



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 1, 2025

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

RE: License #:	AS250407223 <b>Pierson</b> <b>6376 E. Pierson Road</b> <b>Flint, MI 48506</b>
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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 will be renewed upon receipt of Renewal Fee. 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**

<b>License #:</b>	AS250407223
<b>Licensee Name:</b>	Flatrock Manor, Inc.
<b>Licensee Address:</b>	7012 River Road Flushing, MI 48433
<b>Licensee Telephone #:</b>	(810) 964-1430
<b>Licensee/Licensee Designee:</b>	Nicholas Burnett
<b>Administrator:</b>	Nicholas Burnett
<b>Name of Facility:</b>	Pierson
<b>Facility Address:</b>	6376 E. Pierson Road Flint, MI 48506
<b>Facility Telephone #:</b>	(810) 877-6932
<b>Original Issuance Date:</b>	04/21/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/25/2025

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [redacted]

- 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.  
0
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? 0 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**

Upon receipt of Renewal Fee, I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



10/01/2025

Martin Gonzales Licensing Consultant	Date
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