



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 17, 2024

Michael Maurice  
Sugarbush Living, Inc.  
15125 Northline Rd.  
Southgate, MI 48195

RE: License #:	AS250360415 <b>Sugarbush Living-Calkins House</b> <b>5427 Calkins Rd</b> <b>Flint, MI 48532</b>
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Dear Michael Maurice:

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>	AS250360415
<b>Licensee Name:</b>	Sugarbush Living, Inc.
<b>Licensee Address:</b>	15125 Northline Rd. Southgate, MI 48195
<b>Licensee Telephone #:</b>	(810) 496-0002
<b>Licensee/Licensee Designee:</b>	Michael Maurice
<b>Administrator:</b>	Michael Maurice
<b>Name of Facility:</b>	Sugarbush Living-Calkins House
<b>Facility Address:</b>	5427 Calkins Rd Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 496-0002
<b>Original Issuance Date:</b>	06/06/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/16/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 08/26/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

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:  
11/09/22: R 400.14403(5), R 400.14401(2) 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.



October 17, 2024

Susan Hutchinson Licensing Consultant	Date
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