



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 24, 2023

Ferdinand Policarpio
Genesis Senior Services LLC
775 Quill Creek Drive
Troy, MI 48085

RE: License #: AS500392683
Genesis Senior Home- Moravian
35500 Moravian Dr
Sterling Heights, MI 48312

Dear Mr. Policarpio:

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 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 (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

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

I. IDENTIFYING INFORMATION

License #: AS500392683

Licensee Name: Genesis Senior Services LLC

Licensee Address: 4111 Renee Drive
Troy, MI 48085

Licensee Telephone #: (248) 250-6575

Licensee/Licensee Designee: Ferdinand Policarpio

Administrator: Ferdinand Policarpio

Name of Facility: Genesis Senior Home- Moravian

Facility Address: 35500 Moravian Dr
Sterling Heights, MI 48312

Facility Telephone #: (248) 250-6575

Original Issuance Date: 08/01/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/24/2023

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- 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.
I observed adequate food supply.
- 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:
R 400.14203(1) & R 400.14505 (4) 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 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

I observed that Resident A's Amlodipine medication is prescribed to be taken two tablets at bedtime was not listed on the medication administration record. The Amlodipine was administered, and staff did not initial the medication administration record from 01/01/2023 to 01/23/2023.

IV. RECOMMENDATION

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



01/24/2023

LaShonda Reed
Licensing Consultant

Date