



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 9, 2025

Princess Kennedy
Triple C's Care Inc.
PO Box 871204
Canton, MI 48187

RE: License #: AS820418310
Investigation #: 2026A0119001
Triple C2

Dear Mrs. Kennedy:

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

License #:	AS820418310
Investigation #:	2026A0119001
Complaint Receipt Date:	09/30/2025
Investigation Initiation Date:	10/01/2025
Report Due Date:	11/29/2025
Licensee Name:	Triple C's Care Inc.
LicenseeAddress:	37664 Ford Rd Suite B Westland, MI 48185
Licensee Telephone #:	(313) 522-9587
Administrator:	Princess Kennedy
Licensee Designee:	Princess Kennedy
Name of Facility:	Triple C2
Facility Address:	1514 S Walton Westland, MI 48186
Facility Telephone #:	(313) 772-3307
Original Issuance Date:	10/28/2024
License Status:	REGULAR
Effective Date:	10/28/2025
Expiration Date:	10/27/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Residents are often unsupervised outdoors, engaging in inappropriate behavior, including public masturbation, loud arguments, yelling obscenities at neighbors. On one occasion, one resident threatened to kill the complainant's son which prompted police intervention.	Yes

III. METHODOLOGY

09/30/2025	Special Investigation Intake 2026A0119001
10/01/2025	Special Investigation Initiated - On Site Staff- Nedubursi Ezenwa, Licensee Designee/ Administrator- Frances Felix, and Staff- Abel Oshenl, Resident A Neighbor 1 and 2 Resident Sign in and out Sheets, Resident A- F individual plan of service and/or written assessment plans
10/01/2025	Contact - Telephone call made Home Manager- Princess Kennedy
10/01/2025	Referral - Recipient Rights Made
10/01/2025	APS Referral Made
10/01/2025	Contact - Document Sent Resident A and Resident B's guardians' contact information
10/01/2025	Inspection Completed-BCAL Sub. Compliance
12/02/2025	Contact - Telephone call made Resident A guardian- Dr. Marilyn Geha
12/02/2025	Exit Conference Licensee Designee- Princess Kennedy

ALLEGATIONS:

Residents are often unsupervised outdoors, engaging in inappropriate behavior, including public masturbation, loud arguments, yelling obscenities at neighbors. On one occasion, one resident threatened to kill the complainant's son which prompted police intervention.

INVESTIGATION:

On 10/01/2025, I completed an unannounced on-site inspection and interviewed Staff- Nedubursi Ezenwa, Licensee Designee/Administrator- Frances Felix, Staff- Abel Oshenl, Resident A, next door neighbors 1 and 2 regarding the above allegations. Nedubursi stated there is always staff in the home. Nedubursi stated all residents sign out when leaving the home. Nedubursi stated we cannot prevent the residents from leaving the home as no one requires community supervision from staff. Nedubursi denies the residents are threatening, yelling, and being inappropriate to the neighbors.

Frances denies the allegations. Frances stated Resident A and F are new to the home. Frances stated Resident B and C are hospitalized due to behaviors. Frances stated the other residents attend day program.

Abel stated all residents sign in and out of the facility. Abel stated no resident in the home requires a 1:1 staff. Abel denies the allegations.

Resident A stated Resident B is going to all of the neighbors' homes threatening, yelling, cursing, and exposing his private area to them. Resident A stated Resident B and D were fighting loud outside and then police came to the home. Resident A stated he has only been to the home for a short time and the police have been out to the home six times because residents are going to the neighbors homes.

Neighbor 1 stated she can hear residents yelling, cursing, and being inappropriate in the backyard constantly. Neighbor 1 stated she feels very uncomfortable even going into her driveway to leave her house.

Neighbor 2 stated since these residents moved in May 2025, they have been harassing, yelling down the street, and cursing at neighbors. Neighbor 2 stated one resident came into his yard and threatened and to kill him made an inappropriate sexual jester at him. Neighbor 2 stated he has called the police three times. Neighbor 2 stated the police have been out to the home at least ten times. Neighbor 2 stated the residents are outside for hours and hours without any staff supervision while they are causing these disturbances. Neighbor 2 stated he is newly married with an infant and will do whatever he needs to do to defend his family.

I reviewed resident sign in and out sheets and Residents A-C, and E's individual plan of services (IPOS). After a review of resident sign in and out sheet, residents listed "outside" for multiple hours, "going to the store", and "walking." It should be noted this is a residential area and the nearest store is over a mile away, which happens to be a gas station. I asked Nedubursi, Frances, and Abel, "Where were the residents' whereabouts when they listed outside, walking or store?" Neither Nedubursi, Frances, nor Abel could provide a general knowledge of the residents whereabouts while outside of the home.

Resident A's IPOS dated 04/22/2025 from America's Community Council indicates that Resident A is to receive specialized residential AFC care and should sign in and out of the home.

Resident B's IPOS dated 03/04/2025 from Lincoln Behavioral Services indicates that Resident B is to receive specialized residential AFC care.

Resident C's IPOS dated 02/14/2025 from Central City Health indicates that Resident C is to receive specialized residential AFC care. In addition, Resident C will receive staff assistance with all ADLs due to diabetic condition and needing assistance with toileting.

Resident E's IPOS dated 05/22/2025 from Lincoln Behavioral Services indicates that Resident E is to receive specialized residential AFC care. In addition, Resident E will have a progression of community engagement with staff.

On 10/01/20205, I telephoned and interviewed Home Manager- Princess Kennedy regarding the above allegations. Princess stated these residents just moved into this home. Princess admits Resident B has been problematic and will be getting discharged. Princess stated Resident B is not in the hospital. Princess stated they are trying to manage the residents.

It should be noted that investigation 2025A0119037 for AS820292079- Triple C's Care, Inc. #2, investigated the same allegations involving Residents B-C, and E. These residents in investigation 2025A0119037 were moved into the complaint address. The licensee chose to close the home and relocate the residents in an attempt to rectify the issue but it happened again at the new licensed address.

On 12/02/2025, I telephoned and interviewed Resident A's guardian- Dr. Marilyn Geha regarding the above allegations. Dr. Geha stated Resident A was given a discharge notice in November from the home. He has been removed from the home.

On 12/02/2025, I completed an exit conference with licensee designee- Princess Kennedy regarding the above allegations. Princess stated due to the Medicaid waiver/final rule the residents have been told they can go anywhere and do anything. She stated this makes it hard for staff to redirect residents. Princess

stated Residents A-C and E have been discharged from the home. Princess stated all of the staff have been trained to better manage and interact with the residents. Princess stated they have activities in the home for the residents to do to prevent them from wandering in the neighborhood. Princess stated she is ensuring that when residents are in the community there is more staff monitoring.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	<p>Residents A- C, and E require specialized residential adult foster care based on their assessment plan.</p> <p>Staff- Nedubursi Ezenwa, Licensee Designee/Administrator- Frances Felix, and Staff- Abel Oshenl were not aware of a resident's general whereabouts even though Residents A-C and E may travel independently about the community.</p> <p>Sign in and out logs indicate residents were out of the home with no specific destination other than outside, going for a walk, and/or store.</p> <p>Therefore, Residents A- C and E were not supervised according to their resident assessment plans.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



12/08/2025

Shatonla Daniel
Licensing Consultant

Date

Approved By:



12/9/2025

Ardra Hunter
Area Manager

Date