



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 22, 2020

Ferdinand Policarpio  
Genesis Senior Place LLC  
775 Quill Creek Dr  
Troy, MI 48085

RE: Application #: AS500401950  
**Genesis Senior Place**  
**45514 Engel Dr**  
**Utica, MI 48317**

Dear Mr. Policarpio:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS500401950

**Licensee Name:** Genesis Senior Place LLC

**Licensee Address:** 775 Quill Creek Dr  
Troy, MI 48085

**Licensee Telephone #:** (248) 251-2711

**Administrator/Licensee Designee:** Imelda Soan /Ferdinand Policarpio

**Name of Facility:** Genesis Senior Place

**Facility Address:** 45514 Engel Dr  
Utica, MI 48317

**Facility Telephone #:** (248) 251-2711  
10/06/2019

**Application Date:**

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODOLOGY

10/06/2019	On-Line Enrollment
10/14/2019	Contact - Document Received IRS ltr; 100 for Imelda (Admin)
10/16/2019	Contact - Document Received App; 1326 for Ferdinand (LD)
10/16/2019	Contact - Document Sent Act booklet
10/21/2019	Contact - Document Received Licensing file received from Central office
10/31/2019	Application Incomplete Letter Sent
12/11/2019	Inspection Completed On-site
12/13/2019	Inspection Completed-BCAL Sub. Compliance
12/17/2019	Corrective Action Plan Received
01/07/2020	Corrective Action Plan Approved
01/07/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is in the City of Utica and is a single-family home. The home is a one-story stone-built home and features a family room, living room, dining area and kitchen. It contains five bedrooms and two bathrooms. The home has a rear deck and an attached garage. The home has first floor laundry. The home is wheelchair accessible.

The area is serviced by numerous health care providers and easily accessed shopping, recreational, educational, religious, and transportation resources. The home is in the Utica School district.

The home is heated by a natural gas and it uses public water and sewage. The gas furnace and gas hot water heater are in the garage of the home. The home is built on a crawl and there is no basement. There is an interconnected smoke detector system powered by the facility's electrical system with battery backup. Fire extinguishers are installed on the first-floor home. The home's electrical and heating systems have been inspected by qualified inspection services and determined to be in good operating condition, compliant with local codes and ordinances.

A warranty deed was received, and the home is owned by Ferdinand Poliocarpio and Imelda Soan as of 09/19/2019. A right to occupy and inspect letter was received from the owners.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17 x 11.7	196.92	2
2	9.9 x 11.7	112.94	1
3	11.8 x 10.3	119.58	1
4	9.5 x 11.2	105.15	1
5	10.3 x 9.7	98.23	1

The living, family room and dining room areas measure a total of 664.71 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Genesis Senior Place is being established to provide adult foster care services to adults 50 years to 99 years of age or older of either gender who need adult foster care due to being aged, physically handicapped and/or with a diagnosis of Alzheimer's. The special program statement for facilities providing care to individuals diagnosed with Alzheimer's has been submitted, reviewed, and approved as were the general program statement, admission policy, discharge policy, personnel policies, and refund agreement. Genesis Senior Place will provide personal care services which includes feeding, toileting, bathing, grooming, dressing, transferring and assistance, as well as management of

administration of medication. Recreational activities encourage socialization and stimulation to the senses are incorporated on a regular basis. Staff will be trained.

As part of the application process the licensee submitted admission, discharge policies for Genesis Senior Place. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

### **C. Applicant and Administrator Qualifications**

The Genesis Senior Place, LLC was established on 09/18/2019 by the administrator Imelda Soan. The licensee designee is Ferdinand Policarpio. Mr. Ferdinand is also the licensee designee for seven other adult foster care small group home facilities operated by Genesis Senior Care, LLC and Genesis Senior Services, LLC in Macomb and Oakland counties. Ferdinand Policarpio and Imelda Soan have submitted financial documentation assuring the financial capability and stability of this corporation.

Mr. Policarpio has several years of experience of working with the identified population through his work as a licensed practical nurse through various nursing and rehabilitation centers since 2010. Mr. Policarpio has submitted the appropriate educational, training, employment documentation and resume to establish that he has the required experience and education to provide and deliver adult foster care services to the Aged, Alzheimer's/Dementia adults in the State of Michigan.

An Adult Foster Care Licensing Record Clearance has been completed for Mr. Ferdinand Policarpio attesting to his good moral character. Mr. Policarpio also submitted a medical clearance with proof of tuberculosis testing as required. The licensee designee, Mr. Ferdinand Policarpio, has been involved in providing Adult Foster Care services to elderly individuals for several years.

The administrator, Imelda Soan has a Bachelor of Science in Nursing, Associate Degree in Nursing and Bachelor of Science in Commerce with a major in management. Imelda Soan currently works as a Registered Nurse. Ms. Soan has held various positions such as, a Home Care Nurse and Registered Nurse since 2005. Imelda Soan is licensed as a Registered Nurse through the State of Michigan. Ms. Soan has submitted verifications of several trainings including continuing professional education credits for Registered Nurses.

An Adult Foster Care Licensing Record Clearance has been completed for Ms. Soan attesting to her good moral character. Ms. Soan also submitted a medical clearance with proof of tuberculosis testing as required.

**D. Rule/Statutory Violations**

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules at the time of the final inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

*L. Reed*

01/08/2020

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*A. Hunter*

01/22/2020

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Ardra Hunter  
Area Manager

Date