



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 30, 2025

Marcia Curtiss  
Crystal Creek Assisted Living Inc  
8121 N. Lilley  
Canton, MI 48187

RE: License #: AL820307374  
Investigation #: 2025A0119031  
Crystal Creek Assisted Living 4

Dear Mrs. Curtiss:

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) 456-0439.

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**

<b>License #:</b>	AL820307374
<b>Investigation #:</b>	2025A0119031
<b>Complaint Receipt Date:</b>	05/05/2025
<b>Investigation Initiation Date:</b>	05/07/2025
<b>Report Due Date:</b>	07/04/2025
<b>Licensee Name:</b>	Crystal Creek Assisted Living Inc
<b>Licensee Address:</b>	8121 N. Lilley Canton, MI 48187
<b>Licensee Telephone #:</b>	(734) 453-3203
<b>Administrator:</b>	Marcia Curtiss
<b>Licensee Designee:</b>	Marcia Curtiss
<b>Name of Facility:</b>	Crystal Creek Assisted Living 4
<b>Facility Address:</b>	8041 Lilley Canton, MI 48187
<b>Facility Telephone #:</b>	(734) 927-7025
<b>Original Issuance Date:</b>	04/08/2011
<b>License Status:</b>	1ST PROVISIONAL
<b>Effective Date:</b>	10/15/2024
<b>Expiration Date:</b>	04/14/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. ALLEGATION(S)

	Violation Established?
There is insufficient staffing especially in the evening and night hours which causes residents to not receive frequent changing of incontinent briefs.	Yes

## III. METHODOLOGY

05/05/2025	Special Investigation Intake 2025A0119031
05/07/2025	Special Investigation Initiated - On Site Interim Director- Zachary Fisher, Staff- Stephanie Ray, Staff Shauntazua, and Residents B, D-I, observed Residents A, C, J-M, Resident A's Power of Attorney
05/07/2025	Contact Documents Received Residents A- M's Written Assessment Plans
06/25/2025	Contact - Telephone call made Residents B- C Power of Attorney
06/26/2025	Exit Conference Licensee Designee- Marcia Curtiss, left message
06/27/2025	Exit Conference Licensee Designee- Marcia Curtiss

### ALLEGATIONS:

**There is insufficient staffing especially in the evening and night hours which causes residents to not receive frequent changing of incontinent briefs.**

### INVESTIGATION:

On 05/07/2025, I completed an unannounced onsite inspection and interviewed Staff- Stephanie Ray, Staff Shauntazua McKay, Interim Director- Zachary Fisher, Resident A's Power of Attorney, and Residents C-I regarding the above allegations. I observed Residents A-B and J-M because they were either hard of hearing, sleeping and/or refused to be interviewed. Ms. Ray stated there are only two shifts for staff to

work which is 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m. She stated there are three residents that use a wheelchair, ten residents are able to use the bathroom by themselves and three residents need bathroom reminders. She stated all residents wear incontinent briefs. Ms. Ray stated there is usually one med. tech and always one resident assistant that provides direct care. Ms. Ray stated during the morning hours there is enough staffing. She stated she can contact the main office and assistance is readily available. However, Ms. Ray stated there needs to be more staffing in the evenings and at night. Ms. Ray stated Residents A-C use a wheelchair and need staff assistance with ambulation.

Ms. McKay stated she completes rounds every two hours for residents. She stated she will check and change all residents every two hours. Ms. McKay stated all residents have a call button in their room if they need immediate assistance from staff. Ms. McKay stated she feels that all shifts are adequately staff in order to perform job duties.

Mr. Fisher stated staff have been instructed to check and change all residents every two hours and/or more frequently as needed. Ms. Fisher stated there is typically two staff working from 6:30 a.m. to 6:30 p.m. with one staff working from 6:30 p.m. to 6:30 a.m.

Resident A's power of attorney stated he has observed Resident A receiving good care from staff and that staff is always available when Resident A needs them. Resident A's power of attorney denies observing Resident A unclean and having soiled incontinent briefs.

Resident C stated she has only been in the facility a couple of weeks. She was observed in the bed holding her cell phone and call button. Resident C stated she is checked on by staff but does not know how often. Resident C stated she soils herself heavy and it can take the staff a while to get to her. Resident C stated she would like to be checked on and changed more frequently. Resident C stated she is brought all of her meals to her room.

Residents D and G deny allegations. Residents D and G stated they do not wear incontinent briefs and has little interaction with staff. Residents D and G stated they only see staff when it is meal and medication times. Residents D and G stated they are pretty independent. Residents D and G stated staff does not check on them every two hours more like four times a day.

