



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 14, 2026

Sarah Swartz  
MSP 2024 LLC  
3834 Zaharas Ln  
Okemos, MI 48864

RE: License #:	AS250419307
Investigation #:	2026A0872009
	Sugarbush Living-Beecher Circle House

Dear Sarah Swartz:

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250419307
<b>Investigation #:</b>	2026A0872009
<b>Complaint Receipt Date:</b>	11/24/2025
<b>Investigation Initiation Date:</b>	11/25/2025
<b>Report Due Date:</b>	01/23/2026
<b>Licensee Name:</b>	MSP 2024 LLC
<b>Licensee Address:</b>	3834 Zaharas Ln Okemos, MI 48864
<b>Licensee Telephone #:</b>	(810) 877-0699
<b>Administrator:</b>	Sarah Swartz
<b>Licensee Designee:</b>	Sarah Swartz
<b>Name of Facility:</b>	Sugarbush Living-Beecher Circle House
<b>Facility Address:</b>	4226 Beecher Rd Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 496-0002
<b>Original Issuance Date:</b>	09/08/2025
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	09/08/2025
<b>Expiration Date:</b>	03/07/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility runs out of food every week and the residents are losing weight.	No
On 11/24/2025, Resident A’s hospice nurse discovered that the bottle of morphine from her comfort pack is missing.	Yes
Staff are not changing the incontinent residents often enough.	No

**III. METHODOLOGY**

11/24/2025	Special Investigation Intake 2026A0872009
11/25/2025	APS Referral I made an APS complaint
11/25/2025	Special Investigation Initiated - Letter I made an APS referral via online
12/02/2025	Contact - Telephone call received I received a phone call from APS Whitman
12/15/2025	Contact - Document Sent I emailed the LD requesting information related to this complaint
12/17/2025	Inspection Completed Onsite Unannounced onsite inspection
12/19/2025	Contact - Document Received I received documentation related to this complaint
01/09/2026	Contact - Document Sent I emailed the Flint Township PD requesting a copy of the police report
01/09/2026	Contact - Telephone call made I interviewed staff Angela Owens
01/09/2026	Contact - Telephone call made I interviewed staff Cedrick Hill

01/09/2026	Contact - Telephone call made I interviewed Resident A's hospice nurse, Emily Clark
01/09/2026	Exit Conference I conducted an exit conference with the licensee designee, Sarah Swartz
01/09/2026	Inspection Completed-BCAL Sub. Compliance
01/12/2026	Contact – Document received I received a copy of the police report

**ALLEGATION: The facility runs out of food every week and the residents are losing weight.**

**INVESTIGATION:** On 12/17/2025, I conducted an unannounced onsite inspection of Sugarbush Living – Beecher Circle House. I interviewed the home manager, Vickie Whitaker, Resident B and Resident C. I also inspected the refrigerator, freezer, cupboards, and facility menu.

HM Whitaker said that the residents are provided with three meals a day plus snacks and the facility never runs out of food. HM Whitaker told me that groceries are delivered to the facility every Wednesday and if she runs out of something in the meantime, she will either go to the store and pick it up herself or will call the owners who will then deliver the items to her. HM Whitaker told me that none of the residents are losing weight and all of them receive the care they need.

Resident B and Resident C said that they have lived at this facility for approximately four years and staff provide them with three meals a day plus snacks. Resident B and Resident C said that there is always enough food in the facility and to their knowledge, they are not losing weight.

I examined the refrigerator, freezer, and cupboards in this facility and found ample amounts of food. HM Whitaker was making dinner while I was at the facility. I examined the facility menu and HM Whitaker said that she has all the food necessary to make the meals on the menu.

On 01/09/2026, I interviewed staff Angela Owens via telephone. Staff Owens confirmed that the facility provides the residents with three meals a day plus snacks and the facility never runs out of food. Staff Owens said to her knowledge, none of the residents are losing weight.

On 01/09/2026, I interviewed staff Cedrick Hill via telephone. Staff Hill confirmed that the facility provides the residents with three meals a day plus snacks and the facility

never runs out of food. Staff Hill said to her knowledge, none of the residents are losing weight.

On 01/09/2026, I interviewed the licensee designee (LD), Sarah Swartz via telephone. LD Swartz confirmed that all residents are provided with three meals a day plus snacks. She said that the facility never runs out of food and they have groceries delivered every Wednesday. LD Swartz said that none of the residents are losing weight.

All six residents were admitted to this facility under the new license on 09/09/2025. I reviewed all their weight records from September – December and determined that none of the residents have lost weight.

<b>APPLICABLE RULE</b>	
<b>R 400.663</b>	<b>Nutrition; adoption by reference.</b>
	<b>(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.</b>
<b>ANALYSIS:</b>	<p>According to HM Whitaker, Staff Owens, Staff Hill, and LD Swartz, all residents are provided three meals a day plus snacks. All individuals said that the facility never runs out of food and none of the residents have lost weight.</p> <p>Resident B and Resident C said that they are provided three meals a day plus snacks and said that there is always enough food at the facility.</p> <p>I examined the refrigerator, freezer, and cupboards in the facility and found ample amounts of food.</p> <p>I examined the weight records for all six residents and determined that none of them have lost weight.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** On 11/24/2025, Resident A’s hospice nurse discovered that the bottle of morphine from her comfort pack was missing.

