



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 11, 2023

Ferdinand Policarpio  
775 Quill Creek Dr  
Troy, MI 48085

RE: Application #: AF630417261  
**Genesis Senior Care- Troy**  
**775 Quill Creek Dr**  
**Troy, MI 48085**

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630417261
<b>Applicant Name:</b>	Ferdinand Policarpio
<b>Applicant Address:</b>	775 Quill Creek Dr Troy, MI 48085
<b>Applicant Telephone #:</b>	(248) 251-2711
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Genesis Senior Care- Troy
<b>Facility Address:</b>	775 Quill Creek Dr Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 251-2711
<b>Application Date:</b>	08/01/2023
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

08/01/2023	Enrollment
08/01/2023	PSOR on Address Completed
08/01/2023	Application Incomplete Letter Sent AFC100, App Signed, SOS verification as proof of residency
08/01/2023	Contact - Document Sent Forms sent
08/23/2023	Contact - Document Received AFC100, IRS letter, ID and proof of residency
08/28/2023	Application Incomplete Letter Sent
10/03/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Genesis Senior Care Troy is a large colonial home located at 775 Quill Creek Dr., Troy, MI 48085. The area of the home that is designated for residents has three bedrooms, one full bathroom and a half bathroom, a family room, and a kitchen/dining area. Ferdinand Policarpio and his wife and their two minor children reside upstairs. The home is located in a subdivision area of Troy that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Troy Police Department responds to emergency calls from the home. Troy Beaumont Hospital is located within five miles from the home.

The furnace and hot water heater are located in the basement, which is separated from the main floor by a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system, which is fully operational, as well as heat detectors in areas of the home that have heat producing equipment. The home has public water and a public sewer system. The home can accommodate residents who use a wheelchair, as it has a ramp off the deck located in the backyard of the home.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'11" x 11'06"	149	1
2	14'6" x 13'08"	198	2
3	14'06" x 15'02"	220	2

**Total capacity: 5**

The family and dining room areas measure a total of **514** 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 **five** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

Genesis Senior Care Troy intends to provide 24-hour supervision, protection, and personal care to **five** male or female residents, aged 50+, whose diagnosis is aged, Alzheimer's (dementia) and physically handicapped. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

Genesis Senior Care Troy will utilize local community resources for medical services, dental services, religious observance, and recreation. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

The applicant, Ferdinand Policarpio, identified his wife, Deo-Grace Policarpio, as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Ferdinand Policarpio and Deo-Grace Policarpio. Ferdinand Policarpio and Deo-Grace Policarpio submitted medical clearance forms with statements from a physician documenting their good health and current TB negative results.

Mr. Policarpio indicated that he has sufficient financial resources to provide for the adequate care of the residents utilizing their finances from their five other adult foster care facilities located in both Macomb and Oakland Counties.

Mr. Policarpio acknowledged that an adult foster care family home requires the licensee to reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for **five** residents will be the responsibility of Mr. Policarpio 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Mr. Policarpio acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Mr. Policarpio acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Policarpio acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Policarpio 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 acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, he acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, responsible person, volunteer, or staff, and the retention schedule for all the documents contained within each employee's file.

Mr. Policarpio acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Policarpio acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

Mr. Policarpio acknowledged 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 his intent to achieve and maintain compliance with these requirements.

Mr. Policarpio acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Mr. Policarpio has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

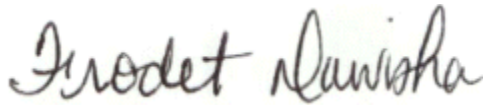
Mr. Policarpio acknowledged his responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home, as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Mr. Policarpio acknowledged 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.

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

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

#### **IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to Genesis Senior Care Troy, an adult foster care family home with a capacity of five residents.



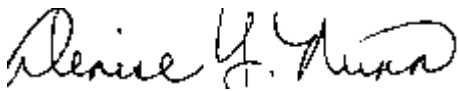
10/10/2023

---

Frodet Dawisha  
Licensing Consultant

Date

Approved By:



10/11/2023

---

Denise Y. Nunn  
Area Manager

Date