



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 29, 2025

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

RE: Application #: AS250418376  
Woodlawn South  
1301 Woodlawn Park Dr.  
Flint, MI 48503

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 black ink, reading "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250418376
<b>Applicant Name:</b>	Flatrock Manor, Inc.
<b>Applicant Address:</b>	7012 River Road Flushing, MI 48433
<b>Applicant Telephone #:</b>	(810) 964-1430
<b>Licensee Designee:</b>	Nicholas Burnett
<b>Administrator</b>	Morgan Yarkosky
<b>Name of Facility:</b>	Woodlawn South
<b>Facility Address:</b>	1301 Woodlawn Park Dr. Flint, MI 48503
<b>Facility Telephone #:</b>	(810) 877-6932
<b>Application Date:</b>	04/03/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/03/2024	Enrollment
04/09/2024	Application Incomplete Letter Sent Requested 1326
04/09/2024	PSOR on Address Completed
04/09/2024	Contact - Document Sent form sent
04/10/2024	Contact - Document Received 1326
04/11/2024	File Transferred To Field Office
06/03/2024	Application Incomplete Letter Sent
04/30/2025	Application Complete/ Onsite Needed
04/30/2025	Inspection Completed On-site
04/30/2025	Inspection Completed-BCAL Full Compliance
05/20/2025	Comment An updated 1326A and RI-031 need to be processed.
05/29/2025	Comment Confirmation that 1326A and RI-031 are processed and updated in Bits system.
05/29/2025	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Woodlawn South is a historic Tudor-style brick home in a well-established neighborhood located at 1301 Woodlawn Park, Flint, MI 48503. This home is owned by Licensee Designee, Nicholas Burnett who will operate as an adult foster care licensed home under Flatrock Manor, Inc.

This 4200 square foot, two-story home consists of 6 bedrooms and 3.5 bathrooms. The main floor of the home has a living room, dining room, kitchen, sunroom, and a half-bathroom, while the 2<sup>nd</sup> floor is comprised of six resident bedrooms, and 3 full bathrooms. The locked medication room is located upstairs as well. This home is not wheelchair accessible and will be housed with individuals who are able to ambulate up and down a stairway.

The home utilizes public water supply and public sewage disposal system. There is a boiler system located in the basement that was inspected as fully operational on 01/28/2025. The basement is equipped with a 1- 3/4-inch solid core door with an automatic self-closing device and positive latching hardware. Fire extinguishers are located on each floor of the home. The facility is equipped with battery-powered, single-station smoke detectors installed near sleeping areas, on each occupied floor of the home, in the basement, and near all flame/heat producing equipment. The home is in compliance with R 400.14505 regarding smoke detection equipment, R 400.14318 regarding emergency preparedness, R 400.14511 regarding heat producing equipment, and R 400.14512 regarding electrical service. At the time of the inspection, all living areas of the home conformed to the requirements of rules R 400.14503 and R 400.14504 relating to interior finish. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom # (All bedrooms upstairs)	Room Dimensions	Total Sq ft	Total Residents Beds
1	12'8" x 13'4"	168.88 sq ft	1
2	17'8" x 15'8"	276.77 sq ft	1
3	18' x 14'	210.00 sq ft	1
4	14'3" x 15'	213.75 sq ft	1
5	12'6" x 10'	125.00 sq ft	1
6	20'5" x 12'	245.00 sq ft	1

The living room, sunroom and dining areas measure a total of 771.02 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. 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

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 and/or female residents who are Physically Handicapped, Mentally Ill, and Developmentally Disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills, and the opportunity for involvement in educational programs. The applicant intends to accept referrals for residents with various sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents, if applicable to the resident.

### **C. Applicant and Administrator Qualifications**

The applicant is Flatrock Manor, Inc. Nicholas Burnett is the licensee designee and Morgan Yarkosky is the administrator. 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 has submitted documentation appointing Morgan Yarkosky as the Administrator for this facility.

A licensing record clearance request was completed and approved for the licensee designee and the administrator. Medical Clearance records were submitted and a medical clearance request with a statement from a physician documenting good health and current TB-tine tested 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 one staff- to- six residents per shift. Additional staff will be utilized as needed. The licensee will provide sufficient staffing for the home based on the needs of the residents. 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee's 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 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 responsibility to maintain a current employee record on file 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 his 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 its 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 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 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 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 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 AFC adult small group home (capacity 1-6).




05/29/2025

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



05/29/2025

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Mary E. Holton  
Area Manager

Date