



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 28, 2022

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

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

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) 975-5053.

Sincerely,

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

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY 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
Administrator/Licensee Designee:	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
Application Date:	08/30/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/30/2021	On-Line Enrollment
08/31/2021	Contact - Document Sent 1326, RI030, AFC100
09/16/2021	Contact - Document Received 1326, AFC100 & RI030 for Ferdinand, TAX ID
10/05/2021	Application Incomplete Letter Sent
01/20/2022	Application Complete/On-site Needed
01/21/2022	Inspection Completed On-site
01/21/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Genesis Tender Care-Clinton Township is located in Macomb County, MI. Genesis Tender Care-Clinton Township is a one-story brick ranch style home and features a family room, living room, Florida room, dining room and kitchen. The home contains five bedrooms and two full bathrooms. The home has an attached two-car garage, finished basement and first-floor laundry room. The home is wheelchair accessible. The area is serviced by numerous health care providers and easily accessed shopping, recreational, educational, religious, and transportation resources. The home is in the Chippewa Valley School district.

The home is heated by a natural gas, and it uses public water and sewage. The gas furnace and gas hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on the first-floor of the home and basement. The home's electrical and heating systems have been inspected by qualified inspection services and determined to be in good operating condition, compliant with local codes and ordinances.

A warranty deed was received, and the home is owned by Ferdinand Policarpio-EXP Reality LLC as of 10/15/2021. A right to occupy and inspect letter was received from the owners.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.7 x 11.11	149.95	1
2	10 x 11	110	1
3	10 x 12	120	1
4	8.10 x 11.5	100.8	1
5	20.5 x 10.3	209.2	2

Total capacity: 6

The family room, living room, Florida room and dining room areas measure a total of 712.48 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female ambulatory/non-ambulatory adults age 60+ whose diagnosis is physically handicapped, Aged, and Alzheimer's in the least restrictive environment possible. The program will include activities of daily living, medication administration and recreational activities. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

Genesis Tender Care LLC, which is a "For Profit Corporation" was established in Michigan, on 08/12/2021. Genesis Tender Care LLC submitted a financial statement and 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 Tender Care LLC has submitted documentation appointing Ferdinand Policarpio as Licensee Designee for this facility and as the Administrator of the facility. Mr. Policarpio has several years of experience of working with the identified population through his work as a licensed practical nurse through various nursing and rehabilitation centers since 2010. Mr. Policarpio has submitted the appropriate educational, training, employment documentation and resume to establish

that he has the required experience and education to provide and deliver adult foster care services to the Aged, Alzheimer's/Dementia adults in the State of Michigan. Mr. Policarpio has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A licensing record clearance request was completed with no lein convictions recorded for Mr. Policarpio. Mr. Policarpio submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1staff –to- 6 residents per shift. All staff shall be awake during sleeping hours. Mr. Policarpio acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1–to-6 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Mr. Policarpio acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Policarpio acknowledges his responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, Mr. Policarpio acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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

C. Rule/Statutory Violations

Mr. Policarpio was found to be in substantial compliance with the licensing act and applicable administrative rules at the time of the final inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



01/26/2022

LaShonda Reed
Licensing Consultant

Date

Approved By:



01/28/2022

Denise Y. Nunn
Area Manager

Date