



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2025

Jermaine Gabriel
My Helping Hand Support Services, LLC
Unit 250275
6725 Daly Rd
W Bloomfield, MI 48325

RE: License #: AS820415653
Glendale A.F.C.
20505 Lauder
Detroit, MI 48235

Dear Jermaine Gabriel:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

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 "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820415653

Licensee Name: My Helping Hand Support Services, LLC

Licensee Address: Unit 250275
6725 Daly Rd
W Bloomfield, MI 48325

Licensee Telephone #: (248) 789-8769

Licensee/Licensee Designee: Jermaine Gabriel

Administrator: Deidra Gabriel

Name of Facility: Glendale A.F.C.

Facility Address: 20505 Lauder
Detroit, MI 48235

Facility Telephone #: (313) 355-6121

Original Issuance Date: 10/02/2024

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/31/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
Was not meal time and resident was not home
- 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 400.14407

Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

The bathroom door was equipped with locking against egress hardware.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Regina Buchanan
Licensing Consultant

03/31/2025

Date