



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 24, 2025

Nicholas Burnett
Flatrock Manor, Inc.
7012 River Road
Flushing, MI 48433

RE: License #:	AM440388517
Investigation #:	2026A1039003
	Lapeer North

Dear Nicholas Burnett:

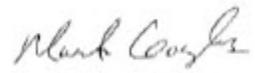
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

A handwritten signature in cursive script, appearing to read "Martin Gonzales".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM440388517
Investigation #:	2026A1039003
Complaint Receipt Date:	10/16/2025
Investigation Initiation Date:	10/16/2025
Report Due Date:	12/15/2025
Licensee Name:	Flatrock Manor, Inc.
LicenseeAddress:	7012 River Road Flushing, MI 48433
Licensee Telephone #:	(810) 964-1430
Administrator:	Carrie Aldrich
Licensee Designee:	Nicholas Burnett
Name of Facility:	Lapeer North
Facility Address:	300 N. Elba Rd. Lapeer, MI 48446
Facility Telephone #:	(810) 877-6932
Original Issuance Date:	09/05/2017
License Status:	REGULAR
Effective Date:	03/05/2024
Expiration Date:	03/04/2026
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
A Bureau of Fire Services (BFS) Re-Check Annual inspection Report was completed at the facility indicating disapproval with a D rating.	Yes

III. METHODOLOGY

10/16/2025	Special Investigation Intake 2026A1039003
10/16/2025	Special Investigation Initiated - Letter APS complaint was made via online referral.
10/16/2025	APS Referral Completed via online referral.
10/20/2025	Inspection Completed On-site Interviewed Corporate Compliance Officer Chelsea Hamburg.
10/20/2025	Contact - Document Received Received BFS report with approved A grade.
11/24/2025	Exit Conference Completed with LD.
11/24/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

A Bureau of Fire Services (BFS) Re-Check Annual inspection Report was completed at the facility indicating disapproval with a D Rating.

INVESTIGATION:

On 10/16/2025, the Bureau of Community and Health Systems (BCSH) received the above allegation, via the BCHS online complaint system. On 09/29/2025, a Bureau of Fire Services (BFS) Re-Check Annual inspection Report was completed at the facility indicating disapproval with a D rating. Inspecting official Thomas Ford completed the inspection report and noted the following:

- At the time of the re-inspection, it was noted that several ceiling tiles were missing or not seated properly.
- At the time of the re-inspection, no fire alarm inspection reports were presented for review.
- At the time of the re-inspection, no fire sprinkler inspection reports were presented for review.
- At the time of inspection, it was noted that an escutcheon plate was not installed properly in the main office.
- At time of inspection, it was noted that a fire extinguisher in the kitchen was not tagged.

On 10/20/2025, I completed an unannounced onsite inspection at Lapeer South and interviewed the Corporate Control Officer (CCO) Chelsea Hamburg. CCO Hamburg stated that she was new to the position when the original inspection was completed and was not familiar with all of the requirements. CCO Hamburg stated that BFS Inspecting Official Brent Connell just completed his onsite re-inspection before I came and that the deficiencies noted in the last inspection were corrected. CCO Hamburg gave me a tour of the facility so that I could see the corrections that they made, and it appeared that all of the identified deficiencies were corrected. CCO Hamburg stated that she would forward me the approved report as soon as she received it.

I reviewed the BFS Inspection Report dated 10/20/2025, BFS Inspecting Official (IO) Brett Connell completed a Re-Check Annual inspection at Lapeer South. IO Connell noted "A fire safety inspection was completed on this date. Deficiencies noted in our last inspection have been satisfactorily corrected". Lapeer South received a fire safety rating of an A.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>It was alleged that a Bureau of Fire Services (BFS) Re-Check Annual inspection was completed at the facility.</p> <p>I reviewed a Bureau of Fire Services (BFS) Re-Check Annual inspection dated 09/29/25. The report noted the Fire Safety Certification was disapproved.</p> <p>I interviewed Corporate Compliance Office (CCO) Hamburg, and she confirmed the failed BFS inspection. CCO Hamburg informed me that a new inspection was completed on 10/20/20 by BFS Inspector Brett Connell and they passed the inspection with a BFS grad of A.</p> <p>I reviewed a Bureau of Fire Services (BFS) Re-Check Annual inspection dated 10/20/2025. The report noted that deficiencies in the last inspection had been satisfactorily corrected.</p> <p>Upon completion of my investigation, it has been determined that a preponderance of evidence had been found to conclude that a rule had been violated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 11/24/2025, I completed an exit conference with Licensee Designee (LD) Nicholas Burnett. I informed LD Burnett of the results of my investigation.

IV. RECOMMENDATION

Upon receipt of approved corrective action plan, I recommend no change in licensure status.

Martin Gonzales

11/24/2025

Martin Gonzales Licensing Consultant	Date
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Approved By:

Mary Holton

11/24/2025

Mary E. Holton Area Manager	Date
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