



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2026

Ferdinand Policarpio
Genesis Senior Care, LLC
775 Quill Creek Drive
Troy, MI 48085

RE: Application #: AS630420451
Genesis Senior Care- Rochester Hills
2609 Stonebury Dr
Rochester Hills, MI 48307

Dear Mr. Policarpio:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 W. Grand Blvd
2nd Floor Annex, Ste 2-730
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630420451
Licensee Name:	Genesis Senior Care, LLC
Licensee Address:	775 Quill Creek Drive Troy, MI 48085
Licensee Telephone #:	(248) 250-6575
Administrator/Licensee Designee:	Ferdinand Policarpio
Name of Facility:	Genesis Senior Care- Rochester Hills
Facility Address:	2609 Stonebury Dr Rochester Hills, MI 48307
Facility Telephone #:	(248) 782-2604
Application Date:	03/24/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

03/24/2026	On-Line Enrollment
03/25/2026	Comment Email sent to Dana to Combine ID screens.
03/25/2026	PSOR on Address Completed
03/25/2026	Application Incomplete Letter Sent 1326/RI030.
03/26/2026	Contact - Document Sent App Inc mailed to the Licensee address.
05/04/2026	Contact - Document Sent 2nd App Inc letter mailed out to facility address.
05/18/2026	Contact - Document Received 1326/RI030.
05/18/2026	Comment FP sent to Ashley.
05/19/2026	File Transferred To Field Office
05/28/2026	Application Incomplete Letter Sent letter emailed to applicant
09/03/2026	Inspection Completed On-site
09/03/2026	Inspection Completed-BCAL Sub. Compliance
09/03/2026	Exit Conference face to face with applicant Ferdinand Policarpio
09/28/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Genesis Senior Care - Rochester Hills is located in a residential area at 2609 Stonebury Dr., Rochester Hills, MI 48307 that is three miles away from Beaumont Hospital- Troy, which includes a 24/7 emergency department. The facility is a short distance from many restaurants, recreational facilities, shopping centers, medical facilities, and places of worship. There is parking available in the circular driveway and

on the road in front of the home. The Oakland County Sheriff's Department responds to emergency calls from the home.

Due to the facility's location, it utilizes both public water and sewage. During the onsite inspection, both the water and sewage were in substantial compliance.

A copy of the warranty/deed was received showing that the home is owned by RF Property LLC. RF Property LLC provided permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

Genesis Senior Care -Rochester Hills is brick ranch style home with an attached two car garage and a basement. This facility does have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The home has two single occupancy bedrooms, two double occupancy bedrooms, one full bathroom, a kitchen, living room, dining room, and a sitting room. There is an additional full bathroom attached to bedroom #1. The home also has a half bathroom that will be utilized by staff only. Each bathroom consists of a toilet, sink and the two full bathrooms consist of tub/shower combination and mechanical fan for ventilation. The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The washer and electric dryer are located on the main floor of the home adjacent to the garage. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and hot water heater are located in an enclosed room located in the basement of the home, with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system, which is fully operational.

The furnace and electrical system were inspected on 02/04/2025 by licensed service providers, respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and

equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 12/14/2024 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, and similar spaced along with all areas that contain flame or heat producing equipment.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.9 x 11.3	168.4	2
2	11.1 x 9.9	109.9	1
3	14.4 x 10.5	151.2	2
4	12.4 x 7.3	90.5	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of **567** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

Genesis Senior Care – Rochester Hills will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. This facility will provide long-term care for the aged population, including individuals with dementia and Alzheimer's disease or physical impairments. This facility will provide personal care services in a supervised environment that balances the need to promote the independence, functioning, and personal dignity of each individual, while providing supportive care services to keep the residents safe and protected.

Genesis Senior Care – Rochester Hills offers services for male and female adults, aged 60 and over, who require assistance with their personal care and activities of daily living due to aging and age-related disorders that may include dementia, Alzheimer's,

and/or physical impairments. Personal care services that may be provided include assistance with feeding, toileting, bathing, grooming, dressing, transferring, and assistance with ambulation, as well as management and administration of medication. Additional services include colostomy/catheter care, oxygen monitoring, blood glucose checks, and wound management under the supervision of the administrator who is a licensed medical professional. This facility will also offer additional in-home services that are available through outside providers such as visiting physicians, podiatry, home health care, and pharmacy.

Genesis Senior Care – Rochester Hills philosophy and mission is to service fragile populations who have increased need for protection, supervision and direction due to significant memory loss. Our program understands that this disease progresses, the sufferers tend to neglect tasks that are important for everyday health and safety that the rest of us perform routinely such as express hunger, consume meals or attend to personal hygiene. To compensate for these intellectual deficiencies that Alzheimer's Disease creates, our program focuses on the individual's everyday activity and includes in each sufferer's plan of care the need to ensure each of their personal needs are attended to with the prompting or assistance of others, i.e., hydration, personal care, grooming and exercise. In addition, our program goals are to provide care in a dignified, self-assuring way in a receptive, small living environment, help avoid or delay institutionalization for as long as possible.

Recreational activities will be made available to the residents on a daily basis. Activities may include music and entertainment, arts and crafts, board and card games, picnics, restaurant outings, ice cream socials, manicures, exercise activities, and birthday or holiday celebrations.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant intends to accept residents from private pay individuals. This facility does not provide transportation.

C. Applicant and Administrator Qualifications

The applicant is Genesis Senior Care, LLC which is a "Domestic Limited Liability Company", established in Michigan on 01/10/2011. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Genesis Senior Care, LLC have submitted documentation appointing Ferdinand Policarpio as Licensee Designee for this facility and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee and administrator Ferdinand Policarpio. Mr. Policarpio submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 06/04/2026.

Mr. Policarpio has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Policarpio is qualified to work with the aged, Alzheimer's, and physically impaired populations. He is a registered licensed practical nurse with several years of experience providing direct patient care and working in health care facilities, including skilled nursing, rehabilitation, and home care. He has been previously approved and is currently appointed as licensee designee and administrator for several licensed adult foster care facilities located in Oakland and Macomb County. Mr. Policarpio has over ten years of management experience as an administrator for Genesis Senior Living and Four Seasons Home Health Care.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Mr. Policarpio acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Mr. Policarpio has indicated that direct care staff will be awake during sleeping hours.

Mr. Policarpio acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mr. Policarpio acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Mr. Policarpio acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Policarpio acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Mr. Policarpio has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Policarpio acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mr. Policarpio acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Policarpio acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Policarpio acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Policarpio acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Policarpio acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Policarpio acknowledges recording each resident's funds and itemized transactions including payment for services. Mr. Policarpio acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Policarpio acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Policarpio indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Policarpio acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Mr. Policarpio has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Policarpio acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Mr. Policarpio was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to **Genesis Senior Care – Rochester Hills**, this adult foster care small group home (capacity 1 - 6).

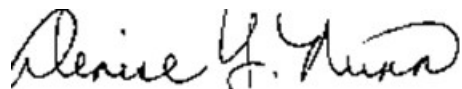


09/29/2026

Frodet Dawisha
Licensing Consultant

Date

Approved By:



10/01/2026

Denise Nunn
Area Manager

Date