



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 2, 2023

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

RE: License #: AS250404610  
Investigation #: 2023A0582046  
Santa Fe

Dear Mr. Burnett:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250404610
<b>Investigation #:</b>	2023A0582046
<b>Complaint Receipt Date:</b>	04/10/2023
<b>Investigation Initiation Date:</b>	04/14/2023
<b>Report Due Date:</b>	06/09/2023
<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>Administrator:</b>	Morgan Yarkosky
<b>Licensee Designee:</b>	Nicholas Burnett
<b>Name of Facility:</b>	Santa Fe
<b>Facility Address:</b>	6424 Santa Fe Tr. Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 877-6932
<b>Original Issuance Date:</b>	01/29/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/29/2021
<b>Expiration Date:</b>	07/28/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION**

	<b>Violation Established?</b>
Resident A, who has self-abusive behaviors, was discovered with an unexplained bruise on his right hip. There is suspicion that someone at the home is harming Resident A.	No

**III. METHODOLOGY**

04/10/2023	Special Investigation Intake 2023A0582046
04/10/2023	APS Referral Referred from APS
04/11/2023	Contact - Document Received Email from Tiffany Williams, Adult Protective Services
04/14/2023	Special Investigation Initiated - On Site
05/30/2023	Contact - Face to Face With Resident A, School Personnel
05/30/2023	Inspection Completed On-site
05/30/2023	Contact - Telephone call made With Direct Care Worker Christopher Langtry
05/30/2023	Contact - Telephone call made With Direct Care Worker Jailyn Munger
05/31/2023	Contact - Document Received Hospital Discharge Instructions
06/01/2023	Contact - Telephone call made With Direct Care Worker Nathaniel Williams
06/01/2023	Contact - Telephone call made With Guardian A
06/02/2023	Contact - Document Received Email from Tiffany Williams, Adult Protective Services

06/02/2023	Exit Conference With Nicholas Burnett, Licensee Designee
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**ALLEGATION:**

**Resident A, who has self-abusive behaviors, was discovered with an unexplained bruise on his right hip. There is suspicion that someone at the home is harming Resident A.**

**INVESTIGATION:**

I received this Adult Protective Services referral on 04/10/2023. The referral documented that Resident A is diagnosed with developmental delay, autism, and blindness. The referral documented that Resident A often has bruises on him from self-abusive behaviors. The referral documented that Resident A has a large bruise on his right hip, which is an area that Resident A does not hit himself. The referral documented that Resident A hits himself on the face or bites his arm and leg but has never hit his hip. The referral documented that Resident A is non-verbal and unable to describe how he sustained the injury.

I reviewed two *Incident/Accident Reports* related to the allegation, which documented the following:

**Date of Incident:** 4/8/2023

**Time:** 4:30 PM

**Location:** Bedroom

**Explain What Happened/Describe Injury:** On 8 April 2023, [Resident A] was asleep in his room when [Guardian A] came to visit him waking him up out of his sleep. This made [Resident A] agitated. [Resident A] then began to hit his hips, chest, legs, and began to bite his arms and hands. Staff then began utilizing the blocking pads to prevent [Resident A] from self-harming. [Resident A] then bit staff on neck while they were using the blocking pad to prevent him from self-harming. Lead staff intervened and to validate his feelings, using a soft tone to calm [Resident A] down. [Resident A] then began to calm down. Staff noticed a bruise starting to appear on the right side of his hip. Staff contacted the medical coordinator to keep them informed. Staff maintained checks on [Resident A] to ensure his health and safety.

**Action Taken by Staff/Treatment Given:** Staff utilized blocking pads, validated [Resident A's] feelings, and used a soft tone to calm him. Staff contacted medical coordinator when bruise was found.

**Corrective Measures Taken to Remedy and/or Prevent Recurrence:** Staff maintained checks on [Resident A] to ensure his health and safety.

The second *Incident/Accident Report* documents the following:

**Date of Incident:** 4/11/2023

**Time:** 8:35 PM

**Location:** Bedroom

**Explain What Happened/Describe Injury:** Medical coordinator notified lead on shift to take [Resident A] to the hospital due to a bruise he sustained during a prior self-harming behavior over the weekend. Staff then escorted [Resident A] to McLaren Regional Hospital to be evaluated. Staff will continue to update support team with changes. Staff maintained checks on [Resident A] to ensure his health and safety.

