



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 19, 2023

Ferdinand Policarpio  
JAF Care LLC  
775 Quill Creek Dr  
Troy, MI 48085

RE: Application #: AS500414302  
**Genesis Home-Warren**  
**28840 Roan Drive**  
**Warren, MI 48093**

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 5 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  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500414302
<b>Licensee Name:</b>	JAF Care LLC
<b>Licensee Address:</b>	775 Quill Creek Dr Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 251-2711
<b>Administrator/Licensee Designee:</b>	Ferdinand Policarpio
<b>Name of Facility:</b>	Genesis Home-Warren
<b>Facility Address:</b>	28840 Roan Drive Warren, MI 48093
<b>Facility Telephone #:</b>	(248) 251-2711
<b>Application Date:</b>	09/28/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

09/28/2022	On-Line Enrollment
10/05/2022	PSOR on Address Completed
10/05/2022	Contact - Document Received 1326
10/06/2022	Application Incomplete Letter Sent
01/03/2023	Application Complete/On-site Needed
01/18/2023	Inspection Completed On-site
01/18/2023	Inspection Completed-BCAL Full Compliance
01/18/2023	Recommend license issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This small adult foster care home is in a residential area in Warren, MI. The home is a single-story brick home built on a crawl space. The home consists of a living room, dining room, receiving room, kitchen, two full bathrooms and four bedrooms. The home has a 2.5 attached garage. The home is wheelchair accessible.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with smoke detectors.

The home is in Warren Woods school district. The home is in proximity to a hospital, shopping, and recreation areas.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.4 x 10.8	132	2
2	14.3 x 10	143	2
3	11 x 11	121	1
4	11 x 11	121	1

**Total beds: 6**

The living, dining, and receiving room areas measure a total of 1,440 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.

### **A. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female ambulatory adults whose diagnosis is aged, physically handicapped or Alzheimer's in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The program goals are to provide care in a dignified, self-assuring way in a receptive, small living environment, help avoid or delay institutionalization for as long as possible, provide supervision that helps fight the emotional and physical pain associated with loneliness and thoughts of rejection and provide a system of medication management to avoid the missed dose problem so common in forgetful seniors.

The objective is to service fragile populations who have increased need for protection, supervision, and direction due to significant memory loss. The program focuses on the individual's everyday activity and includes in each resident's plan of care the need to ensure each of their personal needs are attended to with the prompting or assistance of others, i.e., hydration, nutrition, personal care, grooming and exercise.

The home 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.

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

The applicant is JAF Care L.L.C., which is a "Domestic Limited Liability Company," was established in Michigan, on 09/27/2022. JAF Care L.L.C submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of JAF Care L.L.C has submitted documentation appointing Ferdinand Policarpio as Licensee Designee and Administrator of the facility. 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. Mr. Policarpio has provided

documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Policarpio. Mr. Policarpio submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours. Mr. Policarpio 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 1–to-6 resident ratio.

Mr. Policarpio acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Policarpio 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. In addition, Mr. Policarpio has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Policarpio 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, Mr. Policarpio 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 the documents contained within each employee’s file.

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

Mr. Policarpio 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. Mr. Policarpio acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Policarpio acknowledges his responsibility to obtain all 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, Mr. Policarpio acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file. Mr. Policarpio acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

Mr. Policarpio was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

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




01/18/2023

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LaShonda Reed  
Licensing Consultant

Date

Approved By:



01/19/2023

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Denise Y. Nunn  
Area Manager

Date