



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 15, 2024

Michelle Cloyd  
Crystal Creek Assisted Lvng Inc  
8121 N. Lilley  
Canton, MI 48187

RE: License #: AL820294548  
Investigation #: 2024A0778021  
Crystal Creek Assisted Living 3

Dear Ms. Cloyd:

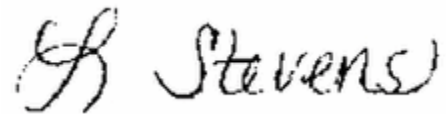
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 style with a large, stylized initial "L".

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**

<b>License #:</b>	AL820294548
<b>Investigation #:</b>	2024A0778021
<b>Complaint Receipt Date:</b>	02/28/2024
<b>Investigation Initiation Date:</b>	03/01/2024
<b>Report Due Date:</b>	04/28/2024
<b>Licensee Name:</b>	Crystal Creek Assisted Lvng Inc
<b>Licensee Address:</b>	8121 N. Lilley Canton, MI 48187
<b>Licensee Telephone #:</b>	(734) 927-7025
<b>Administrator:</b>	Michelle Cloyd
<b>Licensee Designee:</b>	Michelle Cloyd
<b>Name of Facility:</b>	Crystal Creek Assisted Living 3
<b>Facility Address:</b>	8011 Lilley Canton, MI 48187
<b>Facility Telephone #:</b>	(734) 453-3203
<b>Original Issuance Date:</b>	03/16/2009
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/14/2022
<b>Expiration Date:</b>	05/13/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Lack of staffing.	Yes

**III. METHODOLOGY**

02/28/2024	Special Investigation Intake 2024A0778021
03/01/2024	Special Investigation Initiated - Telephone Telephone call to Guardian A
03/13/2024	Inspection Completed On-site Interview with Staff Candice Jones and Adam Boyd. Visual of Residents
04/10/2024	Contact - Telephone call made. Telephone interview with Guardian B
04/10/2024	Contact - Telephone call made. Telephone interview with Guardian C
04/10/2024	Contact - Telephone call made. Interview with Owner Harold Perlman
04/12/2024	Exit Conference Telephone exit conference with Michelle Cloyd
04/12/2024	Inspection Completed-BCAL Sub. Compliance
04/12/2024	APS Referral

**ALLEGATION: Lack of staffing.**

**INVESTIGATION:** On 03/01/2024, I completed a telephone interview with Guardian A. She indicated the facility has had a lack in staffing which resulted in the residents being left alone several times the weekend of February 23, 2024. According to Guardian A the facility had multiple staff, but it appears a lot of people have quit or are quitting including the executive director.

On 03/13/2024, I completed an unannounced onsite inspection. Staff Candice Jones and Adam Boyd were on shift when I arrived. They indicated the facility has staff but there were issues in the past. No specific information was provided. Mr. Boyd asked that I communicate with the owner, Harold Perlman.

During this onsite I completed a visual of the residents. However, they were not interviewed. The residents of this facility have diagnosis of Dementia/Alzheimer.

On 04/10/2024, I completed a telephone interview with Guardian B. He indicated the facility has appropriate staffing now. However, there were issues in the past few months. He stated there have been times when no staff was in the facility and staff from the other facilities would come over and let him in to visit. He stated during these times the staff would rotate between this facility and the other facility.

On 04/10/2024, I completed a telephone interview with Guardian C. Guardian C stated he has not observed any issues with staffing.

On 04/10/2024, I completed a telephone interview with the owner, Harold Perlman. He stated the facility had some challenges under the direction of the former executive director. He stated a new director has been appointed and they recently met with Licensing Consultant ,Edith Richardson, to add the new executive director as licensee designee. Mr. Perlman indicated he was made aware of the staffing concern and the residents being left alone. As a result, he stated he temporarily came to Michigan to address the issue. Mr. Perlman currently resides in Illinois. He stated leaving the residents alone is unacceptable and will not occur again; indicating that is why he came to Michigan and hired a new executive director.

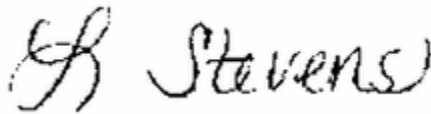
On 04/11/2024, I completed a telephone exit conference with Michelle Cloyd the new executive director and licensee designee. She was informed this complaint will be substantiated. She agreed with the findings and had no questions or concerns.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	<p>The licensee designee failed to always have sufficient staff on duty for the supervision, personal care and protection of the residents.</p> <p>Guardian A, Guardian B and the owner Harold Perlman all indicated being made aware of times in which the residents of the facility were left alone with no staffing.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



04/11/2024

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LaKeitha Stevens  
Licensing Consultant

Date

Approved By:



04/15/2024

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Ardra Hunter  
Area Manager

Date