



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 21, 2025

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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**

<b>License #:</b>	AS500392683
<b>Licensee Name:</b>	Genesis Senior Services LLC
<b>Licensee Address:</b>	4111 Renee Drive Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 250-6575
<b>Licensee/Licensee Designee:</b>	Ferdinand Policarpio
<b>Administrator:</b>	Ferdinand Policarpio
<b>Name of Facility:</b>	Genesis Senior Home- Moravian
<b>Facility Address:</b>	35500 Moravian Dr Sterling Heights, MI 48312
<b>Facility Telephone #:</b>	(248) 250-6575
<b>Original Issuance Date:</b>	08/01/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2025

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 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Direct care staff

- 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:  
01/24/2023; R 400.14312(4)(b)(iv)(v) 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



01/16/2025

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LaShonda Reed  
Licensing Consultant

Date