**Action Taken by Staff/Treatment Given:** Escorted [Resident A] to hospital, will continue to update support team with changes.

**Corrective Measures Taken to Remedy and/or Prevent Recurrence:** Staff maintained checks on [Resident A] to ensure his health and safety.

On 04/12/2023, I received an email from Tiffany Williams, Adult Protective Services. Ms. Williams stated that she “went out to the home yesterday, however the client was asleep and when I attempted to wake him, he started hitting himself in the face. He was sleeping in just a diaper, and I did not observe any marks or bruises on him, but I did request that [Guardian A] take him for a medical exam as it was alleged that the bruises were on his upper thigh area. I have not heard back from her yet.”

On 04/14/2023, I conducted an unannounced, onsite inspection at the facility. I interviewed Direct Care Worker Fannie Hill. Ms. Hill stated that Resident A routinely has self-injurious behaviors to include hitting himself in the head, chest, and thigh. Ms. Hill stated that on 04/09/2023, Direct Care Worker Nathaniel Williams noticed that Resident A had a hip bruise which was dark purple. Ms. Hill stated that Resident A was later sent to the hospital for evaluation and was diagnosed with blunt force trauma to the hip area and had a sack of blood in that area. Ms. Hill stated that Resident A was currently in school.

I reviewed Resident A’s Assessment Plan, which documented that “self-injurious behavior (SIB) is a primary need/problem area for [Resident A] and should be considered a high risk and severity need with potential for injury. He exhibits SIB of striking self in head (temple area of both sides of head) with closed fists. This is occurring frequently and during waking hours, occurring several times per hour. SIB of hitting self with closed fist in head is of sufficient force to cause audible striking sound and often does result in red marks to area struck. SIB has been a primary reason for previous placement at Hawthorn Center and hospitalization. Information provided upon placement at Flatrock Manors indicates that protective helmet has been attempted in the past but has been unsuccessful.”

On 05/30/2023, I conducted an unannounced, onsite inspection at Resident A’s school. I interviewed Diane Hamilton, school nurse, and Jennifer Larsen, Social Worker, who confirmed that Resident A has self-injurious behaviors, but had not observed him hitting his hip area. I interviewed Kari Bovee, Teacher Aide, who

stated that Resident A has new bruises on his body every time he returns to school from a break. Ms. Bovee stated that Resident A had bruises on his left arm right arm, right hip, a bite mark on his right arm. Ms. Bovee stated that Resident A hits his leg, but not hip or groin area. I observed Resident A who was dressed appropriate. Resident A was attempting to hit his face as school staff were using a blocking pad to prevent him from hurting himself. I observed Resident A hitting his leg during the visit.

On 05/30/2023, I interviewed Karin Barker, Director. Ms. Barker stated that when Resident A becomes escalated and upset, self-injurious behaviors become worse. Ms. Barker stated that when staff attempt to block Resident A from hitting his face (which is usually where he hits), he will begin striking at other areas. Ms. Barker stated that when staff noticed the bruise on Resident A's hip, they notified the home manager and medical coordinator. Ms. Barker stated that Resident A went to the hospital and received discharge paperwork. Ms. Barker stated that each shift is now responsible to do a body check on Resident A and note any new bruising on his body. Ms. Barker provided contact number for Direct Care Staff who were identified on the Incident/Accident Reports listed above.

I interviewed Direct Care Worker Mya Dodge. Ms. Dodge stated that self-injurious behaviors are a regular occurrence with Resident A. Ms. Dodge stated that she has observed Resident A hit his eyes, nose, chest, legs, bite his wrist/arms, and bang his arm on the bar of his wheelchair. Ms. Dodge stated that she had no explanation as to why Resident A would have a bruise on his hip other than self-injurious behavior or a transfer.

I interviewed Direct Care Worker Christopher Langtry. Mr. Langtry stated that he was working on shift at around 3 PM and Guardian A was visiting Resident A for about a half hour. Mr. Langtry stated that once Guardian A left the facility, Resident A became extremely upset and was hitting himself excessively from about 4:30 PM to 7 PM while staff were attempting to calm him down and block his hitting. Mr. Langtry stated that no significant bruising developing on that day but appeared a day later. Mr. Langtry stated that Resident A was sent to McLaren Hospital after bruising appeared.

