



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2025

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

RE: License #:	AM250402508 Fenton North Suite 1 17600 Silver Parkway Fenton, MI 48430
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Dear Nicholas Burnett:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License	License #:	AM250402508
Licensee Name:	Flatrock Manor, Inc.	
Licensee Address:	7012 River Road Flushing, MI 48433	
Licensee Telephone #:	(810) 964-1430	
Licensee/Licensee Designee:	Nicholas Burnett	
Administrator:	Morgan Yarkosky	
Name of Facility:	Fenton North	
Facility Address:	Suite 1 17600 Silver Parkway Fenton, MI 48430	
Facility Telephone #:	(810) 877-6932	
Original Issuance Date:	03/09/2021	
Capacity:	10	
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL	
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/22/2025

Date of Bureau of Fire Services Inspection if applicable: 04/22/2025

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed 0 Role:

- 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.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- 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: N/A ☒
- Number of excluded employees followed-up? 1 N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-10).



07/24/2025

Martin Gonzales Licensing Consultant	Date
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