



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2022

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

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

Dear Mr. Platte:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (616) 356-0183.

Sincerely,

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

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

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

I. IDENTIFYING INFORMATION

License #: AL690407397

Licensee Name: The Porches Inc.

Licensee Address: 435 Murner Rd.
Gaylord, MI 49735

Licensee Telephone #: (989) 448-8807

Licensee Designee: Lawrence Platte, Designee

Administrator: Laura Beyer

Name of Facility: The Porches, Inc

Facility Address: Unit B
435 Murner Road
Gaylord, MI 49735

Facility Telephone #: (989) 448-8807

Original Issuance Date: 01/03/2022

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/29/2022

Date of Bureau of Fire Services Inspection if applicable: 06/03/2022

Date of Health Authority Inspection if applicable: 02/24/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 12
No. of others interviewed 1 Role: Licensee

- 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.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.



06/30/2022

Adam Robarge
Licensing Consultant

Date