



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 28, 2024

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

RE: Application #: AS250415868
Coldwater
8163 Coldwater Rd
Flushing, MI 48433

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,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250415868
Applicant Name:	Flatrock Manor, Inc.
Applicant Address:	7012 River Road Flushing, MI 48433
Applicant Telephone #:	(810) 964-1430
Administrator:	Morgan Yarkosky
Licensee Designee:	Nicholas Burnett
Name of Facility:	Coldwater
Facility Address:	8163 Coldwater Rd Flushing, MI 48433
Facility Telephone #:	(810) 877-6932 03/13/2023
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/13/2023	Enrollment
03/13/2023	Application Incomplete Letter Sent App Incomplete sent w/1326 and AFC-100
03/13/2023	SC - Application Received - Original
04/11/2023	Contact - Telephone call received Licensee emailed a status check. I requested 1326 & RI-030
04/17/2023	Contact - Document Received 1326a, Receipt for fingerprints, and AFC-100
04/17/2023	Comment Request sent to have fingerprints added.
04/20/2023	Contact - Document Received 1326a, RI-030, and AFC-100
06/06/2023	Application Incomplete Letter Sent
01/02/2024	Contact - Document Sent Sent letter to LD and Administrator inquiring as to status of new enrollment
05/09/2024	Contact - Face to Face Met with Administrator
07/16/2024	Inspection Completed On-site
07/16/2024	SC-Inspection Completed On-Site
08/14/2024	Application Complete/On-Site Needed
08/14/2024	Inspection Completed-BCAL Full Compliance
08/14/2024	SC-Inspection Completed Full Compliance
08/27/2024	Recommend License Insurance
08/27/2024	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Coldwater is a one-story facility with a detached two car garage. The facility was previously a church and has been converted to an AFC facility. The exterior of the home is comprised of aluminum siding and brick. The home consists of an activity room, living room, dining room, sensory room, kitchen, six resident bedrooms, two full bathrooms, one half bathroom, medication room, laundry room, two mechanical rooms, a supply room, maintenance room, and a cleaning room. There is a gazebo next to the garage. The facility is wheelchair accessible. The home is connected to public water and sewer. The facility is owned by Flatrock Manor, Inc.

The furnace and hot water heater are in a mechanical room on the same level as residents. The mechanical room is constructed of material which has a 1-hour-fire-resistance rating with a door constructed of 1 3/4-inch solid core wood equipped with an automatic self-closing device and positive latching hardware. A furnace inspection and approval were completed on May 10, 2024. The laundry room is located on the main floor of the home. The facility is equipped with a smoke detection system. The smoke detectors are all hard-wired into the home's electrical system with battery back-up and are in all sleeping and living areas.

There are six resident bedrooms located on the main floor of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	13'8" x 16'9"	229	1
Bedroom 2	11'11" x 16'9"	200	1
Bedroom 3	12'2" x 16'9"	204	1
Bedroom 4	15'11" x 13'11"	222	1
Bedroom 5	11'1" x 11'7"	128	1
Bedroom 6	14' x 11'9"	165	1

The living room, dining room, sensory room, and activity room areas measure a total of 3168 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The home has two (2) 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 of the rule. 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.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

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

The facility has the capacity to provide 24-hour supervision, protection, and personal care for up to six male and/or female residents aged eighteen and over, that are mentally ill, developmentally disabled, and physically handicapped. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate, and honest staff. The facility will provide a clean and caring environment enabling the residents to live, learn, and grow as individuals. Facility staff will meet the basic needs of everyone, as well as those who require more individualized attention. Residents will be provided and encouraged to participate in social activities and events.

C. Applicant and Administrator Qualifications

The applicant is Flatrock Manor Inc. 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.

Nicholas Burnett is the licensee designee and Morgan Yarkosky is the administrator for the applicant. The applicant has submitted documentation to demonstrate that the licensee designee and administrator's experience meets the requirements for licensee designee and administrator.

A licensing record clearance request was completed with no criminal convictions recorded for the licensee designee and administrator. The applicant submitted a medical clearance request with statements from a physician documenting the licensee designee and administrator's good health and current TB-tine negative 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 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 applicant, 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 applicant, 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

Compliance with the licensing act and applicable administrative rules related to the physical plant has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this adult foster care small group home with a capacity of 6 residents



8/27/2024

Christina Garza
Licensing Consultant

Date

Approved By:



8/28/2024

Mary E. Holton
Area Manager

Date