



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 4, 2025

Kari Sexton  
Sage Creek Senior Living LLC  
PO Box 69  
Metamora, MI 48455

RE: License #: AL740375736  
Sage Creek Senior Living, LLC  
11849 Belle River Road  
Memphis, MI 48041

Dear Kari Sexton:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your license is renewed. It is valid only at your present address and is nontransferable. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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,

A handwritten signature in cursive script that reads 'Sabrina McGowan'.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL740375736
<b>Licensee Name:</b>	Sage Creek Senior Living LLC
<b>Licensee Address:</b>	11849 Belle River Road Memphis, MI 48041
<b>Licensee Telephone #:</b>	(810) 533-8940
<b>Licensee/Licensee Designee:</b>	Kari Sexton
<b>Administrator:</b>	Kari Sexton
<b>Name of Facility:</b>	Sage Creek Senior Living, LLC
<b>Facility Address:</b>	11849 Belle River Road Memphis, MI 48041
<b>Facility Telephone #:</b>	(810) 533-8940
<b>Original Issuance Date:</b>	10/31/2018
<b>Capacity:</b>	19
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2025

Date of Bureau of Fire Services Inspection if applicable: 09/25/2024

Date of Health Authority Inspection if applicable: 12/17/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 19

No. of others interviewed 1 Role: Licensee

- 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.  
No IR's to review.
- 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 found to be in non-compliance with the following rules:

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Assessment plan observed was not completed, due to missing information regarding resident care.

**R 400.15312      Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

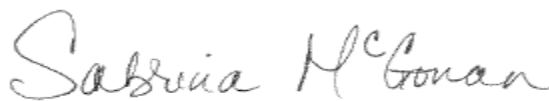
**(vi) A resident's refusal to accept prescribed medication or procedures.**

Staff initials were entered for evening medication prior to administering the medication.

A corrective action plan was requested and approved on 04/03/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

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



April 4, 2025

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Sabrina McGowan  
Licensing Consultant

Date