



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 7, 2025

Iemelif Julian
1635 Millard Avenue
Madison Heights, MI 48071

RE: License #: AS630394526
Genesis Adult Foster Care Home III
29140 Murray Crescent Dr
Southfield, MI 48076

Dear Ms. Julian:

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 blue ink that reads "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License #:	AS630394526
Licensee Name:	Iemelif Julian
Licensee Address:	1635 Millard Avenue Madison Heights, MI 48071
Licensee Telephone #:	(248) 635-7685
Licensee/Licensee Designee:	Iemelif Julian
Administrator:	Iemelif Julian
Name of Facility:	Genesis Adult Foster Care Home III
Facility Address:	29140 Murray Crescent Dr Southfield, MI 48076
Facility Telephone #:	(248) 635-7685
Original Issuance Date:	09/14/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
- 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:
04/10/2023; 400.734b, 400.14301 N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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



03/07/2025

Sara Shaughnessy
Licensing Consultant

Date