



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2024

Nicholas Hargress
Advance Care, Incorporated
P.O. Box 74484
Romulus, MI 48174

RE: License #: AS820014640
Crystal's Care
19640 Middlebelt
New Boston, MI 48174

Dear Mr. Hargress:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are 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 #: AS820014640

Licensee Name: Advance Care, Incorporated

Licensee Address: P.O. Box 74484
Romulus, MI 48174

Licensee Telephone #: (248) 738-4986

Licensee/Licensee Designee: Nicholas Hargress, Designee

Administrator: Nicholas Hargress

Name of Facility: Crystal's Care

Facility Address: 19640 Middlebelt
New Boston, MI 48174

Facility Telephone #: (734) 783-2509

Original Issuance Date: 02/07/1992

Capacity: 6

Program Type: MENTALLY ILL
AGED
ALZHEIMERS

Certified Programs: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/15/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

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

Edith Richardson
Licensing Consultant

03/19/2024
Date