



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2026

Ferdinand Policarpio
775 Quill Creek Dr
Troy, MI 48085

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

Dear Ferdinand Policarpio:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AF630417261
Licensee Name:	Ferdinand Policarpio
Licensee Address:	775 Quill Creek Dr Troy, MI 48085
Licensee Telephone #:	(248) 250-6575
Name of Facility:	Genesis Senior Care- Troy
Facility Address:	775 Quill Creek Dr Troy, MI 48085
Facility Telephone #:	(248) 251-2711
Original Issuance Date:	10/11/2023
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/18/2026

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: 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.
Inspection did not occur during meal time
- 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:
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 400.601	Definitions.
	(1) As used in these rules: (f) "Assistive device" means the use of an item such as a pillow, pad, or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident. An assistive device may also be an item that is intended to promote, achieve, or maintain the resident's independence. Anything that is used with the intent to restrain a resident and that does not permit the resident to remove the device by themselves is a restraint and is not an assistive device.

During the onsite inspection, a gait belt was authorized by the physician to be used around Resident D's wheelchair. The gait belt is a restraint, as it cannot be removed by the resident.

A corrective action plan was requested and approved on 03/18/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



03/19/26

Kristen Donnay
Licensing Consultant

Date