



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

March 13, 2009

Michael Brown  
Crystal Creek Assisted Lvng Inc  
8121 Lilley  
Canton, MI 48187

RE: Application #: AL820294548  
Crystal Creek Assisted Living 3  
8011 Lilley  
Canton, MI 48187

Dear Mr. Brown:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (734) 665-4740.

Sincerely,

Edith Richardson, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 456-0429

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL820294548

**Applicant Name:** Crystal Creek Assisted Living Inc

**Applicant Address:** 8121 Lilley  
Canton, MI 48187

**Applicant Telephone #:** (810) 632-1116

**Administrator/Licensee Designee:** Michael Brown, Designee

**Name of Facility:** Crystal Creek Assisted Living 3

**Facility Address:** 8011 Lilley  
Canton, MI 48187

**Facility Telephone #:** (734) 453-3203  
01/18/2008

**Application Date:**

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

01/18/2008 Enrollment  
02/26/2009 Inspection Report Requested - Health  
Inspection Report Requested - Fire

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Crystal Creek Assisted Living #3 is located in a residential area in Canton. The home is a single story new construction. The facility consist of activity room, beauty shop, office, family room, dining room, laundry room, storage room, public toilet room, eighteen bedrooms, two furnace rooms and a kitchen. In the center of this structure there is an open courtyard.

The Bureau of Construction Codes and Fire Safety have given this facility full approval.

The home can accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured and have the following dimensions.

Family room 33 X 33 = 1089 sq. ft.

Dining room 24 X 24 = 576 sq. ft.

Activity room 14 X 24 = 336 sq. ft.

### Resident bedrooms

Surrounding the courtyard are eighteen bedrooms, three of which are private barrier free suites, thirteen private suites and two semi- private suites. Each of the eighteen bedrooms contains a full bath and closet space. The suites were measured and have the following dimensions

2 Semi-Private Suite 24 X 19 = 456 sq. ft. (4 residents)

13 Private Suites 24 X 11 = 265 sq. ft. (13 residents)

3 Barrier Free Private Suites 24 X 13 = 312 sq. ft. (3 residents)

The applicant has requested license for 20 residents, and based on the above information can accommodate 20 residents.

## **B. Administration/Program/Resident Care/Records**

### **1. Population to be Served & Admission Criteria**

The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male or female with memory impaired conditions-including Alzheimer's and/or individuals who are physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **2. Applicant and Household**

#### **a. Corporation or Limited Liability Company**

The Crystal Creek Corporation is the applicant. The Crystal Creek Corporation is a non profit company registered with the State of Michigan.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Michael Brown as the licensee designee and as the administrator.

The applicant does not live in the adult foster care home. The applicant intends to provide direct resident care and to hire direct care staff.

### **3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

A licensing record clearance request was completed with no lien convictions recorded for the applicant (**or** licensee designee) and the administrator. The applicant (**or** licensee designee) and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The (applicant and) administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

#### **4. Staffing Plan, Proposed Ratios, Staff Training & Competencies**

The staffing pattern for the original license of this 20-bed facility is adequate and is based on the number of residents in care.

Low Resident Population (1 - 7) 4.2 Full time employees

Medium Resident Population (8-17) 7.0 Full time employees

High Resident Population (17-20) 11.2 Full time employees

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

Reporting requirements

First Aid

Cardiopulmonary resuscitation

Personal care, supervision, and protection

Resident rights

Safety and fire prevention

Prevention and containment of communicable disease

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

#### **5. Records & Record Keeping**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the

requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

#### **IV. Recommendation**

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for 20 residents. The term of the license will be for a six-month period effective 3-16-2009.



Edith Richardson  
Licensing Consultant

3-16-2009  
Date

Approved By:



3-16-2009

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Joanne S Brogdon  
Area Manager

Date