



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2025

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

RE: Application #: AS630419190
Whistle Stop
2400 Whistle Stop Ln
Holly, MI 48442

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012
Fax: 517-763-0204

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419190
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:	Whistle Stop
Facility Address:	2400 Whistle Stop Ln Holly, MI 48442
Facility Telephone #:	(810) 877-6932
Application Date:	02/03/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/03/2025	Enrollment
02/03/2025	PSOR on Address Completed
02/03/2025	Inspection Report Requested - Health Invoice #1034860
02/03/2025	Contact - Document Received 1326/RI030
02/03/2025	SC-Application Received - Original
02/10/2025	Inspection Completed-Env. Health: A
02/11/2025	Application Incomplete Letter Sent
03/13/2025	Contact - Document Received Application documents received via email
03/17/2025	Contact - Document Received Application documents received via email
04/04/2025	Contact - Document Sent Email exchange with applicant
04/07/2025	Contact - Document Sent Email exchange with applicant
04/30/2025	Contact - Document Received Application documents received via email
05/01/2025	Contact - Document Received Application documents received via email
05/01/2025	Inspection Completed On-site
05/05/2025	Contact - Document Received Application documents received via email
05/27/2025	Contact - Document Sent Email exchange with applicant
06/06/2025	Contact - Document Sent Email exchange with applicant

06/13/2025	Contact - Document Received Application documents received via email
06/20/2025	Inspection Completed-BCAL Full Compliance
06/25/2025	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility consists of a ranch-style home with a basement. The home is located within the village of Holly, Michigan. The home has six bedrooms, two full-size bathrooms and one half-bath, all of which are located on the main floor of the home. The basement will not be accessible to residents. Upon entering the home, the living room and kitchen areas are the first rooms accessed. To the left of the living room is the half-bathroom, staff office area and a hallway that leads to five resident bedrooms and on full-size bathroom. To the right of the living room is another hallway that leads to an additional resident bedroom, one full-size bathroom and the laundry room. Directly off of the living room is a door that leads to the deck and backyard areas. The home is wheelchair accessible and has at least two approved means of egress that is equipped with a ramp from the first floor. The home utilizes a private water supply and sewage disposal system, which was inspected on 2/10/2025 by Environmental Health and received an A-rating.

The home utilizes an electric water heater and furnace system, both of which are located in the basement and are equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, is fully operational, and have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 x 12	120	1
2	11 x 11	121	1
3	13 x 11	143	1
4	10 x 14	140	1
5	13 x 10	130	1
6	13 x 15	195	1

Total capacity: 6

The indoor living and dining areas measure a total of 700 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 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are physically handicapped, mentally ill, or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is Flatrock Manor, Inc., L.L.C., a "Domestic Limited Liability Company", established in Michigan on 4/18/2017. 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 members of Flatrock Manor, Inc., L.L.C. have submitted documentation appointing Nicholas Burnett as licensee designee for this facility and Morgan Yarkosky as the administrator of the facility.

Criminal history background checks of Mr. Burnett and Ms. Yarkosky were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. Burnett and Ms. Yarkosky submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Burnett and Ms. Yarkosky have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Burnett started his career working within the adult foster care sector in 2004 and has continued

to provide adult foster care services to the mentally ill and developmentally delayed population over the last 21 years. Mr. Burnett has been working as an administrator for multiples AFC homes across Michigan since 2010 and continues to provide direct care and oversight to residents, including assistance with personal care, food preparation, employee supervision, financial and administrative duties. Ms. Yarkosky began her career as a direct care worker in 2016 and provided personal care, supervision and medication management to residents with mental illness or developmental delays. Ms. Yarkosky has been serving in an administrative role since 2018, providing oversight and management to direct care staff at adult foster care facilities throughout Michigan.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Mr. Burnett acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Burnett has indicated that direct care staff will be awake during sleeping hours.

Mr. Burnett acknowledged an understanding of the qualifications, suitability, and training 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.

Mr. Burnett acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Burnett acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Mr. Burnett acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Mr. Burnett 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.

Mr. Burnett acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mr. Burnett acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Burnett acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Burnett acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Burnett acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Burnett acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Burnett acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Burnett acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Mr. Burnett indicated the intent to respect and safeguard these resident rights.

Mr. Burnett acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Mr. Burnett acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Burnett acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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.

Note: It should be noted that at the time of licensure, the facility is currently providing services to four residents. The bureau received Intake # 205947 on 6/16/2025 for operating an unlicensed AFC. This intake was dismissed due to the applicant's submittal of an application and pending licensure.

IV. RECOMMENDATION

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

Stephanie Gonzalez

6/30/2025

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

07/09/2025

Denise Y. Nunn
Area Manager

Date