GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 12, 2025

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

RE: License #:	AL250419299
Investigation #:	2026A0872004
	Sugarbush Manor

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,

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 #:	AL250419299
Investigation #:	2026A0872004
Complaint Receipt Date:	11/12/2025
Investigation Initiation Date:	11/12/2025
Report Due Date:	01/11/2026
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 Manor
Facility Address:	G-3237 Beecher Rd Ste A Flint, MI 48532
Facility Telephone #:	(810) 496-0002
Original Issuance Date:	10/14/2025
License Status:	TEMPORARY
Effective Date:	10/14/2025
Expiration Date:	04/13/2026
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
On 11/06/2025, Resident A passed away. When family returned to the facility on 11/15/2025, they discovered that staff had donated or thrown away all Resident A's belongings.	Yes
The facility runs out of food every week and the residents are not provided with enough food.	No
The facility dishwasher is broken.	Yes
Staff are not cleaning the residents' rooms. Staff are not bathing the residents regularly. Staff are not cleaning the residents' clothes.	No

III. METHODOLOGY

11/12/2025	Special Investigation Intake 2026A0872004
11/12/2025	Special Investigation Initiated - Letter I emailed APS to ask what they know about this complaint
11/12/2025	APS Referral This complaint was referred by APS but was not assigned for investigation
11/20/2025	Inspection Completed On-site Unannounced
12/02/2025	Contact - Document Sent I emailed the LD requesting information about this complaint
12/04/2025	Contact - Document Received AFC documentation received from LD
12/12/2025	Inspection Completed-BCAL Sub. Compliance
12/12/2025	Exit Conference I conducted an exit conference with the licensee designee, Sarah Swartz

ALLEGATION: On 11/06/2025, Resident A passed away. When family returned to the facility on 11/15/2025, they discovered that staff had donated or thrown away all Resident A's belongings.

INVESTIGATION: On 11/20/2025, I conducted an unannounced onsite inspection of Sugarbush Manor. I interviewed the home manager (HM), Dasia Marks, Resident B, Resident C, and Resident D.

HM Marks told me that Resident A passed away on 11/06/2025. According to HM Marks, on 11/07/2025, Relative A1 came to the facility and gathered some of Resident A's belongings, telling HM Marks that she would be back later to retrieve Resident A's recliner. HM Marks told me that Relative A1 told her that she did not have a need for the rest of Resident A's belongings and told HM Marks that she could give the rest of the items to other residents of the facility and anything that would not be used could be thrown away. HM Marks said that over the next several days, she gave some of Resident A's clothing and belongings to other residents and threw the rest of the items away. HM Marks stated that later that week, Relative A1 came to the facility to get Resident A's recliner and she was very upset that all Resident A's belongings were gone. Relative A1 told HM Marks that she did not tell her to get rid of Resident A's belongings, she only told her to donate her clothes and nightstand. HM Marks told me that she did not get Relative A1's instructions in writing and said that these were verbal conversations.

On 12/04/2025, I received an email and documentation from the licensee designee (LD), Sarah Swartz. According to LD Swartz, all discussions about Resident A's belongings took place between Relative A1 and HM Marks and were all verbal. I reviewed an Incident/Accident Report (IR) dated 11/14/2025 completed by HM Marks. According to this report, "Family expressed that most of all belongings were to be donated to facility due to no use for it except recliner. Family was coming back for recliner. Family also came and took recliner, stuffed animal, radio, and a religious stand. Staff cleaned room out donating clothes to others and whatever was not donated was thrown away. No belongings were left behind."

I reviewed Resident A's Inventory of Valuables form dated 06/04/2024. According to this document, "No valuables should be brought to the home. Sugarbush Living is NOT responsible for any lost or stolen items." This form was signed by Relative A1 and dated 06/04/24."

On 12/12/2025, I interviewed Relative A1 via telephone. Relative A1 confirmed that Resident A passed away on 11/06/2025. She told me that upon Resident A's passing, she had a conversation with HM Marks, telling her that she could distribute Resident A's clothes to other residents of the AFC. Relative A1 said that at no time did she tell HM Marks that she could get rid of all Resident A's belongings. According to Relative A1, when she returned to the facility on 11/15/2025, Resident A's room was cleaned out, and all Resident A's belongings were gone.

