

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 11, 2024

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

RE: License #:	AS250411455
	Woodridge
	9035 Woodridge Dr.
	Davison, MI 48423

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 or home for the aged authorized representative 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,

Mark Coogle

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

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

### I. IDENTIFYING INFORMATION

License #:	AS250411455
Licensee Name:	Flatrock Manor, Inc.
Licensee Address:	7012 River Road
	Flushing, MI 48433
<b></b>	
Licensee Telephone #:	(810) 964-1430
	Nicholas Burnett
Licensee/Licensee Designee:	
Administrator:	Morgan Yarkosky
Name of Facility:	Woodridge
Facility Address:	9035 Woodridge Dr.
	Davison, MI 48423
Facility Telephone #:	(810) 877-6932
Original Issuance Date:	04/21/2022
Original issuance Date.	04/21/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

# **II. METHODS OF INSPECTION**

Dat	e of On-site Inspection(s):	09/09/2	024	
Dat	e of Bureau of Fire Services Inspection if app	licable:	n/a	
Dat	e of Health Authority Inspection if applicable:		n/a	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		3 5	
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) revie	ewed? Y	es 🛛 No 🗌 If no, explain.	
•	<ul> <li>Resident funds and associated documents reviewed for at least one resident?</li> <li>Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>			
•	Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.			
•	Fire safety equipment and practices observed? Yes $oxtimes$ No $oxcimes$ If no, explain.			
•	<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A</li> <li>If no, explain.</li> <li>Water temperatures checked? Yes No I If no, explain.</li> </ul>			
•	Incident report follow-up? Yes $igtimes$ No $igcup$ If	no, expla	ain.	
•	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		

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## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
At the time of inspection, the Medical Administration Report (MARs) and the medication bubble pack for the randomly selected resident were not consistent as there were multiple days skipped on the resident medication bubble pack. There was no explanation on the bubble pack or in the MARs for the skipped medication.	

### **IV. RECOMMENDATION**

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

Mark Cough

09/11/2024

Martin Gonzales	Date
Licensing Consultant	