Residents E- F, H, and I deny allegations. Residents E- F, H, and I stated they do not need assistance from staff. Residents E-F, H, and I stated staff do not check on them regularly throughout the day. Residents E- F, H, and I stated they do not need assistance with changing of incontinent briefs.

Resident G stated staff checks on her throughout the day. Resident G stated staff is always available and are right there when she needs help.

I observed all residents to be clean and free from odors while at the facility.

On 05/07/2025, I received Residents A- M's Written Assessment Plans and staffing schedule for March and April 2025 from Mr. Fisher. It should be noted Residents A, B, and C utilize a wheelchair and Residents A, E -G, I, and M utilize a walker. The staffing schedule shows only one staff working from March 9, 2025 until April 30, 2025 for the second shift – 6:30 p.m. to 6:30 a.m.

Resident A's written assessment plan indicates Resident A needs assistance with being taken to the toilet every two to three hours during waking hours and every three to four hours during sleep and as needed. The plan further indicates that Resident A needs assistance from staff with personal hygiene and Resident A needs use of a hospital bed, and shower chair.

Resident B- C's written assessment plan indicates that they will need one person to assist with toileting, for all personal hygiene, and clothing management. The plan further states Resident B has a history of self- harming behavior due to mental health issues and will need to be monitored for changes and provide support as needed. Resident B will need a pivot transfer, wheelchair and staff assistance with pushing her in a wheelchair. Residents B and C utilizes a hospital bed, and shower chair. Resident C utilizes a trapeze bar.

Residents D, H and I 's written assessment plan indicates they have incontinent bladder and bowel at times, they will need reminders/cues, checks and changed every two hours and every three to four hours during sleeping hours and/or as needed or requested. The plan further indicates that Residents D and I need staff to assist with personal hygiene, grooming and bathing needs. Residents H and I utilize a shower chair.

Residents F and M's written assessment plan indicates they need assistance with toileting, with staff checking and prompting every two to three hours and every three to four hours during sleeping hours. Residents F and M utilize a shower chair. Resident M also uses a cane.

Resident G's written assessment plan indicates she needs assistance with toileting with staff prompting her to use the bathroom and assist as needed. The plan further indicates that Resident G needs assistance with completing and set-up personal hygiene care.

Resident L's written assessment plan indicates she may need occasional assistance with toileting upon request or as identified by staff. The plan further indicates that staff will provide supervision with showers, grooming, dressing, and personal hygiene as needed to ensure completion.

Residents E, J, and K's written assessment plan indicates they do not need assistance with toileting but may need reminders and promptings for personal hygiene care from staff. The plan further indicates that Residents E, J, and K will need assistance from staff with grooming and bathing with supervision and/or stand by assistance. Resident E utilizes hearing aids. Resident K utilizes a shower chair.

On 06/25/2025, I telephoned and interviewed Residents B-C's power of attorney regarding the above allegations. Residents B-C's power of attorney did not have any concerns about the care Resident B-C receives from the staff at the facility. Residents B-C's power of attorney has no knowledge of the facility not having enough staffing in the evenings. Residents B-C's power of attorney stated Residents B-C have not made any mention of staff not assisting them. Residents B-C's power of attorney stated they never observed Residents B-C having soiled incontinent briefs and/or any odors when visiting.

On 06/27/2025, I completed an exit conference with licensee designee- Marcia Curtiss regarding the above allegations. Ms. Curtiss stated she does not have any comments until she reviews the report.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</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>ANALYSIS:</b>	<p>Residents A- M's Written Assessment Plans indicate Residents A, B, and C utilize a wheelchair and Residents A, E -G, I, and M utilize a walker. The staffing schedule shows for March and April 2025 only one staff working from March 9, 2025 until April 30, 2025 for the second shift – 6:30 p.m. to 6:30 a.m.</p> <p>Resident A-C, D, F- I, and L- M 's written assessment plan indicates they need some type of staff assistance with toileting.</p> <p>Resident B's written assessment plan indicates she has a history of self- harming behavior due to mental health issues and will need to be monitored for changes and provide support as needed.</p> <p>Therefore, there was insufficient direct care staff for the second shift from March 9, 2025 and April 30, 2025 based on the personal care needs of the residents.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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

*Shatonla Daniel*

06/27/2025

Shatonla Daniel  
Licensing Consultant

Date

Approved By:

*A. Hunter*

6/30/2025

Ardra Hunter  
Area Manager

Date