



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2024

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

RE: License #: AS630412279
Investigation #: 2024A0612019
Genesis Home - Rochester Hills

Dear Mr. Policarpio:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 black ink that reads "Johnna Cade". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630412279
Investigation #:	2024A0612019
Complaint Receipt Date:	03/22/2024
Investigation Initiation Date:	03/25/2024
Report Due Date:	05/21/2024
Licensee Name:	Fer Care LLC
Licensee Address:	3225 Mcleod Dr Ste 100 Las Vegas, NV 89121
Licensee Telephone #:	(248) 251-2711
Administrator:	Ferdinand Policarpio
Licensee Designee:	Ferdinand Policarpio
Name of Facility:	Genesis Home - Rochester Hills
Facility Address:	2609 Stonebury Dr. Rochester Hills, MI 48307
Facility Telephone #:	(248) 250-6575
Original Issuance Date:	09/20/2022
License Status:	REGULAR
Effective Date:	03/20/2023
Expiration Date:	03/19/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The home is understaffed, the staff are not trained, and the staff are sleeping in the laundry room.	No
Many residents have developed wounds because they just stay in bed or on the couch. There are no activities provided for the residents.	No
The menu is only for display. Most of the residents are given packaged frozen foods.	No
Fire drills are not being completed.	Yes

III. METHODOLOGY

03/22/2024	Special Investigation Intake 2024A0612019
03/25/2024	Special Investigation Initiated - Letter I made a referral to Adult Protective Services via electronic file.
03/25/2024	APS Referral Referral made to Adult Protective Services (APS) via electronic file.
04/22/2024	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed administrator Evangeline Adchao, Resident A, Resident B, Resident C, and Resident D.
04/22/2024	Contact - Telephone call made Telephone interview completed with licensee designee, Ferdinand Policarpio.
04/23/2024	Contact - Document Received Facility documentation received via email.
04/26/2024	Contact - Telephone call made Telephone interview completed with direct care staff. Nelia Miranda.

04/30/2024	Contact - Telephone call made Telephone call to direct care staff, Norma Sanchez and Benedicto Hickox. No answer left voicemail requesting return call.
05/03/2024	Exit Conference Telephone call to licensee designee, Ferdinand Policarpio to conduct an exit conference.

ALLEGATION:

The home is understaffed, the staff are not trained, and the staff are sleeping in the laundry room.

INVESTIGATION:

On 03/25/24, I received an anonymous complaint that alleged the owners are hiring undocumented people to work for cheap. The whole company only hires Filipino people because they are undocumented, and they do not pay them reasonable wages. They do not have proper living conditions, some of the staff are living in the laundry room. The staff do not speak English and they have not completed the required training. There is only one staff on each shift. The staff go to sleep, and no one is watching the residents. Some staff are working seven days/nights straight. The menu that is posted in the home is only for display. Most of the time the residents are given packaged frozen foods. No fire drills have ever been done at the home. Many of the residents have developed wounds because they just stay in bed or on the couch, there are no activities for the residents. On 03/25/24, I initiated my investigation by making a referral to Adult Protective Services (APS) via electronic file.

On 04/22/24, I completed an unscheduled onsite investigation. I interviewed administrator Evangeline Adchao, Resident A, Resident B, Resident C, and Resident D. At the time of the onsite inspection, I completed a walkthrough of the home. It did not appear that anyone other than Resident A, Resident B, Resident C, and Resident D have been sleeping and/or living in the home including, but not limited to in the laundry room.

On 04/22/24, I interviewed administrator, Evangeline Adchao. Ms. Adchao stated the home has four residents and five staff. They have two shifts, 7:00 am – 7:00 pm and 7:00 pm – 7:00 am. There is one staff on each shift. Ms. Adchao stated she stays on shift with the morning staff until 9:00 am to assist them with resident care in the morning. Then she returns at 4:30pm to assist the afternoon staff with resident care in the afternoon. All the staff who work in the home speak English, they are fully trained, and have been fingerprinted. Ms. Adchao stated no staff live and/or sleep at the home for any reason. Ms. Adchao stated it is her responsibility to create the staff schedule. Ms. Adchao provided a copy of the staff schedule for March 1, 2024 – March 31, 2024.

