GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 25, 2026

Nicholas Burnett
Flatrock Manor, Inc.
310 W. Oakley
Flint, MI 48503

RE: License #: AS630419190
Whistle Stop
2400 Whistle Stop Ln
Holly, MI 48442

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 is 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 (248) 972-9136.

Sincerely,

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs Cadillac Place
Ste 9-100 Detroit, MI 48202
Cell: 248-308-6012

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

I. IDENTIFYING INFORMATION

License #:	AS630419190
Licensee Name:	Flatrock Manor, Inc.
Licensee Address:	310 W. Oakley St. Flint, MI 48503
Licensee Telephone #:	(810) 964-1430
Licensee/Licensee Designee:	Nicholas Burnett
Administrator:	Carrie Aldrich
Name of Facility:	Whistle Stop
Facility Address:	2400 Whistle Stop Ln Holly, MI 48442
Facility Telephone #:	(810) 877-6932
Original Issuance Date:	07/09/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 2
No. of others interviewed 0 Role:

- 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: N/A ☐
- Number of excluded employees followed-up? 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. *(remove if this does not apply)*

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

IV. RECOMMENDATION

Choose one:
I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).

Upon receipt of an acceptable corrective action plan, I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).

I recommend issuance of a 2 year regular adult foster care license.

OR

An acceptable corrective action plan has been received. Renewal of the license is recommended.

OR

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

OR

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

OR

Refusal to renew the license is recommended.

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Stephanie Gonzalez Date
Licensing Consultant