**INVESTIGATION:** On 11/24/2025, I received a telephone call from the Licensee Designee (LD), Sarah Swartz. According to LD Swartz, earlier today Resident A’s hospice nurse (HN), Emily Clark, was at the facility and she discovered that the bottle of morphine from Resident A’s hospice comfort pack was missing. LD Swartz said that she

contacted the Flint Township Police Department and made a complaint regarding the missing morphine. LD Swartz told me that HN Clark said that she will replace the morphine. According to LD Swartz, there have been numerous staff who have come and gone from this facility between July 2025 and the time of the discovery of the missing morphine.

According to LD Swartz, Resident A's comfort pack was delivered in July 2025, and it was not used until 11/24/2025 at which time HN Clark discovered it was missing. LD Swartz confirmed that all medications are kept in a locked box, inside the locked medication cabinet. LD Swartz said that she spoke to the home manager, Vickie Whitaker, who stated that she does not know when the morphine was taken. LD Swartz said that she does not know who took the morphine or when it was taken.

On 12/02/2025, I spoke to Adult Protective Services Worker (APS), Kyle Whitman via telephone. APS Whitman said that he has concluded his investigation and is substantiating neglect against an unknown perpetrator and against the facility as a result of the missing morphine. APS Whitman said that he spoke to the detective investigating this complaint and verified that the Flint Township Police are investigating these allegations.

On 12/17/2025, I conducted an unannounced onsite inspection of Sugarbush Living – Beecher Circle House. I interviewed the home manager, Vickie Whitaker, Resident B and Resident C. I also examined the medication records, medications, and narcotics for the residents in this facility.

HM Whitaker showed me a locked, red tote which is where the residents' narcotics used to be kept. HM Whitaker confirmed that in July 2025, Resident A was placed on hospice services, and a comfort pack was delivered. HM Whitaker said that the comfort pack was left in the red tote and to her knowledge, it was never opened until HN Clark opened it on 11/24/2025. HM Whitaker said that she was present when HN Clark opened the comfort pack and discovered that the morphine bottle as well as the morphine dispenser was missing.

I asked HM Whitaker who had access to the narcotics box and she said that typically, she is the only one with the key. However, if she is going to be out of the facility, she will leave the key for staff, so the residents are administered their medications as needed. According to HM Whitaker, there are currently two residents who are on narcotics. I examined the medication administration record and the narcotic bubble packs from these two residents, and I did not see any discrepancies.

HM Whitaker stated that Resident A passed away under hospice care on 11/27/2025. HM Whitaker confirmed that HN Clark replaced the morphine, so Resident A was able

to have morphine administered prior to her death. I randomly examined medical records and medications from several residents, and I did not find any discrepancies.

According to HM Whitaker, as a result of this incident, the facility has now purchased a black locked box that has a double combination. All narcotics are now kept in this locked box which is then locked in the medication cabinet. I examined this box and confirmed that it has a double combination lock, and it is kept in the locked medication cabinet. HM Whitaker also said that she and the rest of the staff now examine all the narcotics after every shift to ensure that none are missing. I asked HM Whitaker if she took the morphine or if she knows when it was taken and she said no. HM Whitaker said that she has been contacted by the detective who is investigating this complaint, and she is cooperating in any way she can.

I asked Resident B and Resident C if they received their medications as prescribed and they said yes. Both residents stated that to their knowledge, none of their medications have ever been lost or missing.

On 01/09/2026, I interviewed staff Angela Owens via telephone. Staff Owens said that she worked with Resident A prior to her death. Staff Owens said that she administered Resident A morphine on 11/26/25 and she confirmed that Resident A died on 11/27/2025. According to Staff Owens, she was not aware that Resident A had a previous comfort pack and did not know that the morphine was missing. Staff Owens said that she did not take the morphine, and she does not know who did.

On 01/09/2026, I interviewed staff Cedrick Hill via telephone. Staff Hill stated that she worked with Resident A prior to her death and she did administer her morphine. Staff Hill said that she was not aware that Resident A had a previous comfort pack and did not know that the morphine was missing. Staff Hill said that she did not take the morphine, and she does not know who did.

On 01/09/26, I interviewed Resident A's hospice nurse, Emily Clark via telephone. HN Clark confirmed that in July 2025, she ordered a comfort pack for Resident A. HN Clark said that she verified with HM Whitaker that the comfort pack was delivered as ordered. According to HN Clark, Resident A did not require the comfort pack until 11/24/2025. On that date, HN Clark had HM Whitaker get the comfort pack for them to open so morphine could be administered to Resident A. HN Clark said that the comfort pack was supposed to be sealed but when HM Whitaker pulled it out, it was unsealed. HN Clark said that she opened the box and found the 30ml bottle of morphine missing as well as the syringe and the stopper. The only thing left in the box was the instructions.

