



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 21, 2026

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

RE: License #:	AS250419309
Investigation #:	2026A0872011
	Sugarbush 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 cursive script that reads "Susan Hutchinson".

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

License #:	AS250419309
Investigation #:	2026A0872011
Complaint Receipt Date:	12/01/2025
Investigation Initiation Date:	12/01/2025
Report Due Date:	01/30/2026
Licensee Name:	MSP 2024 LLC
Licensee Address:	3834 Zaharas Ln Okemos, MI 48864
Licensee Telephone #:	(810) 877-0699
Administrator:	Sarah Swartz
Licensee Designee:	Sarah Swartz
Name of Facility:	Sugarbush House
Facility Address:	5631 Sugarbush Lane Flint, MI 48532
Facility Telephone #:	(810) 496-0002
Original Issuance Date:	09/09/2025
License Status:	TEMPORARY
Effective Date:	09/09/2025
Expiration Date:	03/08/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The oven has been broken for 3 weeks. Parts of the facility do not have electricity, and the roof leaks when it rains or snows.	Yes
The facility runs out of food every week and the residents have been losing weight.	No
Staff are not checking and changing Resident A's brief often enough.	No

III. METHODOLOGY

12/01/2025	Special Investigation Intake 2026A0872011
12/01/2025	APS Referral This complaint was referred by APS
12/01/2025	Special Investigation Initiated - Letter
12/01/2025	Contact - Document Sent I exchanged emails with APS Jacqueline Williams
12/11/2025	Inspection Completed On-site Unannounced
12/11/2025	Contact - Telephone call made I interviewed Relative A1
12/15/2025	Contact - Document Sent I emailed the LD requesting information related to this complaint
12/18/2025	Contact - Document Received AFC documentation received
01/15/2026	Inspection Completed On-site
01/20/2026	Contact - Document Received I received an email from Owner Padavala

01/21/2026	Exit Conference I conducted an exit conference with LD Swartz
01/21/2026	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: The oven has been broken for 3 weeks. Parts of the facility do not have electricity, and the roof leaks when it rains or snows.

INVESTIGATION: On 12/01/2025, I exchanged emails with Adult Protective Services Worker, Jacqueline Williams. APS Williams confirmed that she has been out to this facility and she investigated the allegations. According to APS Williams, when she visited the facility, it was raining and she observed a leak in the entryway ceiling.

On 12/11/2025, I conducted an unannounced onsite inspection of Sugarbush House Adult Foster Care facility. I interviewed the new home manager (HM), Breanna Tabb, Resident A, and Resident B. I also conducted a visual inspection of the facility.

HM Tabb confirmed that the oven is currently broken but she said that the owners are aware and someone is scheduled to come out this week to repair it. According to HM Tabb, she can cook all meals using the stove and microwave. HM Tabb also said that the lights in the sunken living room do not work but that was an issue with the previous owner as well. I tried to turn the lights on in the sunken living room and none of the outlets worked. HM Tabb said that the lights in this area have never been an issue because the residents do not use this part of the facility. HM told me that she notified the owners and they are working on addressing the issue.

During my onsite inspection, I noticed a bucket in the entryway. HM Tabb said that one day when it was raining hard, there was a small leak in the ceiling, so she put a bucket under it. HM Tabb said that the ceiling only leaked that one time and it has not leaked since. According to HM Tabb, there was a leak in the ceiling in the sunken living room, but the roof was fixed and there has not been a leak in that area since that time. HM Tabb told me that she notified the owners, and they have addressed the issue.

On 12/18/2025, I received an email from the licensee designee, (LD) Sarah Swartz. LD said that the oven has been out of service since 11/12/2025. She said that an appliance repair company came out and said that it is a power supply issue. In early December, they received a quote from a licensed electrician, but that individual would not be available until next month. Therefore, they have contacted a second electrician for a quote, but they have not heard back yet. LD Swartz said that the issue will be addressed and the oven will be repaired or replaced.

LD Swartz stated that staff notified her of the electricity problem in the sunken living room and the owners are working on getting it repaired. According to LD Swartz, staff reported leaks in the living room and dining room (entry way.) LD Swartz said that a

roofing company was contacted and the living room leak has been repaired. The dining room repair is pending and will be scheduled for repair once the weather permits.

