



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 6, 2026

Mercy Igiogbe
Triple J's Bettercare Inc.
P.O. Box 13710
Detroit, MI 48213

RE: License #: AS820292158
Triple J's Bettercare Inc 3
20427 Lennon Street
Harper Woods, MI 48225

Dear Ms Igiogbe:

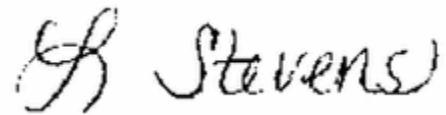
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "LaKeitha Stevens". The signature is written in a cursive style with a large, stylized initial "L".

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

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

I. IDENTIFYING INFORMATION

License #: AS820292158

Licensee Name: Triple J's Bettercare Inc.

Licensee Address: P.O. Box 13710
Detroit, MI 48213

Licensee Telephone #: (313) 522-1421

Licensee/Licensee Designee: Mercy Igiogbe, Designee

Administrator:

Name of Facility: Triple J's Bettercare Inc 3

Facility Address: 20427 Lennon Street
Harper Woods, MI 48225

Facility Telephone #: (313) 522-1421

Original Issuance Date: 09/25/2007

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

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:
LSR Dated 02/20/2024, Rules; S803(6) and 301(10) 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 found to be in non-compliance with the following rules:

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At the time of inspection staff, Darilynn King did not have completed health care appraisal in her staff record.

R 400.645 Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

At the time of inspection, the water temperature was 138 degrees.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection:

- The facility needs cleaning and dusting
- The outside of the refrigerator needs cleaning
- The side egress door exposes outside elements.

R 400.661 Bedroom furnishings.

(1) Bedroom furnishings must include all of the following:
(d) Dresser or equivalent.

At the time of inspection all bedrooms were not equipped with a dresser.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection, Resident A's written assessment plan did not have all required signatures.

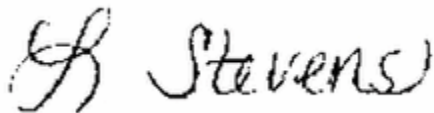
R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

At the time of inspection, Resident A's resident care agreement did not have all required signatures.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



03/06/2026

LaKeitha Stevens
Licensing Consultant

Date