Ms. Adchao said that she did not write a schedule for April 2024, the staff called her to get their schedule.

On 04/22/24, I observed Resident A sitting at the kitchen table in her wheelchair. Resident A was well groomed and alert however, she was unable to be interviewed.

On 04/22/24, I observed Resident B sitting in a recliner chair watching TV in the living room. She was appropriately groomed and alert. Resident B is nonverbal. She was unable to be interviewed.

On 04/22/24, I interviewed Resident C. Resident C was observed sitting in a recliner chair watching TV in the living room. She was well groomed and alert. Resident C has dementia. Resident C said she likes living in this home. Resident C was unable to answer open ended interview questions.

On 04/22/24, I interviewed Resident D. Resident D was observed laying in her bed in her bedroom. Resident D said the staff treat her well, she has no complaints.

On 04/22/24, I completed a telephone interview with licensee designee, Ferdinand Policarpio. Mr. Policarpio stated all staff who work in the home are documented, they have been fingerprinted, and they are fully trained. Mr. Policarpio stated none of the staff sleep in the home. Mr. Policarpio stated the staff's schedule does not change often and they are used to working their scheduled shifts. That is why a staff schedule was not completed for April 2024.

On 04/26/24, I completed a telephone interview with direct care staff, Nelia Mirinda. Ms. Mirinda stated she has been employed at this home for six years. She is fully trained. She works 7:00 am – 7:00 pm. Ms. Mirinda stated Ms. Adchao stays until 9:00 am to assist her with resident care in the morning. Then, Ms. Adchao returns at 4:30pm to assist with resident care in the afternoon. Ms. Mirinda denied that she or any staff live and/or sleep at the home.

I reviewed the staff schedule for March 1, 2024 – March 31, 2024. The staff are schedule from 7:00 am – 7:00 pm and 7:00 pm - 7:00 am. The schedule does not indicate that when Ms. Adchao has an alternative work schedule as described in her interview. During March the following staff worked: Evangeline Adchao, Norma Sanchez, Neli Mirinda, Bernardo Curay, and Benedicto Hickox.

I reviewed the workforce background clearances for Evangeline Adchao, Norma Sanchez, Neli Mirinda, Bernardo Curay, and Benedicto Hickox. All five clearances indicate the employees are eligible for employment.

I reviewed the Michigan Identification Cards for Evangeline Adchao, Norma Sanchez, Neli Mirinda, Bernardo Curay, and Benedicto Hickox.

I reviewed a permanent resident card for Neli Miranda and Evangeline Adchao. Both cards are active/ not expired.

I reviewed the following training certificates for Evangeline Adchao, Norma Sanchez, Neli Miranda, Bernardo Curay, and Benedicto Hickox: cardiopulmonary resuscitation, first aid, reporting requirements, medication administration, personal care, supervision and protection, resident rights, safety and fire prevention and prevention and containment of communicable diseases.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude that the direct care staff are not trained. Direct care staff, Evangeline Adchao, Norma Sanchez, Neli Miranda, Bernardo Curay, and Benedicto Hickox have training certificates on file for cardiopulmonary resuscitation, first aid, reporting requirements, medication administration, personal care, supervision and protection, resident rights, safety and fire prevention and prevention and containment of communicable diseases.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p>

	<p>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</p> <p>(b) Job titles.</p> <p>(c) Hours or shifts worked.</p> <p>(d) Date of schedule.</p> <p>(e) Any scheduling changes.</p>
ANALYSIS:	<p>Based on the information gathered through my investigation there is insufficient information to determine that the home is adequately staffed. During an onsite investigation completed on 04/22/24, administrator, Evangeline Adchao did not have an up-to-date staff scheduled onsite and available for review. I reviewed the staff schedule for March 1, 2024 – March 31, 2024. There is one staff scheduled from 7:00 am – 7:00 pm and 7:00 pm - 7:00 am. Although, Ms. Adchao and Ms. Mirenda stated that Ms. Adchao works until 9:00 am to assist with resident care and returns at 4:30 pm to assist with afternoon care this is not indicated on the March 2024 schedule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Many residents have developed wounds because they just stay in bed or on the couch. There are no activities provided for the residents.

