GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2022

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

RE: License #: AS820277913
Investigation #: 2022A0101017
Triple J's Bettercare Inc

Dear Ms Igiogbe:

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) 456-0380.

Sincerely,

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS820277913 |
| | |
| **Investigation #:** | 2022A0101017 |
| | |
| **Complaint Receipt Date:** | 03/29/2022 |
| | |
| **Investigation Initiation Date:** | 04/01/2022 |
| | |
| **Report Due Date:** | 05/28/2022 |
| | |
| **Licensee Name:** | Triple J's Bettercare Inc. |
| | |
| **Licensee Address:** | P.O. Box 13710<br>Detroit, MI 48213 |
| | |
| **Licensee Telephone #:** | (313) 522-1421 |
| | |
| **Administrator:** | Mercy Igiogbe |
| | |
| **Licensee Designee:** | Mercy Igiogbe |
| | |
| **Name of Facility:** | Triple J's Bettercare Inc |
| | |
| **Facility Address:** | 19222 Woodcrest Street<br>Harper Woods, MI 48225 |
| | |
| **Facility Telephone #:** | (313) 371-6429 |
| | |
| **Original Issuance Date:** | 11/07/2005 |
| | |
| License **Status:** | REGULAR |
| | |
| **Effective Date:** | 05/16/2022 |
| | |
| **Expiration Date:** | 05/15/2024 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Resident A arrived at the emergency room via Emergency Medical Services (EMS). Resident A stated she was weak and felt like she was going to faint. Resident A stated she was in a verbal and physical altercation with direct care staff, Anthony Little. | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 03/29/2022 | Special Investigation Intake<br>2022A0101017 |
| 04/01/2022 | Referral sent to ORR |
| 04/01/2022 | Special Investigation Initiated - Telephone<br>Mercy Igiogbe, Licensee Designee |
| 04/22/2022 | Inspection Completed-BCAL Sub. Compliance |
| 05/05/2022 | Exit Conference |
| 06/03/2022 | APS referral |
| 06/03/2022 | Contact – Telephone call made<br>Ms. Igiogbe |
| 06/03/2022 | Contact – Telephone call made<br>Direct care staff (DCS), Anthony Little |
| 06/03/2022 | Contact – Telephone call made<br>Resident A |

**ALLEGATION: Resident A arrived at the emergency room via Emergency Medical Services (EMS). Resident A stated she was weak and felt like she was going to faint. Resident A stated she was in a verbal and physical altercation with direct care staff, Anthony Little.**

**INVESTIGATION:** On 04/01/2022, I spoke with the licensee designee, Mercy Igiogbe. Ms. Igiogbe stated she spoke with Resident A and Resident A told her she [Resident A] hit Mr. Little with a cane.

On 04/22/2022, I interviewed Resident A. Resident A stated she was using the phone and DCS Anthony Little hit her on the back of the head. Resident A stated she picked up a cane and hit Mr. Little. Resident A stated the other residents saw what happened.

On 04/22/2022, I interviewed Resident B. Resident B stated Resident A was trying to call her mother. Mr. Little tried to take the phone from Resident A. They began to wrestle because Resident A would not allow Mr. Little to take the phone. Mr. Little hit Resident A on her head.

On 04/22/2022, I interviewed Resident C. Resident C stated she did not see Mr. Little hit Resident A but she her them arguing. According to Resident C, Resident A did state Mr. Little hit her.

I spoke with Mr. Little on 06/03/2022. Mr. Little stated it was five or six o'clock in the morning. Resident A came into the kitchen and asked to use the phone. Resident A called EMS because she wanted to go to the hospital. Mr. Little instructed Resident A to get dressed. Resident A proceeded to call her mother and brother. Mr. Little told Resident A it was too early to be calling her relatives. According to Mr. Little Resident A became upset and she hit him with the phone. Mr. Little stated, "Out of reflex, I hit her back." Mr. Little stated, "I know it was wrong and I should not have done that." Mr. Little stated he was disciplined for hitting Resident A. Mr. Little stated he was off for four days with no pay, he had to repeat recipient rights training and training regarding how to deal with Resident A's unacceptable behavior, aggression.

On 06/03/2022, I spoke with Resident A. Resident A stated she does not have a guardian. Resident A stated that she is not afraid of Mr. Little, and they are "cool." Resident A stated she feels safe in her home.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14308** | **Resident behavior interventions prohibitions.** |
| | **(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:**<br>**(a) Use any form of punishment.**<br>**(b) Use any form of physical force other than physical restraint as defined in these rules.**<br>**(c) Restrain a resident's movement by binding or tying or through the use of medication, paraphernalia,** |

| | |
|---|---|
| | **contraptions, material, or equipment for the purpose of immobilizing a resident.**<br>**(d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.**<br>**(e) Withhold food, water, clothing, rest, or toilet use.**<br>**(f) Subject a resident to any of the following:**<br>**(i) Mental or emotional cruelty.**<br>**(ii) Verbal abuse.**<br>**(iii) Derogatory remarks about the resident or members of his or her family.**<br>**(iv) Threats.**<br>**(g) Refuse the resident entrance to the home.**<br>**(h) Isolation of a resident as defined in R400.14102(1)(m).**<br>**(i) Any electrical shock device.** |
| **ANALYSIS:** | Resident A and Resident B stated Mr. Little hit Resident A. Mr. Little admitted he hit Resident A. Therefore, it is concluded DCS Anthony Little used physical force in an attempt to deal with Resident A's behavior. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan I recommend the status of the license remains unchanged.

06/14/2022

Edith Richardson — Date
Licensing Consultant

Approved By:

06/16/2022

Ardra Hunter — Date
Area Manager