed the medication logs. According to the medication logs, on 07/04/2021, staff complied with all the provisions of properly administering medications.

Crystal Creek Assisted Living Inc's program type is Alzheimer and Aged. The four facilities are wheelchair assessable and the licensed capacity in each facility is 20. On 09/15/2021, I reviewed the Activities of Daily Living Logs (ADLs) and assessment plans. Many of the residents residing in Crystal Creek facilities require assistance with feeding, toileting, transferring, bathing, repositioning, dressing and have dementia or Alzheimer Disease. According to Ms. Brown on 07/04/2021 there were 16 residents in building number 1, 18 residents in building number 2 and 11 residents in building number 3. Ms. Brown acknowledged that 1 DCS in each building is insufficient. Ms. Brown ceased operation in building number 3.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	On 09/15/2021, I reviewed the ADLs and assessment plans. Based upon the program type, Alzheimer and Aged, and the needs of the residents, require assistance with feeding, toileting, transferring, bathing, repositioning, and dressing, one DCS is not sufficient.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	There is no evidence to determine residents were not given their medications on 07/04/2021. Staff complied with all the provisions of properly administering medication on 07/04/2021.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING

INVESTIGATION: Staff failed to comply with all the provisions of properly administering medication. On 09/15/2021, I reviewed the medication logs for the month of July 2021. On several days throughout the month of July the initials of the person who administered the medication was missing.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
ANALYSIS:	Staff failed to comply with all the provisions of properly administering medication. On 09/15/2021, I reviewed the medication logs for the month of July 2021. On several days throughout the month of July the initials of the person who administered the medication was missing.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



Edith Richardson
Licensing Consultant

10/07/2021
Date

Approved By:



Ardra Hunter
Area Manager

10/7/2021

Date