INVESTIGATION:

On 04/22/24, I completed an unscheduled onsite investigation. I interviewed administrator Evangeline Adchao, Resident A, Resident B, Resident C, and Resident D. During the onsite inspection I observed a stationary pedal exerciser in the living room.

On 04/22/24, I interviewed administrator, Evangeline Adchao. Ms. Adchao stated none of the residents have wounds. The residents are cleaned regularly, barrier cream is used as needed and there have been no issues with wounds. Ms. Adchao stated the residents exercise for ten minutes a day. They lift their arms and legs, use the stationary pedal exerciser if they are able, and walk throughout the house for exercise. The residents visit with their families, and they enjoy watching TV in the living room together.

On 04/22/24, I completed a telephone interview with licensee designee, Ferdinand Policarpio. Mr. Policarpio stated none of the residents have wounds. Staff complete a skin assessment every two weeks there has been no observation of wounds on any resident.

On 04/26/24, I completed a telephone interview with direct care staff, Nelia Mirenda. Ms. Mirenda stated the residents are older so their ability to participate in exercise and

activity is minimal. They do ten minutes of exercise in the morning. They enjoy watching TV during the day. Ms. Mirenda stated none of the residents have wounds. They are kept clean and dry and skin checks are completed regularly.

On 04/22/24, I observed Resident A, Resident B, and Resident C at the home. Due to their respective cognitive delays, they were unable to be interviewed.

On 04/22/24, I interviewed Resident D. Resident D was observed laying in her bed in her bedroom. Resident D said that she has no wounds on her body.

I reviewed skin assessment records for Resident A dated 02/15/24, 02/29/24, 03/15/24, 03/31/24, and 04/14/24. Resident A's skin is clear.

I reviewed skin assessment records for Resident B dated 02/15/24, 02/29/24, 03/15/24, 03/31/24, and 04/14/24. Resident B's skin is clear.

I reviewed skin assessment records for Resident C dated 02/15/24, 02/29/24, 03/15/24, 03/31/24, and 04/14/24. Some discoloration on the legs was noted however, no wounds.

I reviewed skin assessment records for Resident D dated 03/31/24 & 04/15/24. Some redness and discoloration was noted however, no wounds.

I reviewed the facilities program type, which is physically handicapped, aged, and Alzheimer's.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude that any of the residents have wounds. Administrator Evangeline Adchao, licensee designee Ferdinand Policarpio, direct care staff Nelia Mirenda consistently denied that any of the residents have wounds. Resident D denied having any wounds. I reviewed skin assessment records for Resident A, Resident B, Resident C, and Resident D there are no wounds documented.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14317	Resident recreation.
	(1) A licensee shall make reasonable provision for a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age, and interests of the residents.
ANALYSIS:	<p>Based on the information gathered through my investigation there is insufficient information to conclude that there are no activities provided for the residents. The facilities program type is physically handicapped, aged, and Alzheimer's. Administrator Evangeline Adchao and direct care staff Nelia Mirenda consistently stated that the residents exercise for 10 minutes a day. They use the stationary pedal exerciser if they are able and walk throughout the house for exercise. The residents visit with their families, and they enjoy watching TV in the living room together.</p> <p>On 04/22/24, I observed a stationary pedal exerciser in the living room. All residents were well groomed and appropriately dressed. The reported leisure activities are appropriate to the care, needs, age, and interests of the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The menu is only for display. Most of the residents are given packaged frozen foods.

INVESTIGATION:

On 04/22/24, I completed an unscheduled onsite investigation. I interviewed administrator Evangeline Adchao, Resident A, Resident B, Resident C, and Resident D. During the onsite inspection I observed a menu posted on the refrigerator. For dinner on 04/22/24, the menu said Stir Fry vegetables with chicken. Ms. Adchao stated they were making dinner as scheduled. I observed that the home had the ingredients available to make this meal including the chicken that was out and thawing. I observed the contents of the refrigerator and the freezer. I did not observe any packaged frozen meals.

