



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 4, 2024

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.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

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) 975-5053.

Sincerely,

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

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/04/2024

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 4

No. of others interviewed 2 Role: licensee and respon pers

- 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.  
Did not occur during inspection
- 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:

<b>R 400.1426</b>	<b>Maintenance of premises.</b>
	(1) The premises shall be maintained in a clean and safe condition.

During the on-site inspection on 04/04/2024, the hot water was not in the safe range of 105°-120° Fahrenheit. The hot water was 127.4° Fahrenheit in the kitchen, 128.8° Fahrenheit in bathroom #1 and 126.9° Fahrenheit in the half bathroom.

<b>R 400.1440</b>	<b>Heat-producing equipment.</b>
	(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

During the on-site inspection on 04/04/2024, the door at the top of the basement that is used as a separation from the heating equipment (gas dryer) in the basement is not a 1 3/4 -inch solid wood core door with an automatic self-closing device.

A corrective action plan was requested and approved on 04/04/2024. 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.



04/04/2024

Frodet Dawisha  
Licensing Consultant

Date