On 01/15/2026, I conducted another onsite inspection of Sugarbush House. I met with the owner, Madhava Padavala and I conducted a visual inspection of the facility. Owner Padavala confirmed that the oven is broken but said that he has already had two licensed electricians come out for estimates and neither can give an accurate assessment of what is wrong with it. Owner Padavala said that he has another electrician coming out next week and hopes to have the issue resolved by then.

Owner Padavala confirmed that parts of the facility were without electricity and there were two roof leaks. He said that he was not aware of these issues until staff brought it to his attention. Since that time, he has had the roof repaired so there is no longer a leak in the sunken living room or the entry way. Owner Padavala said that he has had an electrician assess the lighting problem in the sunken living room, but the cause of the issue has not yet been identified so the problem remains. He said that he will continue to work with the electrician until the issue is resolved.

On 01/20/26, I received an email from Owner Padavala. Owner Padavala stated that the electrical problems were resolved on 01/19/2026 and the oven problem will be addressed on 01/21/2026. Owner Padavala said that he will send me receipts of the electricity, oven, and roof repairs when he receives them.

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>APS Williams and I observed a leak in the entry way of the facility during our onsite inspections. I observed that there was an electrical problem in the living room and confirmed that the oven was inoperable.</p> <p>HM Tabb, LD Swartz, and Owner Padavala confirmed that the oven broke in November 2025. They also confirmed that there was an electrical problem in the living room and there was a roof leak in the entry way and the living room.</p> <p>Owner Padavala told me that the roof and electrical problems have been resolved, and the oven is scheduled to be repaired on 01/21/26. He said that he will send me receipt of the repairs once he receives them.</p>

	I conclude that there is sufficient evidence to substantiate this rule violation at this time.
CONCLUSION:	VIOLATION ESTABLISHED

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

INVESTIGATION: On 12/01/2025, I exchanged emails with Adult Protective Services Worker (APS), Jacqueline Williams. APS Williams stated that when she visited the facility, she was told by staff that groceries are delivered to the facility every Wednesday.

On 12/11/2025, I conducted an unannounced onsite inspection of Sugarbush House Adult Foster Care facility. I interviewed the new home manager (HM), Breanna Tabb, Resident A, and Resident B. I also conducted a visual inspection of the facility.

HM Tabb told me that the facility never runs out of food, and she always has the ingredients necessary to make the meals according to the menu. I examined the menu and confirmed that the facility has the food listed. I inspected the refrigerator, freezer, and cupboards in the facility and found ample amounts of food. HM Tabb stated that once a week, she gives her grocery list to the owners who then purchase the food and have it delivered on Wednesdays. According to HM Tabb, if she runs out of anything, she can contact the owners, and they will either bring her the items she needs or have the items delivered.

I met with Resident A in her bedroom where she was watching television. I reviewed the allegations with Resident A, and she denied that any of the allegations are true. Resident A said that she gets three meals a day plus snacks. She said that to her knowledge, the facility never runs out of food. While meeting with Resident A, I spoke to Relative A1 via telephone. I reviewed the allegations with Relative A1, and he also said the allegations are not true. Relative A1 said that he feels Resident A receives good care at this facility.

I met with Resident B in her room where she was resting. Resident B told me that she receives three meals a day plus snacks and to her knowledge, the facility never runs out of food. Resident B told me that she likes the meals at this facility, and she always gets enough to eat.

I reviewed the Resident Register and noted that there are three residents living at this facility. All residents were admitted under the new license on 09/09/2025. I reviewed the weight records for Residents A, and B. Resident A and Resident B's weights are fine and there is no significant gain or loss. Resident C was recently placed on hospice care,

and her condition is declining. I met with Resident C in her room where she was sleeping so I did not interview her.

I reviewed Resident C's weight records and noted that she gained weight from September through December. I also reviewed a prescription from Resident C's hospice nurse dated 12/18/2025 which states, "DC monthly weights by facility effective 12/25/2025 per hospice. Hospice to acquire weights. Pt is now bedbound."

On 12/18/2025, I received an email from LD) Swartz. According to LD Swartz, on Monday, groceries are delivered to the facility for Monday and Tuesday meals. On Wednesday, all remaining supplies and groceries are delivered to the facility for the remainder of the week and the weekend. On Thursday, groceries are delivered for Thursday meals. If supplies run low, staff notify the owner who delivers the necessary items so there is no disruption in the meals.

