



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 3, 2022

Lawrence Platte
The Porches Inc.
PO Box 7
Gaylord, MI 49734

RE: Application #: AL690407397
The Porches, Inc
435 Murner Road, Unit B
Gaylord, MI 49735

Dear Mr. Platte:

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 20 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL690407397
Applicant Name:	The Porches Inc.
Applicant Address:	435 Murner Rd. Gaylord, MI 49735
Applicant Telephone #:	(989) 448-8807
Administrator/Licensee Designee:	Lawrence Platte, Designee
Name of Facility:	The Porches, Inc
Facility Address:	435 Murner Road, Unit B Gaylord, MI 49735
Facility Telephone #:	(989) 448-8807
Application Date:	02/16/2021
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

02/16/2021	Enrollment
03/16/2021	Inspection Completed-Env. Health : A
12/28/2021	Inspection Completed – Fire: A
12/28/2021	Inspection Completed On-site
12/28/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story building consisting of wood, concrete and metal. It is located on the outskirts of the city of Gaylord, Michigan. It is a second 20-bed facility which is attached to the original 20-bed facility (The Porches of Gaylord, AL690394101). The facility is divided into an assisted living portion and a memory-care portion. The 10 bedrooms and common areas in the memory-care portion are separated by the rest of the facility by a delayed-egress doorway. This is accessed by staff with a keypad. The doors leading to the outside have the same safety-feature. The memory-care unit has its own common areas for residents, but they will also be permitted to use the common areas in the assisted living section if they desire.

Each resident room has a bathroom. There are also two general-use bathrooms available to residents near the common areas. A warming kitchen is adjacent to the full kitchen which is located in the original 20-bed facility. Most food will be prepared in the full kitchen. The home is wheelchair accessible with five exits from the facility.

The furnaces and water heaters are located in rooms that are constructed of materials that have a 1-hour-fire-resistance rating. The facility is equipped with an approved pull station alarm system and sprinkled system installed throughout.

On 03/16/2021, the facility was inspected by the Otsego County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

Resident bedrooms were observed during the on-site inspection and have the following dimensions. It should be noted that the room numbers run from 21-40 to differentiate them from the rooms in the original 20 bed facility:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
21, 22, 23, 24, 27,28, 29 & 30	15' X 14' +14' X 12'	378 square feet	1 each
25 & 26	15' X 13'	363 square feet	1 each

	+14' X 12'		
31, 32, 33, 34, 35, 37, 38, 39 & 40	15' X 14'	210 square feet	1 each
36	15' X 13'	195 square feet	1 each

The common areas include two living areas, two dining rooms, a game area, a library and a movie theater. There is a total of 4305 square feet available to residents in the common areas which exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 20 adult foster care 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 20 male or female ambulatory or nonambulatory adults who are aged and/or diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

The applicant, The Porches Inc., is a "For Profit Corporation" and was established in Michigan, on 3/7/2019. The applicant 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 The Porches Inc. has submitted documentation appointing Mr. Lawrence Platte as Licensee Designee for this facility and Ms. Laura Beyer as the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the license of this 20 bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift during awake hours and 1 staff to 20 residents during sleeping hours. All staff shall be awake during the residents' sleeping hours.

The applicant 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 facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 –to- resident ratio.

The applicant 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 employees record to demonstrate compliance.

The applicant 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, the applicant 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.

The applicant 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 with residents. In addition, the applicant 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.

The applicant 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.

The applicant 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 the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

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

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

C. Rule/Statutory Violations

This facility is in substantial compliance with licensing rules and statutory requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home (capacity 20).



01/03/2022

Adam Robarge
Licensing Consultant

Date

Approved By:



01/03/2022

Jerry Hendrick
Area Manager

Date