



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 19, 2022

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

RE: License #: AL820294548
Crystal Creek Assisted Living 3
8011 Lilley
Canton, MI 48187

Dear Ms. Carver:

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 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

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

I. IDENTIFYING INFORMATION

License #: AL820294548

Licensee Name: Crystal Creek Assisted Living Inc

Licensee Address: 8121 Lilley
Canton, MI 48187

Licensee Telephone #: (734) 927-7025

Licensee/Licensee Designee: Courtney Carver, Designee

Administrator: Courtney Carver

Name of Facility: Crystal Creek Assisted Living 3

Facility Address: 8011 Lilley
Canton, MI 48187

Facility Telephone #: (734) 453-3203

Original Issuance Date: 03/16/2009

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2022

Date of Bureau of Fire Services Inspection if applicable: 07/13/2021

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
No resident in care.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No resident in care.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. No resident in care.
- Meal preparation / service observed? Yes No If no, explain.
No resident in care.
- Fire drills reviewed? Yes No If no, explain.
No resident in care.
- 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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

Due to the global pandemic the licensee was unable to maintain acceptable staffing levels. The licensee consolidated his facilities leaving no residents in Crystal Creek 3.

IV. RECOMMENDATION

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



Edith Richardson
Licensing Consultant

04/19/2022
Date