



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 28, 2018

Nicholas Burnett
Flatrock Manor, Inc.
2360 Stonebridge Drive
Flint, MI 48532

RE: Application #: AL250388516
Flatrock Manor of Burton
1345 Connell St.
Burton, MI 48529

Dear Mr. Burnett:

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 15 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL250388516
Applicant Name:	Flatrock Manor, Inc.
Applicant Address:	7012 River Road Flushing, MI 48433
Applicant Telephone #:	(810) 964-1430
Licensee Designee:	Nicholas Burnett
Administrator:	Carrie Aldrich
Name of Facility:	Flatrock Manor of Burton
Facility Address:	1345 Connell St. Burton, MI 48529
Facility Telephone #:	(810) 743-5011 05/10/2017
Application Date:	
Capacity:	15
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/10/2017	Enrollment
05/10/2017	SC-Application Received - Original
05/18/2017	Application Incomplete Letter Sent Add. Fee \$70.00, 1326 for Carrie and Nicholas
05/18/2017	Contact - Document Sent Rule & Act Booklets
06/15/2017	Contact - Document Received 1326 for Carrie and Nicholas
06/22/2017	Application Complete/On-site Needed
06/22/2017	File Transferred To Field Office
07/06/2017	Application Incomplete Letter Sent
10/16/2017	Inspection Completed-Fire Safety : A
01/09/2018	Inspection Completed On-site
01/09/2018	SC-ORR Response Requested
01/10/2018	SC-ORR Response Received-Approval
02/14/2018	SC-Inspection Completed On-Site
02/14/2018	SC-Inspection Full Compliance
02/14/2018	Inspection Completed-Env. Health : A
02/14/2018	Inspection Completed On-site
02/14/2018	Inspection Completed-BCAL Full Compliance
02/14/2018	Exit Conference Exit conference with Nicholas Burnett.
02/20/2018	Recommend License Issuance
02/20/2018	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been a licensed adult foster care facility since August 1, 1994. This original license is being issued due to a change in the corporation acting as the licensee. This facility is a single story building located in the City of Burton Michigan. This facility is located in a residential neighborhood within walking distance from several businesses and community resources. This facility is wheel chair accessible.

The furnaces and hot water heaters are located in the mechanical room in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

- Bedroom #1 measures 175 sq. ft. and will have one resident bed.
- Bedroom #2 measures 126 sq. ft. and will have one resident bed.
- Bedroom #3 measures 87 sq. ft. and will have one resident bed.
- Bedroom #4 measures 173 sq. ft. and will have one resident bed.
- Bedroom #5 measures 177 sq. ft. and will have one resident bed.
- Bedroom #6 measures 119 sq. ft. and will have one resident bed.
- Bedroom #7 measures 130 sq. ft. and will have one resident bed.
- Bedroom #8 measures 93 sq. ft. and will have one resident bed.
- Bedroom #9 measures 98 sq. ft. and will have one resident bed.
- Bedroom #10 measures 147 sq. ft. and will have one resident bed.
- Bedroom #11 measures 80 sq. ft. and will have one resident bed.
- Bedroom #12 measures 178 sq. ft. and will have one resident bed.
- Bedroom #13 measures 204 sq. ft. and will have one resident bed.
- Bedroom #14 measures 120 sq. ft. and will have one resident bed.
- Bedroom #15 measures 121 sq. ft. and will have one resident bed.

The living, dining, and sitting room areas have a total of 830 sq. ft., which is adequate space to accommodate 15 residents. This facility also features three full bathrooms for resident use as well as the use of a half-bathroom for each resident bedroom. This facility has adequate laundry facilities as well as a salon for resident use. This facility has an activity room which can also be used for special events or for residents to receive visitors. Based on the above information, it is concluded that this facility can accommodate 15 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 **15** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill in the least restrictive environment possible. The applicant has submitted appropriate program statements to serve each of these populations. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. 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 all transportation for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Flatrock Manor Inc., which is a "Domestic Limited Liability Company". 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 Flatrock Manor Inc. has submitted documentation appointing Nicholas Burnett as Licensee Designee and Carrie Aldrich as the Administrator of the facility. A licensing record clearance request was completed with no criminal convictions recorded for the licensee designee or administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/ administrator have 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 15-bed facility is adequate and includes a minimum of 1 staff-to-15 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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), L-1 Identity Solutions™ (formerly Identix®), 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 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 their responsibility to obtain all of the required 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. In addition, 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult large group home (capacity 13-15).

 6/20/18

Kent W Gieselman Date
Licensing Consultant

Approved By:

 6/28/18

Mary E Holton Date
Area Manager