



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 5, 2026

Jeffrey King and Julie King  
5585 McFall Circle  
Montague, MI 49437

RE: License #: AS640270127  
Investigation #: 2026A0340010  
King Home

Dear King Jeffrey and King Julie:

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 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 (616) 356-0100.

Sincerely,



Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS640270127
<b>Investigation #:</b>	2026A0340010
<b>Complaint Receipt Date:</b>	11/14/2025
<b>Investigation Initiation Date:</b>	11/14/2025
<b>Report Due Date:</b>	01/13/2026
<b>Licensee Name:</b>	King Jeffrey and King Julie
<b>Licensee Address:</b>	5585 McFall Circle Montague, MI 49437
<b>Licensee Telephone #:</b>	(231) 894-3577
<b>Administrator:</b>	Julie King
<b>Licensee Designee:</b>	Julie King
<b>Name of Facility:</b>	King Home
<b>Facility Address:</b>	7212 S. Oceana Drive Rothbury, MI 49452
<b>Facility Telephone #:</b>	(231) 894-3577
<b>Original Issuance Date:</b>	10/29/2004
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/14/2025
<b>Expiration Date:</b>	02/13/2027
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff are not trained in CPR or to pass medication.	Yes

## III. METHODOLOGY

11/14/2025	Special Investigation Intake 2026A0340010
11/14/2025	APS Referral filed by Adult Protective Services (APS)
11/14/2025	Special Investigation Initiated - Telephone Julie King
12/09/2025	Inspection Completed On-site
12/10/2025	Exit Conference Licensee Julie King

**ALLEGATION: Staff are not trained in CPR or to pass medication.**

**INVESTIGATION:** On November 14, 2025, a complaint was filed with the BCHS Online Complaints from Adult Protective Services. It states that the home does not have staff trained in passing medication or CPR.

On November 14, 2025, I contacted Licensee Julie King. I asked her if her staff have been trained in CPR and passing medications. She said they have. I asked her to send me copies of their certifications as well as documentation of the medication training, which she agreed to do.

On December 9, 2025, I conducted an unannounced home inspection. Staff Monica Gagnon was working at the time. I informed her of the allegation and asked that she show me how she passes medication to residents, which she did correctly. I asked her several follow-up questions, which she appropriately answered. I asked Ms. Gagnon if she was trained in CPR/1<sup>st</sup> Aid and she said she was.

I asked if there were any other staff working. She stated that Kristine Lemming was at the home but not currently working. Ms. Lemming came into the common area of the home. After I identified myself and the reason for my visit, I asked Ms. Lemming to demonstrate a medication pass for me. She stated she does not pass medication. Ms. Lemming stated she only works third shift when there are no medication passes scheduled during that shift. I asked her who works with her and she stated she is the only person working at the King Home during 3<sup>rd</sup> shift. I asked

Ms. Lemming what she does if a resident needs a medication during her 3<sup>rd</sup> shift. She stated if that occurs, she calls someone from another home to come pass the medication for her. I asked Ms. Lemming if she was trained in CPR/1<sup>st</sup> Aid and she said she was not.

On December 10, 2025, I called Licensee Julie King. I advised her of my inspection and the findings. She stated that staff know not to go between homes to pass medications or help out. Ms. King acknowledged that she only has one staff person working at each home so she knows they cannot leave the home. I asked Ms. King about the staff training for CPR/1<sup>st</sup> Aid and that Ms. Lemming stated that she was not trained in either. Ms. King stated that Ms. Lemming has had some issues and will no longer be employed with her.

I informed Ms. King that since she staffs only one person per shift at the home, every staff member must be trained to pass medication and be trained in CPR/1<sup>st</sup> Aid. She stated she understood this requirement.

<b>APPLICABLE RULE</b>	
<b>R 400.623</b>	<b>Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements.</b>
	<p><b>(2) An applicant, licensee, and administrator shall be competent in all of the following areas:</b></p> <ul style="list-style-type: none"> <li><b>(a) Nutrition.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Foster care, as defined in the act.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Financial and administrative management.</b></li> <li><b>(g) Knowledge of the needs of the population to be served.</b></li> <li><b>(h) Resident rights.</b></li> <li><b>(i) Prevention and containment of communicable diseases.</b></li> <li><b>(j) Medication administration.</b></li> </ul>
<b>ANALYSIS:</b>	<p>The allegation was made that staff at the King Home are not trained to pass medication or in CPR.</p> <p>Ms. Lemming stated she does not pass resident medication and she is not trained in CPR.</p> <p>There is a preponderance of evidence to support the allegations.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On December 10, 2025, an exit conference was conducted with Ms. King. She was informed of the allegations and rule violations. A corrective action was requested which Ms. King agreed to send. She had no further questions.

**IV. RECOMMENDATION**

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

 January 5, 2026

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Rebecca Piccard Date  
Licensing Consultant

Approved By:

 January 5, 2026

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Jerry Hendrick Date  
Area Manager