



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 13, 2025

Marion Justice
Tri County Care Provider Inc
P.O. BOX 14488
DETROIT, MI 48214

RE: License #: AM820009976
Tri County Care Provider
3041 Bewick
Detroit, MI 48214

Dear Ms. Justice:

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 is 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 cursive script that reads "LaKeitha Stevens".

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

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

I. IDENTIFYING INFORMATION

License #: AM820009976

Licensee Name: Tri County Care Provider Inc

Licensee Address: 101 Winona D
Highland Park, MI 48203

Licensee Telephone #: (313) 410-9028

Licensee/Licensee Designee: Marion Justice, Designee

Administrator:

Name of Facility: Tri County Care Provider

Facility Address: 3041 Bewick
Detroit, MI 48214

Facility Telephone #: (313) 822-2110

Original Issuance Date:

Capacity: 10

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/09/2025

Date of Bureau of Fire Services Inspection if applicable: 03/13/2024

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
A worksheet inspection was completed.
- 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.
A full worksheet inspection was completed.
- 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

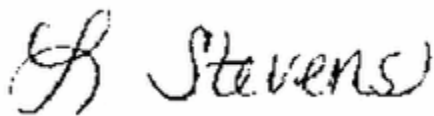
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



1/13/25

LaKeitha Stevens
Licensing Consultant

Date