



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 8, 2011

Michael Brown
Crystal Creek Assisted Living Inc.
8121 Lilley
Canton, MI 48187

RE: Application #: AL820307374
Crystal Creek Assisted Living 4
8041 Lilley
Canton, 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,

Edith Richardson, Licensing Consultant
Bureau 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
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL820307374

Applicant Name: Crystal Creek Assisted Living Inc

Applicant Address: 8121 Lilley
Canton, MI 48187

Applicant Telephone #: (810) 632-1116

Administrator/Licensee Designee: Michael Brown, Designee

Name of Facility: Crystal Creek Assisted Living 4

Facility Address: 8041 Lilley
Canton, MI 48187

Facility Telephone #: (734) 453-3203
03/29/2010

Application Date:

Capacity: 20

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/29/2010	Enrollment
04/01/2010	Inspection Report Requested - Health 1017172
04/01/2010	Inspection Report Requested - Fire
04/01/2010	File Transferred To Field Office Detroit
04/07/2010	Application Incomplete Letter Sent
01/13/2011	Inspection Report Requested - Health
02/16/2011	Inspection Completed-Fire Safety : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Plant

Crystal Creek is a single story new construction in the city of Canton. 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, maintenance room, public toilet room, eighteen bedrooms, two furnace rooms and it shares a kitchen with the adjacent structure Crystal Creek III. On the west end of the building is a courtyard overlooking a wooded area. Inside the building are eighteen bedrooms, which consist of fifteen private suite two semi-private suites and one barrier free private suite. Each of the suites contains a full bath and closet space. The suites were measured during the initial onsite and have the following dimensions.

There are 15 private suites, which have 194 square feet of usable floor space and can accommodate 1 resident in each suite.

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

There is one barrier free private suite, which have 222 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 person requirement.

The home has public water and sewer and is in compliance with environmental health rules.

The applicant has requested a license for 20 residents, and based on the above information can accommodate 20 residents.

B. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) aged male or female ambulatory adults with memory impaired conditions including Alzheimer and /or individuals who are physically handicapped.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal assessment plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from a variety of sources and the general public.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

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 including public schools and libraries, local museums, shopping centers, and local parks.

2. Applicant and Household

a. Corporation or Limited Liability Company

The Crystal Creek Corporation is the applicant. The Crystal Creek Corporation is a profit company registered with the State of Michigan.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Michael Brown as the licensee designee and as the administrator.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the applicant (licensee designee/ administrator. The applicant (licensee designee)/

administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The applicant (licensee designee)/ administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The staffing pattern for the original license of this 20 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 agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

- Reporting requirements
- First Aid
- Cardiopulmonary resuscitation
- Personal care, supervision, and protection
- Resident rights
- Safety and fire prevention
- Prevention and containment of communicable disease

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.

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.

5. Records & Record Keeping

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

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 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.

The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. Recommendation

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for residents (program type). The term of the license will be for a six-month period effective March 22, 2011.



Edith Richardson
Licensing Consultant

3-22-2011
Date

Approved By:



Ardra Hunter
Area Manager

4-8-2011
Date