

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 5, 2024

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

RE: License #:	AS250388491
	Ortonville
	12399 Ray Road
	Ortonville, MI 48462

Dear Nicholas Burnett:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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

Mark Coops

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS250388491		
Licensee Name:	Flatrock Manor, Inc.		
Licensee Address:	7012 River Road		
	Flushing, MI 48433		
Licensee Telephone #:	(810) 964-1430		
Licensee/Licensee Designee:	Nicholas Burnett		
A destruction	M V I I		
Administrator:	Morgan Yarkosky		
Nome of Equility:	Ortonville		
Name of Facility:	Ortoriville		
Facility Address:	12399 Ray Road		
acinty Address.	Ortonville, MI 48462		
	Ortonvino, ivii 10102		
Facility Telephone #:	(810) 877-6932		
Talemay recoprosite in	(0.10) 0.11 0002		
Original Issuance Date:	08/29/2017		
Capacity:	6		
Program Type:	DEVELOPMENTALLY DISABLED		
	MENTALLY ILL		

II. METHODS OF INSPECTION

Date o	of On-site Inspection(s):	02/02/2	024		
Date o	of Bureau of Fire Services Inspection if app	licable:	N/A		
Date o	of Health Authority Inspection if applicable:	,	11/20/2023		
No. of	f staff interviewed and/or observed f residents interviewed and/or observed f others interviewed 0 Role: n/a		5 5		
• N	Medication pass / simulated pass observed?	' Yes ⊠	No ☐ If no, explain.		
• N	Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain				
Y	Yes ⊠ No ☐ If no, explain.				
• F	ïre drills reviewed? Yes ⊠ No ☐ If no, e	xplain.			
• F	ire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.		
lf	E-scores reviewed? (Special Certification Only) Yes ⊠ No ☐ N/A ☐ If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no, explain.				
• Ir	ncident report follow-up? Yes ⊠ No □ If	no, expla	ain.		
	Corrective action plan compliance verified? N/A ⊠ Iumber of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠		
• V	/ariances? Yes ☐ (please explain) No ☐	N/A 🖂			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:			
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.		
	(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat producing equipment.		
At the time of inspection there was not no smoke detection equipment located in the laundry room which contains heat producing equipment.			

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Mark Courses

02/05/2025

Martin Gonzales	Date
Licensing Consultant	