

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 29, 2025

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

> RE: License #: AS500414302 Genesis Home-Warren 28840 Roan Drive Warren, MI 48093

Dear Mr. Policarpio:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

L. Reed

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

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

## I. IDENTIFYING INFORMATION

License #:	AS500414302
Licensee Name:	JAF 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 Home-Warren
Facility Address:	28840 Roan Drive Warren, MI 48093
Facility Telephone #:	(586) 486-4097
Original Issuance Date:	01/19/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	05/29/2025	
Date of Bureau of Fire Services Inspection if app	blicable: N/A	
Date of Health Authority Inspection if applicable:	N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Home M	1 6 Manager	
<ul> <li>Medication pass / simulated pass observed? Yes  No  If no, explain. I observed medications.</li> <li>Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.</li> </ul>		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes \overline No is If no, explain.</li> <li>Meal preparation / service observed? Yes is No is If no, explain. I observed adequate food supply.</li> <li>Fire drills reviewed? Yes is No is If no, explain.</li> </ul>		
● Fire safety equipment and practices observed? Yes ⊠ No □ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes          No         If no, explain.</li> </ul>		
<ul> <li>Corrective action plan compliance verified? N/A </li> <li>Number of excluded employees followed-up</li> </ul>	—	
● 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:

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

I observed the following faucets hot water were not within range:

- The kitchen sink faucet registered at 133 degrees Fahrenheit.
- Bathroom number one sink faucet registered at 129.7 degrees Fahrenheit.
- Bathroom number two sink faucet registered at 130.1 degrees Fahrenheit.

### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

L. Reed

05/29/2025

LaShonda Reed Licensing Consultant

Date