



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 6, 2021

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

RE: License #: AL820264717
Investigation #: 2021A0778032
Crystal Creek Assisted Living 2

Dear Ms. Carver:

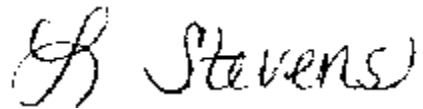
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The signature is written in a cursive, flowing style.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL820264717
Investigation #:	2021A0778032
Complaint Receipt Date:	08/11/2021
Investigation Initiation Date:	08/12/2021
Report Due Date:	10/10/2021
Licensee Name:	Crystal Creek Assisted Lvng Inc
Licensee Address:	8121 Lilley Canton, MI 48187
Licensee Telephone #:	(734) 927-7025
Administrator:	Courtney Carver
Licensee Designee:	Courtney Carver
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
License Status:	REGULAR
Effective Date:	03/28/2021
Expiration Date:	03/27/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
On 7/4/2021, the nurse on shift was not able to pass medications to residents, including required morphine, as she should be due to training a new employee and not being able to leave the building she was in.	Yes
Additional Findings	Yes

III. METHODOLOGY

08/11/2021	Special Investigation Intake 2021A0778032
08/11/2021	APS Referral On 07/06/2021, Adult Protective Services Referral was denied
08/12/2021	Special Investigation Initiated - Telephone Telephone interview conducted with complainant
08/16/2021	Inspection Completed On-site Inspection completed onsite. Interviews conducted with Staff Monique Jackson, Mary Hathorne and Director Courtney Carver
08/21/2021	Contact - Document Received Received fax of requested information
09/22/2021	Contact - Telephone call made Telephone call to consultant Edith Richardson
09/22/2021	Exit Conference Telephone exit conference with Courtney Carver
09/22/2021	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: On 7/4/2021, the nurse on shift was not able to pass medications to residents, including required morphine, as she should be due to training a new employee and not being able to leave the building, she was in.

INVESTIGATION: On 08/12/2021, I made a telephone call to the complainant. She stated she was on shift in this building (Building #2) and was able to pass medication to all residents. However, the residents in the other building were not able to receive their medications.

On 08/16/2021, I completed an unannounced onsite inspection. I interviewed Courtney Carver, licensee designee and staff, Monique Jackson and Mary Hathorne. All three ladies admitted to staffing being short in the facility. At the time of my inspection the facility was equipped with 20 residents, 1 caregiver staff and 1 floating staff, who also operated as a med technician between all buildings. Ms. Jackson was the staff assigned to the building and Ms. Hawthorne was the floating staff. Ms. Jackson was in the building during my initial entrance, and she later had to call for Ms. Hawthorne to come over. As a result, I spoke with Ms. Carver and informed her she was currently out of staff to resident ratio. She stated she is aware she is not in compliance and is working on it.

During my onsite inspection I requested medication logs for the month of July 2021. I received and reviewed the requested documentation. I observed several days in the month to not have initials to verify medication administration. Thus, medication was not given as prescribed.

On 09/22/2021, I completed a telephone exit conference with Courtney Carver, licensee designee. She was informed this complaint would be substantiated for insufficient staff and medication. She was informed a corrective action plan is being requested. Ms. Carver had no additional concerns or questions of me.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	Upon review of July 2021 medication logs, I observed many areas to lack initials verifying administration. Thus, medication was not given as prescribed.
CONCLUSION:	VIOLATION ESTABLISHED

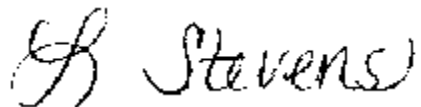
ADDITIONAL FINDINGS:

INVESTIGATION: During my onsite I observed 1 staff per 20 Residents. Of the 20 residents, 13 required wheelchairs, 1 required help with feeding, everyone required assistance with hygiene and/or toileting. There was a floating staff that worked in all buildings but was not present in this building and only came over when instructed.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	The facility was not in ratio of direct care staff to residents. At the time of inspection, it was 1 staff to 20 residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



10/05/2021

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



10/06/2021

Ardra Hunter
Area Manager

Date