



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 27, 2021

Angela Agodu  
Triple C's Care Inc.  
11353 Grandville  
Detroit, MI 48228

RE: License #: AS820292079  
**Triple C's Care Inc., #2**  
**11353 Grandville**  
**Detroit, MI 48228**

Dear Mrs. Agodu:

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 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820292079

**Licensee Name:** Triple C's Care Inc.

**Licensee Address:** 6897 Greenview  
Detroit, MI 48228

**Licensee Telephone #:** (313) 948-0512

**Licensee/Licensee Designee:** Angela Agodu

**Administrator:** Angela Agodu

**Name of Facility:** Triple C's Care Inc., #2

**Facility Address:** 11353 Grandville  
Detroit, MI 48228

**Facility Telephone #:** (313) 272-2606

**Original Issuance Date:** 12/26/2007

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/26/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Full paperwork inspection
- 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.  
Full paperwork inspection
- 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.
- 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 found to be in non-compliance with the following rules:

**R 400.14203            Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Licensee Designee/ Administrator failed to participate in, and successfully complete, 16 hours of training and/or completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Staff- Christina Titus' employee filed reviewed showed she was hired on 09/30/2021 and had a statement that is signed by a licensed physician attesting to the knowledge of the physical health stated 09/07/20219, which was not within 30 days of hire.

**R 400.14208          Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f) Verification of reference checks.

Staff- Christina Titus' employee filed reviewed did not contain a verification of reference checks.

**R 400.14401          Environmental health.**

- (7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

At the time of inspection, I observed one window on the stairs leading upstairs to have a torn screen.

**R 400.14403          Maintenance of premises.**

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

At the time of inspection, I observed the following:

- clothing dryer vent to not be attached to the outside vent
- paneling attached to a door in the basement
- one broken window panel in the design of the front door

**R 400.14403      Maintenance of premises.**

(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

At the time of inspection, I observed the kitchen, front and rear stairways to not be well light despite having light bulbs.

At the time of inspection, I observed the refrigerator to not have sufficient lighting.

**R 400.14403      Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of inspection, I observed a hole at the shower head spout and where the heating register and floor connect in the kitchen.

**R 400.14409      Bedroom space; "usable floor space" defined.**

(7) There shall not be less than a 3-foot clearance between beds in a multioccupancy bedroom.

At the time of inspection, I observed in one resident bedroom with two beds that was not at least 3 feet apart.

**R 400.14505      Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

At the time of inspection, I observed one smoke detector to be open without a battery in addition, I heard a chirping noise throughout the facility which is an indication that the system needs to be serviced.

**R 400.14507      Means of egress generally.**

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed Residents B and C bedroom doors to not be equipped with positive latching hardware.

**IV. RECOMMENDATION**

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

*Shatonla Daniel*

10/27/2021

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Shatonla Daniel  
Licensing Consultant

Date