On 12/12/25, I conducted an exit conference with the licensee designee, Sarah Swartz. I told her that I am substantiating this rule violation, and she agreed to complete and submit a corrective action plan upon the receipt of my investigation report. LD Swartz told me that moving forward, she will ensure that all resident belongings are kept and stored for at least 30 days after their passing or once they move out of the AFC facility.

APPLICABLE RULE	
R 400.637	**Handling of resident funds and valuables.**
	(18) Personal property and belongings that are left at the facility after the discharge or death of a resident must be inventoried and stored by the licensee. A licensee shall notify in writing the resident's designated representative of the existence of the property and belongings and request disposition. Personal property and belongings that remain unclaimed or for which arrangements have not been made may be disposed of by the facility after 30 or more days from the date that written notification is sent.
ANALYSIS:	HM Marks said that upon Resident A's passing on 11/06/2025, Relative A1 told her that she could donate all Resident A's items and anything that was not used could be thrown away. Relative A1 said that at no time did she tell AFC staff that they could donate and throw away all Resident A's belongings. When Relative A1 returned to the facility on 11/15/2025, Resident A's room was cleaned out, and all her belongings were gone. I conclude that there is sufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The facility runs out of food every week and the residents are not provided with enough food.

INVESTIGATION: On 11/20/2025, I conducted an unannounced onsite inspection of Sugarbush Manor. I interviewed the home manager (HM), Dasia Marks, Resident B, Resident C, and Resident D. I also conducted a visual inspection of several bedrooms, common living areas, the kitchen, refrigerators, and freezers.

I met with Resident B in his room. Resident B told me that he is provided with three meals a day plus snacks and there is always enough food in the facility.

I met with Resident C in his room. Resident C said that he has no concerns about the care or treatment that he receives at this facility. He said that he always gets enough food to eat, and he has no concerns about the food.

I met with Resident D in her room. Resident D said that she gets three meals a day plus snacks and there is always enough food in the facility.

While at the facility, I examined the food supply in the cupboards, refrigerators, and freezers and found a sufficient amount. I examined the facility menu and found it to be adequate. HM Marks said that they always have the necessary food to adhere to the menu and if they serve something else, they indicate the substitution on the menu. HM Marks said that the facility receives groceries every Wednesday and if they run out of anything in the meantime, she or another staff member will purchase the items they need. HM Marks confirmed that all residents are provided with three meals a day plus snacks.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	Resident B, Resident C, and Resident D stated that they are served three meals a day plus snacks and there is always enough food in the facility. HM Marks confirmed that all residents are provided with three meals a day plus snacks and the facility never runs out of food. I conclude that there is insufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The facility dishwasher is broken.

INVESTIGATION: On 11/20/2025, I conducted an unannounced onsite inspection of Sugarbush Manor. I interviewed the home manager (HM), Dasia Marks, Resident B, Resident C, and Resident D. I also conducted a visual inspection of several bedrooms, common living areas, the kitchen, refrigerators, and freezers.

HM Marks and another staff member were washing dishes in the kitchen sink when I arrived. HM Marks confirmed that the dishwasher is broken but said that the owners are in the process of purchasing a new one. I asked HM Marks how staff are washing the dishes, and she said that they handwash the dishes with dish soap and a capful of bleach. The dishes are then towel dried or air dried.

On 12/04/2025, I received an email and documentation from the licensee designee (LD), Sarah Swartz. LD Swartz confirmed that the dishwasher is currently broken, and staff are washing dishes by hand, using dish soap and bleach. The dishes are then air dried or towel dried. LD Swartz sent a screenshot of an order summary of the purchase of a new dishwasher with an estimated delivery date of 12/11/2025. LD Swartz stated that the dishwasher was purchased on 11/28/2025.

On 12/12/2025, I conducted an exit conference with the licensee designee, Sarah Swartz. LD Swartz told me that a new dishwasher was delivered to the facility on 12/11/25 and it is scheduled to be installed on 12/15/2025.

