



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 22, 2020

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

RE: License #: AM250388519
Flatrock Manor of Flint Township
2360 Stonebridge Drive
Flint, MI 48532

Dear Mr. 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. 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

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

I. IDENTIFYING INFORMATION

License #: AM250388519

Licensee Name: Flatrock Manor, Inc.

Licensee Address: 7012 River Road
Flushing, MI 48433

Licensee Telephone #: (810) 964-1430

Licensee/Licensee Designee: Nicholas Burnett

Administrator: Carrie Aldrich

Name of Facility: Flatrock Manor of Flint Township

Facility Address: 2360 Stonebridge Drive
Flint, MI 48532

Facility Telephone #: (810) 875-9444

Original Issuance Date: 11/16/2017

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/23/2020

Date of Bureau of Fire Services Inspection if applicable: 10/02/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Manager

- 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: Special Investigation 2018A0501006, corrective action plan approved January 25, 2018. Special Investigation 2018A0501028, corrective action plan approved June 22, 2018. Special Investigation 2020A0501027, corrective action plan approved June 17, 2020. N/A
- Number of excluded employees followed-up? 53 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.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification.

Crecendra Brown

October 22, 2020

Crecendra Brown
Licensing Consultant

Date