



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 9, 2024

Michelle Cloyd  
Crystal Creek Assisted Living Inc  
8121 N. Lilley  
Canton, MI 48187

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

Dear Ms. Cloyd:

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

**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 N. Lilley  
Canton, MI 48187

**Licensee Telephone #:** (734) 927-7025

**Licensee/Licensee Designee:** Michelle Cloyd, Designee

**Administrator:** Michelle Cloyd

**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): 03/20/2024

Date of Bureau of Fire Services Inspection if applicable: 10/03/2023

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 11  
No. of residents interviewed and/or observed 2  
No. of others interviewed [redacted] Role: [redacted]

- 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 400.15208          Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(e) Verification of experience, education, and training.

The licensee's method to determine staff's competency is to verify their education. Direct care staff Sylvette Camper employee record did not contain a copy of her high school diploma.

**R 400.15210          Resident register.**

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident: (a) Date of admission. (b) Date of discharge. (c) Place and address to which the resident moved, if known.

The licensee failed to maintain the resident register.

**R 400.15310          Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

The licensee failed to record each resident weight monthly.

**R 400.15403          Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

A lockable bedroom door should only be offered to residents who can lock them.

**R 400.15403          Maintenance of premises.**

(1) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

A worn chair was observed in the living room.

A corrective action plan was requested and approved on 03/20/2024. 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

05/09/2024  
Date