



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

March 31, 2006

Michael Brown
Crystal Creek Assisted Living, Inc
67 Danforth
White Lake, MI 48386

RE: Application #: AL820264717
Crystal Creek Assisted Living 2
8101 Lilley
Canton Twp., MI 48187

Dear Mr. Brown:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (313) 456-0380.

Sincerely,

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

Edith Richardson, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0429

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL820264717

Applicant Name: Crystal Creek Assisted Lvng Inc

Applicant Address: 67 Danforth
White Lake, MI 48386

Applicant Telephone #: (810) 632-1116

Administrator/Licensee Designee: Michael Brown, Designee

Name of Facility: Crystal Creek Assisted Living 2

Facility Address: 8101 Lilley
Canton Twp., MI 48187

Facility Telephone #: (734) 453-3203

Application Date: 12/30/2003

Capacity: 20

Program Type: AGED
PHYSICALLY HANDICAPPED
ALZHEIMERS

II. METHODOLOGY

12/30/2003	Enrollment
02/20/2004	Comment Transferred for on-site - Entire LU file sent to Bloomfield Hills
02/24/2004	Comment Application rec'd via ID mail and forwarded to Detroit Office
03/24/2005	Contact - Document Sent No activity letter
03/31/2005	Contact - Telephone call received New Construction will send zoning approval
01/24/2006	Inspection Report Requested - Health
01/24/2006	Inspection Report Requested - Fire
03/15/2006	Inspection Report Requested - Health
03/20/2006	Inspection Completed-Env. Health : A
03/28/2006	Inspection Completed On-site
03/31/2006	Inspection Completed-Fire Safety : A
03/31/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Crystal Creek is single story new construction in the city of Canton. It is an addition to an existing facility, Crystal Creek I, and has the same interior layout. The Bureau of Construction Codes and Fire Safety approved the plans and specifications for the construction of this facility. This facility is wheel chair accessible and therefore, can house non-ambulatory individuals. The interior layout consist of an activity room, beauty shop, office, dining room, family room, laundry room, storage room, public toilet room, eighteen bedrooms, two furnace rooms and it shares a kitchen with the adjacent structure Crystal Creek I. In the center of this structure is an open courtyard accessible via the family room.

Surrounding the courtyard is eighteen bedrooms, three of which are private barrier suites, thirteen private suites and two semi-private suites. Each of the 18 bedrooms contains a full bath and closet space. The suites were measured during the initial onsite inspection and have the following dimensions:

There are 2 semi-private suites, which have 316 square feet of usable floor space and can accommodate 2 residents in each suite.

There are 3 barrier free private suites, which have 222 square feet of usable floor space and can accommodate 1 resident in each suite.

There are 13 private suites, which have 194 square feet of usable floor space and can accommodate 1 resident in each suite.

The facility is equipped with a fire alarm and automatic sprinkler system that was installed by a certified firm.

The family room and dining room areas provide an adequate amount of living space that meets the 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee intends to provide 24-hours personal care and protection for twenty (20), aged male or females with memory impaired conditions-including Alzheimer's and/or individuals who are physically handicapped.

The program stated goal is to provide each resident with every opportunity to live a quality life by providing a quality environment, a normal home like atmosphere, opportunity for growth through age and culturally appropriate experiences, opportunity to make care and life style choices as much as possible, and the ability to exert individual rights and independence. Residents will be referred from a variety of sources and the general public.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources whenever possible.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no in convictions recorded for the licensee designee/ administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB- X-ray negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this twenty-bed facility is adequate and is based on the number of residents in care

Low Resident Population (1 –7)	4.2 Full time employees
Medium Resident population (8-17)	7.0 Full time employees
High Resident Population (17- 20)	11.2 Full time employees

The licensee has indicated that all staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that FBI fingerprinting and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



03/31/2006

Edith Richardson
Licensing Consultant

Date

Approved By:



03/31/2006

Christopher J. Hibbler
Area Manager

Date