



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 30, 2025

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

RE: Application #:	AS250419005 Creekbend 9445 Creek Bend Trail Davison, MI 48423
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Dear Nicholas 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. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250419005
Applicant Name:	Flatrock Manor, Inc.
Applicant Address:	7012 River Road Flushing, MI 48433
Applicant Telephone #:	(810) 964-1430
Licensee Designee:	Nicholas Burnett
Name of Facility:	Creekbend
Facility Address:	9445 Creek Bend Trail Davison, MI 48423
Facility Telephone #:	(810) 877-6932
Application Date:	11/27/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/27/2024	Enrollment
11/27/2024	PSOR on Address Completed
11/27/2024	Inspection Report Requested - Health Invoice#: 1034737
11/27/2024	Contact - Document Sent EHI request.
11/27/2024	Lic. Unit file referred for background check review Red Screen
12/11/2024	File Transferred To Field Office
12/12/2024	Inspection Completed-Env. Health : A
12/20/2024	Application Incomplete Letter Sent Application incomplete letter sent to LD via email.
04/09/2025	Inspection Completed On-site
04/09/2025	Inspection Completed-BCAL Sub. Compliance
04/11/2025	Application Incomplete Letter Sent
05/30/2025	Application Complete/On-site Needed
05/30/2025	Inspection Completed- BCAL Full Compliance
05/30/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Creekbend is owned by 9445 Creek Bend Trail LLC. It is located south of the I-69 corridor, west of M-15, off Atherton Road. The facility is a brick, ranch styled, six-bedroom home with a full basement. The lower level/ finished walk-out basement has two resident bedrooms, medication room, laundry room, mechanical room, full bathroom, storage and staff area. The first floor has four resident bedrooms, living room, dining room, kitchen, two full bathrooms (one of the full bathrooms is in bedroom #3), a half bathroom, and a two-car garage storage area.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in a room 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.

The furnace inspection was completed on March 8, 2025, by Vortex Heating and Air Conditioning and the furnace was deemed in working order. The facility has a private well. An Environmental Health Inspection was completed with an A-rating on 12/12/2024.

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 ft 10 in x 11 ft 1 in	142.2	1
2	11ft 10 in x 11 ft 7 in	137.1	1
3	15 ft 3 in x 13 ft 3 in	202	1
4	9 ft 9.5 in x 13 ft 6.5 in + 6ft 9.5 in x 5 ft	166.56	1
5	11ft 3 in x 13 ft 1 – 8ft 7 in x 2ft 7 in	125	1
6	12 ft 9 in x 10 ft 8 in – 2ft 1 in x 4 ft 4 in	127	1

The living, dining, and sitting room areas measure a total of 547.4 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This home is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, and/or mentally impaired, in the least restrictive environment possible. 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. Residents will be referred from Community Mental Health.

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 provisions 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 "For Profit Corporation" or "was established in Michigan, on 08/05/1998. 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.

A letter was submitted by Flatrock Manor, Inc. appointing Nicholas Burnett as licensee designee and Morgan Yarkosky as administrator.

A licensing record clearance request was completed and approved for the licensee designee and the 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 and 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 3 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.

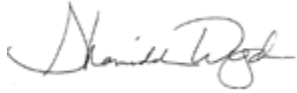
D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been

determined. Compliance with Quality-of-care will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).



05/30/2025

Shamidah Wyden
Licensing Consultant

Date

Approved By:



05/30/2025

Mary E. Holton
Area Manager

Date