



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 18, 2025

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

RE: License #: AS820418776  
**Triple C Home**  
**33545 Bock Street**  
**Garden City, MI 48135**

Dear Ms Kennedy:

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) 456-0439.

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 #:** AS820418776

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

**Licensee Address:** Suite B  
37664 Ford Rd  
Westland, MI 48185

**Licensee Telephone #:**

**Licensee/Licensee Designee:** Princess Kennedy, Designee

**Administrator:**

**Name of Facility:** Triple C Home

**Facility Address:** 33545 Bock Street  
Garden City, MI 48135

**Facility Telephone #:** (313) 772-3307

**Original Issuance Date:** 12/05/2024

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/19/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

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

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full 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 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 06/10/2025, Rule 713(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

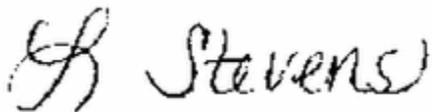
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



12/18/2025

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LaKeitha Stevens  
Licensing Consultant

Date