



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 28, 2024

Francess Felix  
Triple C's Care Inc.  
PO Box 871204  
Canton, MI 48187

RE: Application #: AS820418310  
**Triple C2**  
**1514 S Walton**  
**Westland, MI 48186**

Dear Ms. Felix:

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 6 is issued.

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 blue ink that reads "K. Robinson".

K. Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820418310
<b>Applicant Name:</b>	Triple C's Care Inc.
<b>Applicant Address:</b>	Suite B 37664 Ford Rd Westland, MI 48185
<b>Applicant Telephone #:</b>	(313) 784-1110
<b>Licensee Designee:</b>	Francess Felix
<b>Administrator:</b>	Francess Felix
<b>Name of Facility:</b>	Triple C2
<b>Facility Address:</b>	1514 S Walton Westland, MI 48186
<b>Facility Telephone #:</b>	(734) 329-2124
<b>Application Date:</b>	02/29/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/29/2024	Enrollment
03/11/2024	PSOR on Address Completed
03/11/2024	Contact - Document Received 1326, MC
03/11/2024	Application Incomplete Letter Sent AFC 100 for admin
03/26/2024	Contact - Document Received AFC 100
04/16/2024	Application Incomplete Letter Sent
04/16/2024	Contact - Telephone call made
05/13/2024	Contact - Telephone call made Licensee reported the home is ready for inspection.
05/14/2024	Contact - Document Received Supporting documents hand delivered to Cadillac Place.
07/26/2024	Contact - Telephone call made Scheduled onsite inspection.
07/29/2024	Inspection Completed On-site
09/06/2024	Inspection Completed On-site
09/25/2024	Inspection Completed-BCAL Full Compliance
10/18/2024	Contact - Document Received Updated medical clearance; received final supporting document.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Triple C2 home is located in a suburban neighborhood near several local businesses like, fast food chains, drugstores, and shops. The home is a 2-story structure that's comprised of five bedrooms and two full baths. One of the bedrooms will be used as a sitting room/den on the main floor. The home also has separate living and dining areas. The laundry room may be accessed from the kitchen. The home has no basement, but it does have a detached garage for additional storage. There are three

viable means of egress; however, the licensee has designated the front and patio doors as the two required means of egress.

The furnace and hot water heater are located in the laundry room. The heat plant has a 90-minute fire rated door that is equipped with an automatic, self-closing device and positive latching hardware. The heat plant is constructed of drywall; therefore, the material construction in addition to, the fire door creates floor separation from the rest of the home. The licensee submitted a Certificate of Approval from the city of Westland dated 9/8/23 to verify the heating and electrical units meet the objectives of Local Ordinance No. 221 for existing dwellings within that city. The facility also has an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.42 X 11.33	141	1
2	11 X 20.58 + 3.92 X 7	253	2
3	12.33 X 11.66	141	2
4	12.33 X 11.5	142	1

The living, dining, and sitting room areas measure a total of 430 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is **developmentally disabled or mentally illness** in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Detroit Wayne Integrated Health Network).

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, and the responsible agency.

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.

### **C. Applicant and Administrator Qualifications**

The applicant is Triple C's Care, Inc. which is a nonprofit corporation that was established in Michigan on 09/01/06. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Triple C's Care, Inc. has submitted documentation appointing Francess Felix as Licensee Designee for this facility and Francess Felix as the Administrator of the facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. The 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 licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Francess Felix has worked in her current capacity as administrator for Triple C's Care, Inc since June 2023. Francess Felix has previous direct care experience with from September 2018 through January 2023.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 direct care staff to 6 residents per shift. All staff shall be awake during sleeping hours.

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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)),

Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

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 designee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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 acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home with a capacity of six residents.



10/24/24

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Kara Robinson  
Licensing Consultant

Date

Approved By:



10/28/2024

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Dawn Timm  
Area Manager

Date