I interviewed Direct Care Worker Jailyn Munger. Mr. Munger stated that he came to work around 3 PM when Resident A had returned from school. Mr. Munger stated that Resident A was agitated, which happens some days after returning from school, and it takes him a while to calm down. Mr. Munger stated that Resident A has regular self-injurious behaviors, and on this day, he was ramming his forearm into his side. Mr. Munger stated that he provided snacks, played Resident A's favorite music, and used blocking pads to prevent Resident A from hurting himself and for him to calm down. Mr. Munger stated that Resident A was sent to the hospital that day due to bruising on his hip.

On 05/31/2023, I reviewed Resident A's Discharge Instructions from McLaren Flint Emergency Department. The instructions documented the following:

**Reason for visit:** Leg injury, up – Minor; right hip bruised.

**Visit date:** 4/11/2023

**Patient Education Materials:** Hematoma (definition, causes, risk, signs/symptoms, diagnoses)

**How is it treated:** Treatment for this condition depends on the cause, size, and location of the hematoma. Treatment may include:

- Doing nothing. The majority of hematomas do not need treatment as many of them go away on their own over time.
- Surgery or close monitoring. This may be needed for large hematomas or hematomas that affect vital organs.
- Medicines. Medicines may be given if there is an underlying medical cause for the hematoma.

**Managing pain, stiffness, and swelling:** Ice, heat (if directed), raise affected area, etc.

On 06/01/2023, I interviewed Direct Care Worker Nathaniel Williams. Mr. Williams stated that he first identified the bruise on Resident A's hip when he went to change him. Mr. Williams stated that he reported a bruise to the medical coordinator and applied ice. Mr. Williams stated that he believed that Resident A was sent to the hospital the following day.

On 06/01/2023, I interviewed Guardian A. Guardian A stated that she has given the facility "leeway" when it comes to bruises on Resident A due to his self-injurious behaviors. Guardian A stated the picture she received of Resident A's bruise was in a location that he does not hit. Guardian A stated that the bruise was close to Resident A's inner thigh/groin area. Guardian A stated that school staff back her in belief that the bruise was not cause by Resident A. Guardian A stated that the explanation she received was that Resident A was laying on his side and hitting himself in that area, which was close to his private area. Guardian A stated that it seems impossible for Resident A to make a bruise in that area while laying on his side, and he does not hit himself in that area and his diaper would have cushioned a hit. Guardian A stated that she filed a police report about the bruise. I reviewed a picture of sent by Guardian A, which showed a purple bruise on the hip area.

On 06/02/2023, I received the Case Report from the Flint Township Police Department, dated 04/11/2023. The report documented that Resident A has had multiple bruises throughout his two years at the facility, and the person who filed the complaint believes that Resident A is being abused at the facility. The report documented that the school periodically reports large bruises appearing on Resident A. The facility staff have told the school and Guardian A that the bruises were self-inflicted by Resident A. Guardian A admitted that Resident A has a history of self-injury, but not to the extent of the bruises he has. Resident A will "bang his head on the back of his stroller or pinch his legs but has never before hurt himself in a way

that would cause such severe bruising.” Adult Protective Services was notified. Case status was “active.”

On 06/02/2023, I received an email from Tiffany Williams, Adult Protective Services. Ms. Williams stated that she submitted her investigation for closure without any substantiations.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	Based on personal observations, Resident A’s <i>Assessment Plan</i> , and interviews, there is no evidence to suggest that someone is causing harm to Resident A in the facility. Resident A has a documented history of self-abusive behavior, which was observed during the investigation. This behavior is the result of Resident A’s diagnoses. While it is unknown how Resident A developed the bruise on his hip, he was observed hitting his legs, face, and arms. Resident A was taken to the hospital and diagnosed with a hematoma. There is no current evidence to confirm that staff or other residents are causing physical harm to Resident A.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 06/02/2023, I conducted an Exit Conference with Nicholas Burnett, Licensee Designee. I informed Mr. Burnett of the findings from the investigation.



**IV. RECOMMENDATION**

I recommend no change in the license status.



06/02/2023

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Derrick Britton  
Licensing Consultant

Date

Approved By:



06/02/2023

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Mary E. Holton  
Area Manager

Date