



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 28, 2023

Rhandi Smith
Crystal Creek Assisted Lvng Inc
8121 N. Lilley
Canton, MI 48187

RE: License #: AL820264717
Crystal Creek Assisted Living 2
8101 Lilley
Canton Township, MI 48187

Dear Ms. Smith:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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

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

I. IDENTIFYING INFORMATION

Licensee #: AL820264717

Licensee Name: Crystal Creek Assisted Living Inc

Licensee Address: 8121 N. Lilley
Canton, MI 48187

Licensee Telephone #: (121) 977-1540

Licensee/Licensee Designee: Rhandi Smith, Designee

Administrator: Rhandi Smith

Name of Facility: Crystal Creek Assisted Living 2

Facility Address: 8101 Lilley
Canton Township, MI 48187

Facility Telephone #: (734) 927-7025

Original Issuance Date: 03/31/2006

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 16
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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.
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 found to be in non-compliance with the following rules:

R 400.15204

Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

Direct care staff (DCS) Jade Pearson was hired on 11/21/2022. Ms. Pearson Toolbox Training was dated 03/27/2023. Ms. Pearson was performing assigned task prior to receiving training.

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

The licensee failed to review the health status of staff annually.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

- (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.

(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

The licensee accepted Resident A for care. Resident A's assessment plan required a signature. Resident A's assessment was not signed by her power of attorney.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident B's assessment plan was not completed at the time of placement.

R 400.15401

Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature in room # 223 was 129 degrees Fahrenheit.

A corrective action plan was requested and approved on 03/24/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Edith Richardson
Licensing Consultant

03/28/2023
Date