



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 25, 2022

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

RE: License #: AM250402027  
**Goodrich South**  
**7290 State Rd.**  
**Goodrich, MI 48438**

Dear Mr. Burnett:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violation cited in the report. To verify your implementation and compliance with this corrective action plan, an on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AM250402027  |
| <b>Licensee Name:</b>              | Flatrock Manor, Inc.   |
| <b>Licensee Address:</b>           | 7012 River Road<br>Flushing, MI 48433                              |
| <b>Licensee Telephone #:</b>       | (810) 964-1430   |
| <b>Licensee/Licensee Designee:</b> | Nicholas Burnett   |
| <b>Administrator:</b>              | Morgan Yarkosky  |
| <b>Name of Facility:</b>           | Goodrich South   |
| <b>Facility Address:</b>           | 7290 State Rd.<br>Goodrich, MI 48438                               |
| <b>Facility Telephone #:</b>       | (810) 877-6932   |
| <b>Original Issuance Date:</b>     | 12/23/2019   |
| <b>Capacity:</b>                   | 12   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 06/13/2022

Date of Bureau of Fire Services Inspection: 06/14/2022

Date of Health Authority Inspection: 01/27/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed **3**  
No. of residents interviewed and/or observed **7**  
No. of others interviewed **1** Role: **Administrator**

- 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.  
Inspection did not occur during meal preparation/service.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
BFS inspection completed.
- 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:  
05/10/2022, as305(3), as204(2)(a); 09/29/2020, as311(1), as312(1), as312(2),  
as312(3), as312(4), as312(6) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
as315(3)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14315          Handling of resident funds and valuables.**

**(2) The care of any resident funds and valuables that have been accepted by a licensee for safekeeping shall be treated by the licensee as a trust obligation.**

Resident funds did not have accurate accounting for numerous residents.

### IV. RECOMMENDATION

An acceptable written corrective action plan addressing the violation cited in the report was received. I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



07/25/2022

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Derrick Britton  
Licensing Consultant

Date