



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 22, 2021

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

RE: Application #: AS250408011
Flint Township South
Ste B
2360 Stonebridge Dr
Flint, MI 48532

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250408011

Applicant Name: Flatrock Manor, Inc.

Applicant Address: 7012 River Road
Flushing, MI 48433

Applicant Telephone #: (810) 964-1430

Administrator/Licensee Designee: Nicholas Burnett, Designee

Name of Facility: Flint Township South

Facility Address: Ste B
2360 Stonebridge Dr
Flint, MI 48532

Facility Telephone #: (810) 877-6932
03/30/2021

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

03/30/2021	Enrollment
04/09/2021	Application Incomplete Letter Sent 1326 for Nicholas & AFC100 for Carrie
04/09/2021	Contact - Document Sent 1326 & AFC100
04/13/2021	Contact - Document Received 1326 for Nicholas & AFC100 for Carrie
04/13/2021	File Transferred to Field Office Flint
04/13/2021	Application Incomplete Letter Sent
04/13/2021	SC-Application Received - Original
04/13/2021	SC-ORR Response Requested
04/13/2021	Contact - Document Sent Sent email to Licensee Designee and Administrator requesting missing paperwork.
04/14/2021	SC-ORR Response Received-Approval
04/14/2021	SC-Recommend MI and DD
07/12/2021	Contact - Document Received Review of application documents received from prior consultant
07/12/2021	Application Complete/On-site Needed
07/15/2021	Inspection Completed On-site
07/15/2021	Inspection Completed-BCAL Full Compliance
07/22/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Flint Township South is single-level, vinyl, and brick-sided structure with an unfinished basement. The physical plant is attached and shared with a separate facility named Flint Township North, a 12-bed licensed adult foster care facility. The facility consists of

an open floor plan with a living room, dining room, kitchen, staff office area, laundry room, conference room, six single-occupancy resident bedrooms and one and a half bathrooms. The facility is wheelchair accessible. The driveway has adequate parking for staff and visitors. The facility utilizes public water and public sewer system and is connect to the municipal water supply.

The furnace, hot water heater, and sprinkler tanks are in the basement in a 1-hour protected enclosure with a 1 ¾ inch solid core door equipped with an automatic, self-closing device. The furnace was inspected by Goyette Mechanical on 02/04/2021 and found to be fully functioning. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'3" x 12'5"	153.75 sq. ft.	1
2	10' x 12'3"	123 sq. ft.	1
3	11'8' x 13'4"	158.12 sq. ft.	1
4	11'8" x 13'4"	158.12 sq. ft.	1
5	11'8" x 13'9"	164.02 sq. ft.	1
6	11'8" x 25"	295 sq. ft.	1

The indoor living and dining areas measure a total of 1,154.79 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Flatrock Manor, Inc. submitted a copy of the required documentation. 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 six (6) male ambulatory adults, 18 years of age and older, whose diagnosis is developmentally disabled and mentally impaired in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment

skills, and public safety skills. An assessment 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.

Flatrock Manor, Inc. will ensure that the resident's transportation and medical needs are met. Flatrock Manor, Inc. has transportation available for residents to access community-based resources and services. 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

On 03/30/2021, Flatrock Manor, Inc. applied to provide foster care services to six adults at 2360 Stonebridge Drive, Flint, Michigan.

The applicant, Flatrock Manor, Inc., which is a "Michigan Domestic Limited Liability Company", was established in Michigan, on 08/05/1998. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

Flatrock Manor, Inc. submitted a written statement naming Nicholas Burnett as the licensee designee and Carrie Aldrich as the facility administrator. Nicholas Burnett and Carrie Aldrich submitted licensing record clearance requests that were completed. They also submitted medical clearance requests with statements from a physician documenting their good health and current tuberculosis tests with negative results. Nicholas Burnett and Carrie Aldrich 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 six-bed facility is adequate and includes a minimum of one staff to six 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 one to six resident ratios.

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 employee 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 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



07/22/2021

Derrick Britton
Licensing Consultant

Date

Approved By:



07/22/2021

Mary E Holton
Area Manager

Date