



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 11, 2026

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

RE: License #:	AL250419299 <b>Sugarbush Manor</b> <b>G-3237 Beecher Rd Ste A</b> <b>Flint, MI 48532</b>
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Dear Sarah Swartz:

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 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 (517) 643-7960.

Sincerely,

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250419299
<b>Licensee Name:</b>	MSP 2024 LLC
<b>Licensee Address:</b>	3834 Zaharas Ln Okemos, MI 48864
<b>Licensee Telephone #:</b>	(614) 477-1542
<b>Licensee/Licensee Designee:</b>	Sarah Swartz
<b>Administrator:</b>	Sarah Swartz
<b>Name of Facility:</b>	Sugarbush Manor
<b>Facility Address:</b>	G-3237 Beecher Rd Ste A Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 496-0002
<b>Original Issuance Date:</b>	10/14/2025
<b>Capacity:</b>	16
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2026

Date of Bureau of Fire Services Inspection if applicable: 07/16/2025

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role: N/A

- 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.

**IV. RECOMMENDATION**

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

*Susan Hutchinson*

February 11, 2026

Susan Hutchinson Licensing Consultant	Date
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