On 04/22/24, I interviewed administrator, Evangeline Adchao. Ms. Adchao stated the home has a menu that is posted on the refrigerator. Breakfast, lunch, and dinner is prepared daily, the residents are not served frozen meals.

On 04/22/24, I completed a telephone interview with licensee designee, Ferdinand Policarpio. Mr. Policarpio stated the food that is served to the residents is always fresh and prepared for them every day. They purchase groceries from Costco and Walmart. Mr. Policarpio denied that the residents are served frozen meals.

On 04/26/24, I completed a telephone interview with direct care staff, Nelia Miranda. Ms. Miranda stated a menu is posted on the refrigerator and all staff follow the menu. Ms. Miranda stated all meals are cooked at the home. The residents are never served frozen meals.

On 04/22/24, I observed Resident A and Resident B at the home. Due to their respective cognitive delays, they were unable to be interviewed.

On 04/22/24, I interviewed Resident C. Resident C was observed sitting in a recliner chair watching TV in the living room. She was well groomed and alert. Resident C has dementia she was unable to recall what she ate for lunch.

On 04/22/24, I interviewed Resident D. Resident D was observed laying in her bed in her bedroom. Resident D said that the food that she is served is good, she has no complaints.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	Based on the information gathered through my investigation there is insufficient information to conclude that the menu is only for display and the residents are given packaged frozen foods. Administrator Evangeline Adchao, licensee designee Ferdinand Policarpio and direct care staff Nelia Miranda consistently denied the allegation. Resident D said that the food that she is served is good, she has no complaints. On 04/22/24, I completed an unscheduled onsite investigation. I observed that the home had the ingredients available to make the meals that were on the menu. I did not observe any packaged frozen meals in the freezer.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Fire drills are not being completed.

INVESTIGATION:

On 04/22/24, I completed an unscheduled onsite investigation. I interviewed administrator Evangeline Adchao, Resident A, Resident B, Resident C, and Resident D. During the onsite investigation, I observed the fire drills logs. Fire drills were completed during daytime, evening, and sleep hours in 2023. During the first quarter of 2024, fire drills were completed during daytime, evening, and sleep hours.

On 04/22/24, I interviewed administrator, Evangeline Adchao. Ms. Adchao stated fire drills are completed during daytime, evening, and sleep hours. During the drills the residents are gathered in the entrance of the home, near the front door, and next to the service door of the garage which has a ramp that exits outside. Ms. Adchao stated during fire drills the residents are not taken outside they just gather near the exit door.

On 04/22/24, I completed a telephone interview with licensee designee, Ferdinand Policarpio. Mr. Policarpio stated fire drills are completed during daytime, evening, and sleep hours. Residents are evacuated from the home during fire drills.

On 04/26/24, I completed a telephone interview with direct care staff, Nelia Miranda. Ms. Miranda stated fire drills are completed as schedule. During fire drills the residents are taken into the garage. Ms. Miranda stated the residents do not go all the way outside because they are older, and this would be too hard on them.

On 04/22/24, I observed Resident A Resident B, and Resident C at the home. Due to their respective cognitive delays, they were unable to be interviewed.

On 04/22/24, I interviewed Resident D. Resident D was observed laying in her bed in her bedroom. Resident D recently moved into the home and has no information regarding fire drills.

On 05/03/24, I placed a telephone call to licensee designee, Ferdinand Policarpio to conduct an exit conference and review my findings. Mr. Policarpio acknowledged his understanding of the rule violation and verbally agreed to complete a corrective action plan.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

ANALYSIS:	Based on the information gathered through my investigation there is sufficient information to conclude that emergency and evacuation procedures are not being properly conducted. Although fire drills logs were onsite and available for review administrator, Evangeline Adchao stated that during the drills the residents do not exit the home. Direct care staff, Nelia Miranda stated residents are taken into the garage during fire drills. As such, a thorough and proper emergency evacuation is not being completed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan I recommend no change to the status of the license.

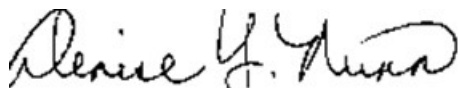


05/03/2024

Johnna Cade
Licensing Consultant

Date

Approved By:



06/11/2024

Denise Y. Nunn
Area Manager

Date