On 01/15/2026, I conducted an onsite inspection of Sugarbush House. I met with the owner, Madhava Padavala, and I conducted a visual inspection of the facility. Owner Padavala reiterated that groceries are delivered to the facility three times per week and if the facility runs out of anything in the meantime, the home manager contacts him who then delivers the items. I again inspected the refrigerator, freezer, and cupboards and found a sufficient amount of food.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	<p>HM Tabb, LD Swartz, Owner Padavala, Resident A and Resident B said that the residents are served three meals a day plus snacks and the facility never runs out of food. On two separate occasions, I examined the food in the facility and found ample amounts. Residents A and B said that they get three meals a day plus snacks and there is always enough food at the facility.</p> <p>I reviewed the weight records for Residents A-C and found that none of the residents are losing weight.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are not checking and changing Resident A's brief often enough.

INVESTIGATION: On 12/01/25, I exchanged emails with Adult Protective Services Worker, Jacqueline Williams. APS Worker Williams said that she met with Resident A and Resident A was very surprised that a complaint was received. Resident A denied the allegations and stated that she is very satisfied with this placement.

On 12/11/25, I conducted an unannounced onsite inspection of Sugarbush House Adult Foster Care facility. I interviewed the new home manager (HM), Breanna Tabb, Resident A, and Resident B. I also conducted a visual inspection of the facility. According to HM Tabb, there are currently three residents residing at this facility. She stated that all three residents wear briefs, but they are all able to toilet themselves independently. However, Resident C was placed on hospice within the past week and for the past 48 hours, staff has been changing her brief and HM Tabb anticipates staff will continue to do so. HM Tabb told me that staff checks on the residents every two hours or more often if necessary. She said that staff provides verbal reminders to the residents to use the bathroom and/or change their brief, and none of the residents are ever left in a soiled brief.

I met with Resident A in her bedroom where she was watching television. I reviewed the allegations with Resident A, and she denied that any of the allegations are true. Resident A confirmed that she wears briefs but she toilets herself independently. Resident A told me that staff checks on her well-being frequently and if she needs anything, she notifies staff. Resident A said that she is never left in a soiled brief, and she said that she believes she receives good care at this facility. During this inspection, I observed Resident A to be clean, dressed appropriately, and she was being supervised by staff.

While meeting with Resident A, she called Relative A1 via telephone. Relative A1 asked me to speak to him so we discussed the allegations. Relative A1 said that he believes Resident A receives good care at this facility and he does not have any concerns. Relative A1 said that he is not happy that APS and I have interviewed Resident A and said that if he had any concerns, he would address them.

I met with Resident B in her room where she was watching television. I reviewed the allegations with her, and she denied that the allegations are true. Resident B confirmed that she wears a brief but said that she toilets herself. Resident B told me that staff provides verbal reminders to use the bathroom and if she needs assistance with her brief or anything else, she contacts staff. Resident B said that she does not have any complaints or concerns, and she feels she receives good care at this facility. During this inspection, I observed Resident B to be clean, dressed appropriately, and she was being supervised by staff.

Resident C was in bed, sleeping during my inspection so I did not wake her up to interview her. I did observe Resident C to be clean, dressed appropriately, and she was

being supervised by staff. Resident A's room was clean and neither she nor her room had a malodorous odor.

APPLICABLE RULE	
R 400.677	Resident hygiene, clothing.
	(2) A licensee shall ensure the resident receives or has access to all of the following: (b) Toileting as needed.
ANALYSIS:	<p>HM Tabb said that Resident A and Resident B wear briefs, but they are able to toilet independently. HM Tabb told me that Resident C was placed on hospice services and staff are now changing her brief. HM Tabb said that staff checks the residents every two hours and provides verbal prompts for them to use the bathroom.</p> <p>Resident A and Resident B confirmed that they wear briefs but they are able to toilet themselves independently. Both residents told me that staff checks on them frequently and they are never left in a soiled brief. Relative A1 said that he believes Resident A receives good care at this facility and he does not have any concerns.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation at this time.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 01/21/2026, I conducted an exit conference with LD Swartz. I discussed the results of my investigation and explained which rule violation I am substantiating. LD Swartz agreed to complete and submit a corrective action plan upon receipt of my investigation report.

IV. RECOMMENDATION

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

Susan Hutchinson

January 21, 2026

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

January 21, 2026

Mary E. Holton Area Manager	Date
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