



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 3, 2025

Burnett, Christopher  
4318 E Coldwater Rd  
Flint, MI 48506

RE: License #: AF250306920  
**Coldwater Place AFC**  
**4318 E Coldwater Rd**  
**Flint, MI 48506**

Dear Burnett, Christopher:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250306920
<b>Licensee Name:</b>	Burnett, Christopher
<b>Licensee Address:</b>	4318 E Coldwater Rd Flint, MI 48506
<b>Licensee Telephone #:</b>	
<b>Licensee/Licensee Designee:</b>	Burnett, Christopher
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Coldwater Place AFC
<b>Facility Address:</b>	4318 E Coldwater Rd Flint, MI 48506
<b>Facility Telephone #:</b>	(810) 736-1496
<b>Original Issuance Date:</b>	06/06/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/02/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 08/22/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [redacted]

- 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: 11/30/2023, 418(5) and 431(3) 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 found to be in non-compliance with the following rules:

**R 400.673**

**Use of assistive devices, therapeutic support.**

**(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.**

Home has two residents who utilize a walker and one resident with a cane. Home did not have written authorization from a licensed health care professional authorizing the use of the assistive devices.

A corrective action plan was requested and approved on 10/02/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

I recommend the issuance of a 2-year regular adult foster care license.



12/3/2025

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Christopher Holvey  
Licensing Consultant

Date