



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 26, 2025

Brice Lewis
RSR Creek LLC
5485 Smiths Creek
Kimball, MI 48074

RE: License #: AL740408304
Investigation #: 2026A0580001
Sandalwood Creek 1

Dear Brice Lewis:

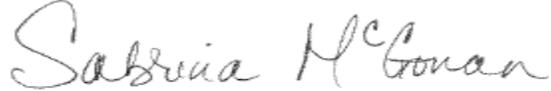
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 634-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned above the typed name and address.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL740408304
Investigation #:	2026A0580001
Complaint Receipt Date:	10/13/2025
Investigation Initiation Date:	10/14/2025
Report Due Date:	12/12/2025
Licensee Name:	RSR Creek LLC
Licensee Address:	5485 Smiths Creek Kimball TWP, MI 48074
Licensee Telephone #:	(810) 204-0577
Administrator:	Brice Lewis
Licensee Designee:	Brice Lewis
Name of Facility:	Sandalwood Creek 1
Facility Address:	5485 Smiths Creek Kimball TWP, MI 48074
Facility Telephone #:	(810) 367-7192
Original Issuance Date:	11/16/2021
License Status:	REGULAR
Effective Date:	05/16/2024
Expiration Date:	05/15/2026
Capacity:	18
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. ALLEGATION(S)

	Violation Established?
The facility received a disapproved Fire Safety rating by Bureau of Fire Services (BFS).	Yes

III. METHODOLOGY

10/13/2025	Special Investigation Intake 2026A0580001
10/14/2025	Special Investigation Initiated - On Site Unannounced onsite.
11/12/2025	Contact - Telephone call made Call to Owner, Monica Sarin.
11/25/2025	Contact - Document Received Fire Alarm and Inspection Test Report received.
11/26/2025	APS Referral Referred to APS.
11/26/2025	Exit Conference Exit conference with the Owner, Monica Sarin.

ALLEGATION:

The facility received a disapproved Fire Safety rating by Bureau of Fire Services.

INVESTIGATION:

On 10/13/2025, the local licensing office received notice that Sandalwood Creek 1 did not pass their Bureau of Fire Services (BFS) inspection which was conducted on 10/08/2025. According to the BFS Inspection Report, the noted deficiencies:

1 - To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70 and NFPA 72. 9.6.1.5

INSPECTOR COMMENTS: At the time of inspection, the following deficiencies were noted with the fire alarm.

- a. Fire alarm panel is in trouble.
- b. No annual fire alarm inspection report was presented for review.

2 - All automatic sprinkler and standpipe systems shall be inspected, tested and maintained in accordance with NFPA 25. 9.7.5

INSPECTOR COMMENTS: At the time of inspection, no annual fire suppression inspection report was presented for review.

3 - Testing of required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2 or 7.9.3.1.3. 7.9.3.1

INSPECTOR COMMENTS:

- a. At the time of inspection, no documentation was presented for emergency light testing.
- b. At the time of inspection, exit sign/emergency lighting did not work in the following areas.
 - 1. Near front door
 - 2. Near room 10
 - 3. Near room 12
- 4 - Fire watch Log.

At time of inspection, fire watch log was not available for review.

On 10/14/2025,, I conducted an unannounced onsite inspection. Contact was made with the home manager, Marie Carrier. Manager Carrier was informed of the allegations. Manager Carrier stated that she shared the results of the inspection with the area manager. An observation of the fire suppression system displayed a Fire alarm panel is in trouble error.

While speaking with Manager Carrier, co-owner of the facility, Monica Sarin arrived onsite. Owner Sarin had no knowledge of the failing Bureau of Fire Services (BFS) Inspection, stating that she would reach out to her area manager for more information.

While onsite, I observed 4 residents in the dining room area as they were finishing their lunch. The residents were adequately dressed and groomed. No concerns regarding the care being provided were noted.

On 11/12/2025, I spoke with Owner Sarin who stated she discovered that the fire inspection company, Audio Sentry was sending information to the former administrator's email, which is why they had not come out to do their annual inspection. The fire system

was inspected on 11/03/2025. The fire panel was fixed at that time, however, during that visit, it was determined that a necessary piece needed to be ordered. Once it arrives a follow-up inspection will be scheduled to ensure everything was up to standard.

On 11/25/2025, I received an emailed copy of the Audio Sentry Fire Alarm and Inspection Test Report from Owner Sarin. The report indicates that effective 11/24/2025, the Fire Alarm and Inspection test has been returned to normal operating status. Owner Sarin also stated that missing documentation needed at the time of the original BFS inspection has been located. Owner Sarin stated that she will now reach out to the BFS Inspector to have the facility reinspected.

On 11/26/2025, a referral was made to Adult Protective Services. This referral was made per policy due to deficiencies that could potentially place the residents at risk of a safe environment.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>It was alleged that the facility received a disapproved Fire Safety rating.</p> <p>On 10/13/2025, I received a BFS report indicating that Sandalwood Creek 1 received a Disapproved Rating.</p> <p>On 11/25/2025, I received a copy of the Audio Sentry Fire Alarm and Inspection Test Report from Owner Sarin. The report indicates that effective 11/24/2025, the Fire Alarm and Inspection test has been returned to normal operating status. Owner Sarin stated that she will now reach out to the BFS Inspector to have the facility reinspected.</p> <p>Based upon my investigation, which consisted of interview with the facility owner, Monica Sarin, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 11/26/2025, I conducted an exit conference with the owner, Monica Sarin. Owner Sarin was informed of the findings of this investigation.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

Sabrina McGowan

November 26, 2025

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

November 26, 2025

Mary E. Holton
Area Manager

Date