



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 11, 2026

Ebony Hurst  
Gentle Care Support Services  
4800 Gray St  
Detroit, MI 48215

RE: License #: AS820418295  
**Patterson's Home**  
**4800 Gray St**  
**Detroit, MI 48215**

Dear Ebony Hurst:

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) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820418295

**Licensee Name:** Gentle Care Support Services

**Licensee Address:** 4800 Gray St  
Detroit, MI 48215

**Licensee Telephone #:** (313) 516-0830

**Licensee/Licensee Designee:** Ebony Hurst

**Administrator:** Ebony Hurst

**Name of Facility:** Patterson's Home

**Facility Address:** 4800 Gray St  
Detroit, MI 48215

**Facility Telephone #:** (313) 499-8423

**Original Issuance Date:** 01/09/2025

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED AGED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

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.
- 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.
- 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 400.629                      Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- (i) Nutrition and special diets.

At the time of inspection, Staff- Janelle Williams and Staff- Ashley McCary employee file reviewed did not contain all of the staff training.

**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,

**R 400.727                    Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.**

(4) Detectors must be tested and examined as recommended by the manufacturer.

At the time of inspection, I heard a consistent chirping sound from a main floor smoke detector.

**R 400.741                    Fire extinguishers.**

A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use in a facility on each occupied floor and in the basement.

At the time of inspection, I observed three fire extinguishers that had not been serviced since 2024.

#### **IV. RECOMMENDATION**

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



02/11/2026

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Shatonla Daniel  
Licensing Consultant

Date