



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 4, 2023

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

RE: License #: AL820073559
Investigation #: 2023A0119025
Crystal Creek Assisted Living I

Dear Ms. Smith:

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL820073559
Investigation #:	2023A0119025
Complaint Receipt Date:	03/03/2023
Investigation Initiation Date:	03/07/2023
Report Due Date:	05/02/2023
Licensee Name:	Crystal Creek Assisted Lvng Inc
Licensee Address:	8121 N. Lilley Canton, MI 48187
Licensee Telephone #:	(121) 977-1540
Administrator:	Rhandi Smith
Licensee Designee:	Rhandi Smith
Name of Facility:	Crystal Creek Assisted Living I
Facility Address:	8157 Lilley Canton, MI 48187
Facility Telephone #:	(734) 927-7025
Original Issuance Date:	03/30/2001
License Status:	REGULAR
Effective Date:	04/03/2022
Expiration Date:	04/02/2024
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Residents are left unattended for hours due to not enough staff.	Yes
Resident medications are pre-punched and pre-sorted prior to staff administration.	No
Ants are in the kitchen, resident rooms and on residents.	No

III. METHODOLOGY

03/03/2023	Special Investigation Intake 2023A0119025
03/07/2023	Special Investigation Initiated - On Site Rhandi Smith, Licensee Designee/ Administrator, Diane Jones VP of Clinical, Staff- Akilah Ross, Eke Kalu, Jade Pearson, Obeya Agbasi, and Mark Humphrey
04/12/2023	Contact - Telephone call made Cook- Jessie Gonzales
04/27/2023	Contact - Telephone call made Power of Attorney of Resident A
05/01/2023	Contact - Telephone call made Staff- Shavonne Clayton
05/01/2023	Exit Conference Licensee Designee- Rhandi Smith
05/03/2023	Onsite Inspection Completed Residents B-H interviewed Residents A and I-L observed

ALLEGATION:

Residents are left unattended for hours due to not enough staff.

INVESTIGATION:

On 03/07/2023, I completed an unannounced onsite inspection and interviewed Rhandi Smith, Licensee Designee/ Administrator, Diane Jones Vice President of Clinical, Staff- Akilah Ross, Staff- Eke Kalu, Staff- Jade Pearson, Staff- Obeya Agbasi, and Staff- Mark Humphrey regarding the above allegations. Ms. Smith stated that building one and two are connected by a shared kitchen. She stated staff will assist at either building as needed. Ms. Smith stated there are fourteen residents with two staff working during the daytime shift. Ms. Smith stated all of the residents have memory care issues. Ms. Smith stated the Director of Nursing- Shavonne Clayton no longer works at the facility.

Ms. Jones stated no resident requires a two person assist in either of the buildings. Ms. Jones stated the company is no longer admitting and retaining residents that require that level of care. Ms. Jones stated all residents must be able to bear their own weight, not require a Hoyer lift, and are not bed bound. Ms. Jones stated the buildings will only be admitting residents that have memory care issues. Ms. Jones stated there are four wheelchair residents but they are able to ambulate. Ms. Jones stated the Director of Nursing works from 8:00am to 5:00pm- Monday through Friday. She stated another staff member would be a floating staff during the evening shifts.

I was provided with a staff schedule for day shift and midnight shift from January 29, 2023 until February 25, 2023. The staff work a 12-hour shift so only two shifts are needed, however on the midnight shift there is only one staff working for this time period with a floating staff supervisor between two buildings.

Ms. Ross stated the facility is sometimes short staff. She stated if someone calls off, it makes it difficult to pass medications to residents. Ms. Ross stated someone from the other building will come over to assist them but they cannot stay but only help as needed.

Eke Kalu works as a contract/agency person and is not frequently in the building. Ms. Kalu does fill in when staff is needed.

