GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 6, 2026

Nicholas Burnett
Flatrock Manor, Inc.
310 W. Oakley
Flint, MI 48503

RE: Application #:	AS250419007 Tanbark 6294 Tanbark Ct. Flint, MI 48532

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,

Susan Hutchinson

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250419007
Applicant Name:	Flatrock Manor, Inc.
Applicant Address:	7012 River Road Flushing, MI 48433
Applicant Telephone #:	(810) 964-1430
Administrator/Licensee Designee:	Carrie Aldrich, Administrator Nicholas Burnett, Licensee Designee
Name of Facility:	Tanbark
Facility Address:	6294 Tanbark Ct. Flint, MI 48532
Facility Telephone #:	(810) 877-6932
Application Date:	11/27/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/27/2024	Enrollment
11/27/2024	PSOR on Address Completed
11/27/2024	Comment Red screen sent to candace. Other than that the enrollment is ready to go.
11/27/2024	Contact - Document Sent CPS Memo sent to candace.
12/11/2024	File Transferred To Field Office
12/16/2024	Application Incomplete Letter Sent
12/18/2024	SC-Application Received - Original
01/15/2025	Application Incomplete Letter Sent 2nd application incomplete letter sent
03/13/2025	Contact - Document Received
02/12/2026	Inspection Completed On-site
02/12/2026	SC-Inspection Completed On-Site
02/12/2026	Inspection Completed-BCAL Sub. Compliance
02/18/2026	PSOR on Address Completed No hits
03/27/2026	Application Incomplete Letter Sent 3rd application incomplete letter sent
04/06/2026	Application Complete/On-site Needed
04/06/2026	Inspection Completed-BCAL Full Compliance
04/06/2026	SC-Inspection Full Compliance
04/06/2026	SC-ORR Response Received-Approval
04/06/2026	SC-Recommend MI and DD
04/06/2026	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Tanbark Adult Foster Care facility is located at 6294 Tanbark Court, Flint, Michigan. This facility is in a well-established residential neighborhood, in the Township of Flint. The neighborhood is near I-75 as well as McLaren Hospital and many convenience stores, department stores, and shopping areas. The home has a large horseshoe-shaped driveway as well as parking along the side of the house. This ensures ample parking for staff and visitors. The home utilizes both public water and sewage.

The home and property located at 6294 Tanbark Ct., Flint, Michigan is owned by Nicholas Burnett. Mr. Burnett owns Flatrock Manor Inc. and 6294 Tanbark Court LLC. Mr. Burnett has provided a lease agreement between 6294 Tanbark Court LLC and Flatrock Manor Inc. He has also provided a letter giving this location permission to operate as an Adult Foster Care facility and permission for Licensing and Regulatory Affairs to inspect the property.

Tanbark Adult Foster Care facility is a brick, ranch-style home with 4,495 square feet of living space. There are two emergency exits, located at the front door and back door of the facility. All exits have delayed egress, and all interior doors are equipped with keypads. Residents who do not have restrictions will be given the code to interior and exit doors. Although the facility exits are all at-grade, this facility is not wheelchair accessible and will not accept residents who require the regular use of a wheelchair.

There are six private resident bedrooms, two full bathrooms, and a ½ bathroom in this facility, all on the main floor. Each resident bedroom has an interconnected smoke detector, at least one easily opened window, and is fully furnished and approved for resident use. Both full bathrooms are equipped with a toilet, sink, hot and cold running water, and a walk-in shower. There are safety bars in the shower and by the toilet and mechanical fans for ventilation. The ½ bathroom has a toilet and sink and mechanical fan for ventilation. There is a separate, enclosed laundry room equipped with an interconnected smoke detector and the dryer is vented through the garage, to the roof, and then directly outside, using permanent metal duct work.

The kitchen is fully enclosed, equipped with new commercial appliances and consists of a pantry for extra food storage. The dining room has seating for all residents. There is a large living/family room area with ample seating for residents and staff. The floor coverings are medical-grade vinyl and there is no carpeting. There are emergency plans posted prominently throughout the home. The locked medication room is located off the family/living room area.

There is one hot water heater and two gas furnaces which are located in the basement. A 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The

basement has an interconnected smoke detector as well as a carbon monoxide detector.

Both furnaces and the hot water heater were inspected on January 21, 2026, by Vortex Heating and Air Conditioning, license #71-12952. All were determined to be in good condition and were functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account. The facility has one fireplace located between the living room and family room, but it has been disabled and cannot be used.

The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup. It was installed and inspected by a licensed electrician through Advance Contracting & Electrical Service (A.C.E.S.), on January 29, 2026, and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment. The facility's backyard is partially fenced in but does not contain gates with locks

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4" x 12'10"	158	1
2	16'11" x 9'4"	158	1
3	11'9" x 13'7"	160	1
4	10'10" x 11'3"	122	1
5	11'2" x 10'10"	121	1
6	14'7" x 10'9"	157	1

The living, dining, and sitting room areas measure a total of 788 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male and female ambulatory adults between the ages of 18-99, in the least restrictive environment possible. These individuals have a diagnosis of physically handicapped, mentally ill, and/or developmentally delayed.

The program specializes in working with individuals who have challenging behaviors and will promote helping residents maintain connections within the community by fostering independence and interaction. Flatrock Inc. believes in empowering residents to learn the skills they need to feel self-sufficient, achieve their goals, and be part of the community. Provide a concise summary of the applicant's program statement, highlighting the program's purpose, services offered, and any unique program features. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies and local Department of Health and Human Services as referral sources

The applicant shall provide or arrange for transportation for the residents. The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, movie theaters, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Flatrock Manor, Inc. a "For Profit Corporation" that was established in Michigan, on August 5, 1998. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The Board of Directors of Flatrock Manor, Inc. have submitted documentation appointing Nicholas Burnett as Licensee Designee for this facility and Carrie Aldrich as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee, Nicholas Burnett. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee's good health dated February 23, 2026. The licensee designee had a negative tuberculous test on June 17, 2024.

The administrator, Carrie Aldrich also submitted a medical clearance with a statement from a physician documenting the administrator's good health, dated February 23, 2026. The administrator had a negative tuberculous test on August 20, 2025.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee designee and administrator have several years of experience as an adult foster care licensee and administrator. The licensee designee and administrator have direct care experience serving individuals with mental illness and developmental disabilities. The licensee designee and administrator have provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The licensee designee and administrator also possess management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2-staff-to-6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

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)

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 their 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, the applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

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.

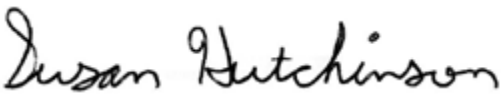
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 rules will be assessed during the period of temporary licensing via an on-site inspection.

VI. RECOMMENDATION

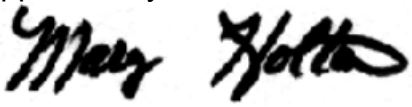
I recommend issuance of a six-month temporary license and special certification to this adult foster care small group home with a capacity of 6.



April 6, 2026

Susan Hutchinson Licensing Consultant	Date

Approved By:



April 6, 2026

Mary E. Holton Area Manager	Date