GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 24, 2026

Laura Beyer
ALFPOC1 LLC
Suite 501
3310 Mary Street
Miami, FL 33133

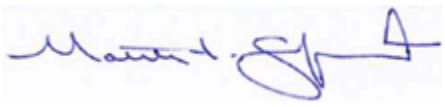
RE: Application #: AL690419917
The Porches
435 Murner Road
Gaylord, MI 49735

Dear Ms. Beyer:

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) 356-0100.

Sincerely,



Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL690419917
Licensee Name:	ALFPOC1 LLC
Licensee Address:	Suite 501 3310 Mary Street Miami, FL 33133
Licensee Telephone #:	(888) 414-6455
Administrator/Licensee Designee:	Laura Beyer
Name of Facility:	The Porches
Facility Address:	435 Murner Road Gaylord, MI 49735
Facility Telephone #:	(989) 448-8807
Application Date:	09/12/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

10/08/2025	Inspection Completed-Env. Health : A
03/17/2025	Inspection Completed-Fire Safety : A From AL690394101.
09/12/2025	On-Line Enrollment
09/15/2025	Inspection Report Requested - Health Invoice: 1035326
09/15/2025	PSOR on Address Completed
09/15/2025	Contact - Document Sent Forms sent.
10/16/2025	Contact - Document Received 1326/RI030.
10/16/2025	Comment FP sent to Ashley.
10/16/2025	Comment FP back from Ashley.
10/16/2025	File Transferred To Field Office
11/04/2025	Application Incomplete Letter Sent
12/16/2025	Contact - Document Received policies and procedures
02/06/2026	Contact - Document Received Laura Beyer
02/10/2026	Application Complete/On-site Needed
02/10/2026	Inspection Completed On-site
03/02/2026	Inspection Completed-Fire Safety : A From AL690394101.
03/04/2026	Contact - Document Received
03/24/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story building of wood, concrete, and metal. It is located on the outskirts of the city of Gaylord, Michigan in Livingston township. There are 20 resident rooms. Each resident room has a bathroom. The common living areas include the main living area, community room, sunroom, dining area, private dining room and beauty shop. The kitchen is located adjacent to the dining area. The home is wheelchair accessible with four exits from the facility.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 03/02/2026 the home was inspected by the Bureau of Fire Services. An “Approved” fire safety certification was recommended.

On 10/08/2025 the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1, 12	15’x13’	195	1 each
2, 3, 4, 6, 7, 9, 10, 11	15’x14’	210	1 each
5, 8, 14, 15, 16, 17, 18, 19	15’x14’ 14’x12’	378	1 each
13, 20	15’x13’ 14’x12’	363	1 each

The living, dining, and sitting room areas measure a total of 3165 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 20 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 or who are diagnosed with a physical handicap in the least restrictive environment possible.

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

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

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.

C. Applicant and Administrator Qualifications

The applicant is ALFPOC1 LLC, which is a “Foreign Limited Liability Company”, was established in Michigan, on 2/20/2025. 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 ALFPOC1 LLC, has submitted documentation appointing Laura Beyer as Licensee Designee and 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-tine 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 original 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 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.

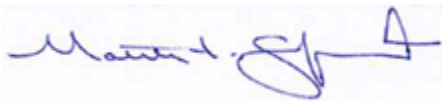
The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION



03/24/2026

Matthew Soderquist — Date
Licensing Consultant

Approved By:

03/24/2026

Jerry Hendrick — Date
Area Manager