STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

August 29, 2006

Mercy Igiogbe
Triple J's Bettercare Inc.
11773 Promenade St.
Harper Woods, MI 48213

RE: Application #: AS820285138
Triple J's Bettercare Inc. 2
19115 Woodcrest
Harper Woods, MI 48225

Dear Ms. Igiogbe:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (313) 456-1734.

Sincerely,

Tony Kairis

Tony Kairis, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0408

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS820285138
Applicant Name:	Triple J's Bettercare Inc.
Applicant Address:	11773 Promenade St. Harper Woods, MI 48213
Applicant Telephone #:	313-522-1421
Administrator/Licensee Designee:	Mercy Igiogbe, Designee
Name of Facility:	Triple J's Bettercare Inc. 2
Facility Address:	19115 Woodcrest Harper Woods, MI 48225
Facility Telephone #:	(313) 522-1421
Application Date:	08/02/2006
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/02/2006	Enrollment
08/04/2006	File Transferred To Field Office Detroit
08/28/2006	On-site inspection
08/28/2006	Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

A. Physical Plant

The Triple J # 2 home is located in a residential area in Harper Woods. The home is a two-story structure with a full basement a garage located in the backyard. The first floor of the home consists of a living room, dining room, kitchen, a full bathroom and two bedrooms. The second floor has two bedrooms, and a full bathroom.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home cannot accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

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The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room 18 X 12.5 =225 sq. ft.
Dining room 10 X 10 =100 sq. ft.

Resident bedrooms First Floor

SW bedroom 9.2 X 9.7=89 sq. ft. (1 resident)
S bedroom 18 X 10 = 180 sq.ft. (2 residents)

Second Floor- Bedrooms

SE bedroom 13.1 X 9.5 = 124 sq. ft. (1 resident)
NW bedroom 21 x 11= 231 sq. ft (2 residents)

The applicant has requested a license for six residents, and based on the above information can accommodate six residents.

B. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to six (06) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

2. Applicant and Household

a. Corporation or Limited Liability Company

The Triple J Bettercare Inc. corporation is the applicant. The corporation, non-profit company registered with the State of Michigan.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Mercy Igiogbe as the licensee designee and the administrator.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee/ administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

Reporting requirements
First Aid
Cardiopulmonary resuscitation
Personal care, supervision, and protection
Resident rights
Safety and fire prevention
Prevention and containment of communicable disease

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

5. Records & Record Keeping

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

Resident Identification Form
Resident care Agreement
Health Care Appraisal
Medication Record
Monthly Weight Record
Assessment Plan
Funds & Valuables Record Part 1 & 2
Incident/Accident Report

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. Recommendation

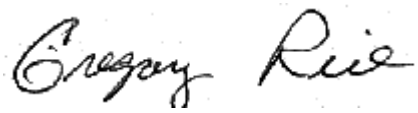
Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for residents mentally ill/developmentally disabled. The term of the license will be for a six-month period effective 08/29/06.



08/29/06

Tony Kairis Date
Licensing Consultant

Approved By:



08/29/06

Gregory Rice Date
Area Manager