



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 24, 2026

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

RE: License #: AS820277913  
**Triple J's Bettercare Inc**  
**1922 Woodcrest Street**  
**Harperwoods, MI 48225**

Dear Mercy 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, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820277913

**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

**Administrator:** Mercy Igiogbe

**Name of Facility:** Triple J's Bettercare Inc

**Facility Address:** 19222 Woodcrest Street  
Harperwoods, MI 48225

**Facility Telephone #:** (313) 371-6429

**Original Issuance Date:** 11/07/2005

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: licensee designee

- 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 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP Dated 05/20/2024 R400.14318 (5), R400.14401 (2) 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 inspection, direct care staff Montoya Ford employee file did not contain a statement signed by a licensed physician or physician's designee attesting to her physical health within 30 days of her employment start date.

Her start date was 03/18/2025 and her physical was dated 10/20/2025.

**R 400.631                      Health screenings.**

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

At the time of inspection, direct care staff Montoya Ford employee file did not contain an annual 2026 health status review.

**R 400.631                      Health screenings.**

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

At the time of inspection, direct care staff Montoya Ford employee file did not contain documentation of a baseline screening for communicable diseases and records of illness on hiring.

Her start date was 03/18/2025 and her tuberculosis testing results were dated 10/22/2025.

**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 closet doors in Residents C and D's bedroom were off track. Resident C's door was propped against the wall and Resident D's was leaning into the closet.

**R 400.655                    Bathrooms.**

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

At the time of inspection, the resident bathroom door in the main level was not equipped with positive-latching.

**R 400.665                    Food service.**

(9) Kitchen hoods or canopies must be equipped with filters. Filters must be maintained in an efficient condition and always clean.

At the time of inspection, the canopy filter in the kitchen was not clean and maintained in efficient condition.

**R 400.675                    Resident medications.**

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

- (i) Medication name.
- (ii) Dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

At the time of inspection, Resident B's, medication administration records (MARs) did not contain initials of the individual who administered the medication at the time given.

Bupropion HCL Sr 100mg tablet, take one tablet by mouth twice daily was not initialed on 04/17/2026 and 04/18/2026 at 8:00 a.m.

I observed numerous past MARs that were not initialed for Residents A and B.

#### IV. RECOMMENDATION

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



04/24/2026

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Denasha Walker  
Licensing Consultant

Date