HN Clark said that she does not know what happened to the morphine. HN Clark said that she does not know when it was taken or who took it but apparently, it was taken some time between July 2025 and November 24, 2025. HN Clark told me that she has been contacted by the Flint Township Police detective regarding this complaint and she is cooperating with whatever they need. HN Clark confirmed that Resident A died of natural causes on 11/27/2025.

Resident A was 71-years old at the time of her death. According to her Health Care Appraisal, she was diagnosed with Parkinson’s Disease, anxiety, asthma, dysphagia, and arthritis.

On 01/09/2026, I sent a request to the Flint Township Police Department requesting a copy of the complaint. The complaint number is 25-39905669. On 01/12/2026, I received and reviewed a copy of the police report. According to the report, Flint Township police are investigating the allegations regarding the missing morphine as larceny with Resident A being the victim. The reporting officer is John Roland but the investigating detective is not named in the report.

I have left messages for Relative A1 but as of 01/12/2026, she has not returned my messages.

On 01/09/2026, I conducted an exit conference with the licensee designee, Sarah Swartz. LD Swartz. LD Swartz confirmed that a new lock box was purchased for this facility and it has a double combination to prohibit tampering. LD Swartz told me that as a result of this incident, the facility has implemented a new policy which requires staff to count the narcotics after every shift. LD Swartz said that the police investigation is ongoing. LD Swartz agreed to complete and submit a corrective action plan upon receipt of my investigation report.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.</b>
<b>ANALYSIS:</b>	<p>In July 2025, a comfort pack was ordered by Resident A’s hospice nurse, Emily Clark. The comfort pack, including morphine, was delivered to the facility in July 2025.</p> <p>On 11/24/25, Resident A’s hospice nurse, Emily Clark and the facility home manager, Vickie Whitaker, opened the comfort</p> <p>APS Whitman substantiated neglect against an unknown perpetrator and against the AFC facility as a result of this incident.</p> <p>Flint Township Police are investigating this case, and the investigation is ongoing.</p>

	I conclude that there is sufficient evidence to substantiate this investigation at this time.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Staff are not changing the incontinent residents often enough.**

**INVESTIGATION:** On 12/17/25, I conducted an unannounced onsite inspection of Sugarbush Living – Beecher Circle House. I interviewed the home manager (HM), Vickie Whitaker, Resident B and Resident C.

HM Whitaker said that although all the residents in this facility wear briefs, they are all able to toilet independently and they do not require staff to change them. HM Whitaker said that she and the rest of the staff will provide verbal prompts and reminders to the residents to use the bathroom. If any of the residents have a soiled brief, they can change it themselves or ask for staff to assist them.

Resident B and Resident C said that they have lived at this facility for almost four years. Both residents confirmed that they wear briefs but said that they are able to toilet independently. Both residents told me that staff will remind them to use the bathroom and will assist them if they need help. Resident B and Resident C said that they have no complaints about the care they receive at this facility.

While at the facility, I examined all the bedrooms and observed one other resident who was sleeping in her room. I found all rooms in the facility to be clean with no malodorous odor.

On 01/09/2026, I interviewed staff Angela Owens via telephone. Staff Owens said that she worked at this facility from September 2025 through December 2025. Staff Owens stated that all residents in this facility wear briefs, but they are all able to toilet independently. Staff Owens told me that when she worked at this facility, she would provide verbal reminders for the residents to use the bathroom and offer them assistance if they needed. Staff Owens said that none of the residents require staff to change their brief.

On 01/09/26, I interviewed staff Cedrick Hill via telephone. Staff Hill said that she has worked at this facility for approximately two months. She confirmed that all the residents wear briefs, but they are all able to toilet independently. According to Staff Hill, she provides verbal reminders to the residents to use the bathroom and if they need assistance she will help them. Staff Hill stated that none of the residents require staff to change their brief.

<b>APPLICABLE RULE</b>	
<b>R 400.677</b>	<b>Resident hygiene, clothing.</b>
	<b>(2) A licensee shall ensure the resident receives or has access to all of the following: (b) Toileting as needed.</b>
<b>ANALYSIS:</b>	<p>According to HM Whitaker, Staff Owens and Staff Hill, all the residents in this facility wear briefs but they all toilet independently. Staff provide verbal prompts for the residents to use the bathroom and will provide assistance if needed. None of the residents require staff to change their briefs.</p> <p>Resident B and Resident C confirmed that they wear briefs, and staff reminds them to use the bathroom. Both residents said that staff will provide assistance if they request it but said that they are able to change their own briefs and toilets independently.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation at this time.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

*Susan Hutchinson*

January 13, 2026

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

January 13, 2026

Mary E. Holton Area Manager	Date
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