



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 2, 2026

Iemelif Julian
1635 Millard Avenue
Madison Heights, MI 48071

RE: License #: AS500389749
Genesis Adult Foster Care Home II
3580 Fox Hill
Sterling Heights, MI 48310

Dear Ms. Julian:

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 or home for the aged authorized representative 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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500389749
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 II
Facility Address:	3580 Fox Hill Sterling Heights, MI 48310
Facility Telephone #:	(248) 635-7685
Original Issuance Date:	01/04/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2026

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 3

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Reviewed medications with staff.
- 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 a meal preparation.
- 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:
07/14/2024- AS301(10), AS306(3), AS312(4)(b), AS318(5), AS401(2), AS403(5),
AS403(8) 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 400.639	Staff records.
	(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following: (a) Names of staff on duty. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Scheduling changes when made.
Staff schedules were not available at the time of inspection.	
R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.
Resident A did not have authorization for use of walker in file.	

IV. RECOMMENDATION

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



07/02/2026

Kristine Cilluffo
Licensing Consultant

Date