Ms. Pearson stated there has been times when there is only one staff working. She stated as the only staff working, you are responsible for passing medication to the residents. Ms. Pearson stated when the Director of Nursing-Ms. Clayton was in charge of maintaining the staff schedule, there were problems with not scheduling enough staff to care for the residents. She stated people would call off work often. Ms. Pearson stated it should be two staff working in both buildings, one as caregiver and one as the medication tech. Ms. Pearson stated the staff schedule has gotten better that Ms. Clayton is no longer doing the schedule.

Ms. Agbasi stated she observed there being one time when there was not enough staff to care for the residents. Ms. Agbasi stated there should always been one caregiver and one medication tech working per building.

Mr. Humphrey denies observing not enough staff working to care for the residents.

On 04/12/2023, I telephoned and interviewed Jessie Gonzales regarding the above allegations. Mr. Gonzales stated he was the cook. He recently quit after working there nine months. Mr. Gonzales stated the facility has always been short staffed. He stated there is always only one staff working per building and one floating staff going between two buildings. He stated this has caused residents to fall and/or being ignored due to lack of staffing.

On 04/27/2023, I telephoned and interviewed Resident A's Power of Attorney regarding the above allegations. Resident A's Power of Attorney stated she visits with Resident A during the evening hours. She stated she has always observed staff in the facility. She stated staff was always available to assist Resident A if needed.

On 05/01/2023, I telephoned and interviewed the former Director of Nursing- Shavonne Clayton regarding the above allegations. Ms. Clayton stated the facility would always use an outside agency to ensure the facility was properly staffed. She stated during the daytime shift it was four staff and the evening/midnight shift was three staff. Ms. Clayton stated one of the three staff would float between each building.

On 05/03/2023, I completed an unannounced onsite inspection and interviewed Residents B-H regarding the above allegations. I observed and attempted to interview Resident A and Residents I-L but due to their significant memory loss issues, they were unable to recall any information.

Residents B-C and F-H stated there is always more than enough staff when they need someone. Residents B-C and F-H stated they have observed at least two staff working when they are awake. Residents B-C and F-H stated they are being treated very well by staff and have no concerns.

Resident D stated there needs to be more staff in the facility. Resident D stated she does not feel that staff is always available to her when needed.

Resident E stated she was could not recall if staff is available for her or how many staff are present in the facility. Resident E stated, "I have Dementia so I do not remember."

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	<p>I was provided with a staff schedule for day shift and midnight shift from January 29 until February 25, 2023. On the midnight shift, there is only one staff working for this time period with a floating staff supervisor between two buildings.</p> <p>Former Director of Nursing- Shavonne Clayton stated during the daytime shift it was four staff and the evening/midnight shift was three staff. Ms. Clayton stated one of the three staff would float between each building.</p> <p>Staff- Akilah Ross stated the facility is sometimes short staff.</p> <p>Staff- Jade Pearson stated there has been times when there is only one staff person working. She stated as the only staff working you are responsible for passing medication as well care for residents.</p> <p>Staff- Obeya Agbasi stated there has been one time when she observed there was not enough staff to care for residents. Ms. Agbasi stated there should always been one caregiver and one medication tech working.</p> <p>Jessie Gonzales stated the facility has always been short staffed. He stated there is always only one staff working per building and one floating staff between two buildings. He stated this has caused residents to fall and/or being ignored by staff.</p> <p>Resident D stated there needs to be more staff in the facility.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident medications are pre-punched and pre-sorted prior to staff administration.

INVESTIGATION:

On 03/07/2023, I completed an unannounced onsite inspection and interviewed Rhandi Smith, Licensee Designee/ Administrator, Staff- Akilah Ross, Eke Kalu, Jade Pearson, Obeya Agbasi, and Mark Humphrey regarding the above allegations. Ms. Smith denies any pre-sorting or pre-punched resident medication prior to staff administration.

Ms. Ross, Ms. Pearson, Ms. Agbasi, and Mr. Humphrey deny observing pre-sorted or pre-punched resident medication prior to staff administration. Ms. Kalu does not pass medication.

