



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2025

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

RE: Application #:	AS250419308 Sugarbush Living-Calkins House 5427 Calkins Rd Flint, MI 48532
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Dear Sarah Swartz:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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,

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
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS250419308
Licensee Name:	MSP 2024 LLC
Licensee Address:	3834 Zaharas Ln. Okemos, MI 48864
Licensee Telephone #:	(810) 877-0699
Administrator/Licensee Designee:	Sarah Swartz
Name of Facility:	Sugarbush Living-Calkins House
Facility Address:	5427 Calkins Rd Flint, MI 48532
Facility Telephone #:	(810) 496-0002
Application Date:	03/08/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

03/08/2025	On-Line Enrollment
03/10/2025	Inspection Completed-Env. Health : A From AS250360415.
03/10/2025	PSOR on Address Completed
03/10/2025	Contact - Document Sent Forms sent.
03/11/2025	Comment The licensee called and said that they are Private well and public sewer
04/01/2025	Contact - Document Received 1326/RI030
04/01/2025	Comment Fingerprints sent to Ashley.
04/01/2025	File Transferred To Field Office
04/15/2025	Application Incomplete Letter Sent Via email
07/01/2025	Application Incomplete Letter Sent
07/31/2025	Inspection Completed On-site
07/31/2025	Inspection Completed-BCAL Sub. Compliance
08/29/2025	Contact - Document Received Documentation received
08/29/2025	Application Complete/On-site Needed
08/29/2025	Inspection Completed – BCAL Full Compliance
09/10/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sugarbush Living-Calkins House is located at 5427 Calkins Road in Flint Township, Michigan. It is currently licensed as a small group home under license number AS250360415. The current owner sold the property to Madhav & Sagar, LLC which is a Michigan Limited Liability Company established in Michigan on May 6, 2024. MSP 2024 LLC is a Michigan Limited Liability Company which was also established on May 6, 2024. Madhav & Sagar LLC has given MSP 2024 LLC the right to occupy this home as an adult foster care home and has given AFC Licensing permission to inspect the property.

This facility is a ranch-style home with 3,088 square feet of living space, located in a well-established, residential neighborhood. There are six private bedrooms, two full bathrooms, and one half-bathroom. All bedrooms are equipped with smoke detectors, and they are fully furnished and approved for resident use. There is a full, “jack and jill bathroom” with a walk-in shower adjoining Bedroom #1 and Bedroom #3. Another full bathroom with a walk-in shower is located between Bedroom #2 and Bedroom #4. The half-bathroom is located near the side door of the property. There are safety bars in the bathtub/shower area and near the toilet in all bathrooms. The home has a large front room as well as a living/dining room area with seating for all residents. There is also a large, enclosed back patio for residents’ use. There are three exits in this facility, two of which are emergency exits. Both emergency exits are equipped with handicap ramps. This facility is wheelchair accessible and evacuation plans are posted prominently throughout. The home utilizes a private well and public sewage system. The Genesee County Health Department gave this facility an “A” rating on March 10, 2025.

The furnace and hot water heater are located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. On 05/06/2025, the furnace and hot water heater were inspected by Badour Heating and Cooling. The hot water heater was deemed to be in safe working condition, but the furnace needed replacement. Therefore, on 05/19/2025 the furnace was replaced with a new Rheem furnace by Badour Heating and Cooling. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 13'	169	1
2	12' x 10'	120	1
3	13' x 13'	169	1
4	16' x 14'	224	1

5	10' x 12'	120	1
6	8' x 11'	88	1

The front room, living room, and dining areas measure a total of 1,099 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is physically handicapped, aged, and/or Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local area agencies on aging, local county department of health & human services, and private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the residents, guardian, and the responsible agency.

The licensee will arrange for residents' programming and medical needs by utilizing public transportation, medical transport, and/or family and guardians. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is MSP 2024 LLC, which is a "Domestic Limited Liability Company", and was established in Michigan, on May 6, 2024. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of MSP 2024 LLC have submitted documentation appointing Sarah Swartz as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. The licensee designee and administrator

submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1-staff-to-6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3 - 6).



September 10, 2025

Susan Hutchinson
Licensing Consultant

Date

Approved By:



September 10, 2025

Mary E. Holton
Area Manager

Date