APPLICABLE RULE	
R 400.665	**Food service.**
	(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.
ANALYSIS:	According to HM Marks and LD Swartz, the dishwasher in the facility is currently broken. Staff are hand washing the dishes using dish soap and bleach. A new dishwasher was purchased on 11/28/25, was delivered on 12/11/25 and is scheduled to be installed on 12/15/25. I conclude that there is sufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Staff are not cleaning the residents' rooms. Staff are not bathing the residents regularly. The staff are not cleaning the residents' clothes.

INVESTIGATION: On 11/20/25, I conducted an unannounced onsite inspection of Sugarbush Manor. I interviewed the home manager (HM), Dasia Marks, Resident B, Resident C, and Resident D. I also conducted a visual inspection of several bedrooms, common living areas, the kitchen, refrigerators, and freezers.

HM Marks said that second shift staff cleans resident rooms and bedrooms every day. Second shift staff gets residents cleaned up and ready for bed every night. First shift staff get residents up and dressed for the day and residents are showered twice per week. HM Marks said that first and second shift staff assist residents with showers and all residents' clothes are laundered on a regular basis. HM Marks told me that staff assists residents with personal care and hygiene, and residents are well taken care of.

I met with Resident B in his room. I found him, his clothes, and his room to be clean with no malodorous odor. Resident B said that he has lived at this facility for approximately three years. Resident B said that he gets three showers a week, staff cleans his room and bathroom on a regular basis, and he always has clean clothes to wear.

I met with Resident C in his room. I found him, his clothes, and his room to be clean with no malodorous odor. Resident C said that he has no concerns about the care or treatment that he receives at this facility. He stated that his room is cleaned on a regular basis, and he gets showered twice per week.

I met with Resident D in her room. I found her, her clothes, and her room to be clean with no malodorous odor. Resident D stated that she has lived at this facility for approximately two years and she has no concerns. Resident D told me that staff cleans her room and bathroom two to three times a week and she is given showers twice per week.

While at the facility, I conducted a visual inspection of the common areas, the kitchen, and several resident rooms. I found all areas to be clean with no malodorous odor. There were three residents in the dining room eating during my inspection and they were being properly supervised by staff.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	Resident B, Resident C, and Resident D stated that staff cleans their bedrooms and bathrooms on a regular basis. During my onsite inspection, I noted that Resident B, Resident C, and Resident D's bedrooms and bathrooms were clean, with no malodourous odor. I also examined several other resident rooms, the kitchen, and common areas of the facility and found them to be clean with no malodourous odor. HM Marks said that second shift staff cleans the residents' bedrooms and bathrooms on a daily basis. HM Marks stated that staff also cleans the remaining of the facility on a regular basis. I conclude that there is insufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

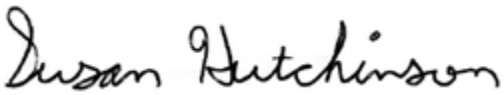
APPLICABLE RULE	
R 400.677	**Resident hygiene, clothing.**
	(2) A licensee shall ensure the resident receives or has access to all of the following: **(a) Bathing at least weekly.**
ANALYSIS:	Resident B said that he receives a shower three times per week. Resident C and Resident D said that they receive a shower two times per week. HM Marks said that all residents receive two showers per week and Resident B receives three showers per week. I conclude that there is insufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
R 400.677	**Resident hygiene, clothing.**
	(3) A licensee shall assist the resident in obtaining clothing that fits, is clean, and is seasonally appropriate.
ANALYSIS:	Resident B, Resident C, and Resident D said that they always have clean clothes to wear. During my onsite inspection, I noted that Resident B, Resident C, and Resident D were wearing clean, appropriate clothing. HM Marks said that staff launders resident clothing on a regular basis, and they always have clean clothes to wear. I conclude that there is insufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 12/12/25, I conducted an exit conference with the licensee designee, Sarah Swartz. LD Swartz agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

IV. RECOMMENDATION

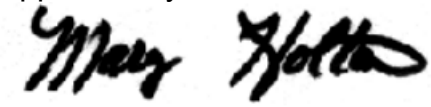
Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.



December 12, 2025

Susan Hutchinson Licensing Consultant	Date

Approved By:



December 12, 2025

Mary E. Holton Area Manager	Date