On 05/01/2023, I telephoned and interviewed the former Director of Nursing- Shavonne Clayton regarding the above allegations. Ms. Clayton denies having any knowledge of staff pre-punching or pre-sorting medications.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Licensee Designee/ Administrator- Rhandi Smith, Staff- Akilah Ross, Staff- Eke Kalu, Staff- Jade Pearson, Staff- Obeya Agbasi, Staff- Mark Humphrey, and former Director of Nursing- Shavonne Clayton deny observing pre-sorted or pre-punched resident medication prior to staff administration.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Ants are in the kitchen, resident rooms and on residents.

INVESTIGATION:

On 03/07/2023, I completed an unannounced onsite inspection and interviewed Rhandi Smith, Licensee Designee/Administrator, Staff- Akilah Ross, Jade Pearson, and Mark Humphrey regarding the above allegations. Ms. Smith denies there is an ant problem in the kitchen or anywhere in the building. Ms. Smith stated the building receives regular extermination services from Terminix. Ms. Smith provided me with a service agreement from Terminix that shows the last time the facility was serviced on 02/28/2023.

Ms. Ross denies observing ants in the kitchen and/or other parts of the facility.

Ms. Pearson stated she has observed ants in a couple of resident bedrooms. She stated she reported it to management and an exterminator came to address the problem. Ms. Pearson stated she has not observed ants in the kitchen.

Mr. Humphrey stated never observed ants in the kitchen and/or in other parts of the building. He stated an exterminator comes out to the building regularly.

On 04/12/2023, I telephoned and interviewed Jessie Gonzales regarding the above allegations. Mr. Gonzales stated there is always ants around the coffee pots which are on the service counter but never in the kitchen area. He stated an exterminator was called regarding this issue and the area received treatment.

On 04/27/2023, I telephoned and interviewed Resident A's Power of Attorney regarding the above allegations. She stated she observed ants three years ago but has not observed any ants since that time.

On 05/01/2023, I telephoned and interviewed the former Director of Nursing- Shavonne Clayton regarding the above allegations. Ms. Clayton stated one resident did have ants in her bedroom due to having a cat. She stated this was an isolated incident due to the resident having open cat food. Ms. Clayton immediately cleaned the room and had maintenance assist her. She stated the family did retrieve the cat to prevent any further problems. Ms. Clayton stated the facility was exterminated and she did not observe ants anywhere else in the building.

On 05/03/2023, I completed an unannounced onsite inspection and interviewed Residents B- H regarding the above allegations. I observed and attempted to interview Resident A and Residents I-L but due to their significant memory loss issues, they were unable to recall any information.

Residents B-C and F-H stated they have never observed ants in the facility.

Residents D- E stated they have observed ants in the bathroom. Residents D-E were unsure whether or not an exterminator was used in the facility. Resident D stated the maintenance man is responsible for getting rid of the ants.

APPLICABLE RULE	
R 400.5401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	Licensee Designee/Administrator - Rhandi Smith, Staff- Akilah Ross, Staff- Mark Humphrey, Residents B-C and F-H, and Resident A's Power of Attorney deny observing ants in the facility. Ms. Smith stated the building receives regular extermination services from Terminix. Ms. Smith provided with a service agreement from Terminix that shows the last time the facility was serviced was on 02/28/2023.

	<p>Staff- Jade Pearson and Cook-Jessie Gonzales stated they observed ants in the facility but they also observed extermination services.</p> <p>Residents D-E stated they have observed ants in the bathroom.</p> <p>Former Director of Nursing- Shavonne Clayton stated one resident did have ants in her bedroom due to having a cat. She stated this was an isolated incident, the bedroom was cleaned and the facility was exterminated. Ms. Clayton stated she did not observe ants anywhere else in the building.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend that the status of the license remains the same.

Shatonla Daniel

05/03/2023

Shatonla Daniel
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

05/04/2023

Denise Y. Nunn
Area Manager

Date