



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2026

Ferdinand Policarpio
Genesis Tender Care LLC
775 Quill Creek Dr
Troy, MI 48085

RE: License #: AS500410114
Genesis Tender Care - Clinton Township
38128 Santa Anna St
Clinton Township, MI 48036

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
3044 W Grand Boulevard
2nd Floor Annex, Suite 2-730
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

License #:	AS500410114
Licensee Name:	Genesis Tender Care LLC
Licensee Address:	775 Quill Creek Dr Troy, MI 48085
Licensee Telephone #:	(248) 251-2711
Licensee/Licensee Designee:	Ferdinand Policarpio
Administrator:	Ferdinand Policarpio
Name of Facility:	Genesis Tender Care - Clinton Township
Facility Address:	38128 Santa Anna St Clinton Township, MI 48036
Facility Telephone #:	(248) 251-2711
Original Issuance Date:	01/28/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/30/2026

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 5

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Manager

- 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:
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 regular license to this AFC adult small group home (capacity 1-6).



0701/2026

LaShonda Reed
Licensing Consultant

Date