



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 5, 2026

Julie King
7212 S. Michigan Ave
Rothbury, MI 49452

RE: License #: AS640418185
Investigation #: 2026A0340011
Sunny Knoll North

Dear Ms. King:

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

License #:	AS640418185
Investigation #:	2026A0340011
Complaint Receipt Date:	11/14/2025
Investigation Initiation Date:	11/14/2025
Report Due Date:	01/13/2026
Licensee Name:	Julie King
Licensee Address:	7212 S. Michigan Ave Rothbury, MI 49452
Licensee Telephone #:	(231) 894-0049
Administrator:	Julie King
Licensee Designee:	Julie King
Name of Facility:	Sunny Knoll North
Facility Address:	6699 A North Oceana Dr. Hart, MI 49420
Facility Telephone #:	(231) 301-2414
Original Issuance Date:	08/14/2024
License Status:	REGULAR
Effective Date:	02/14/2025
Expiration Date:	02/13/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not trained in CPR or passing resident medication.	Yes

III. METHODOLOGY

11/14/2025	Special Investigation Intake 2026A0340011
11/14/2025	APS Referral referral from APS
11/14/2025	Special Investigation Initiated - Telephone Julie King
12/09/2026	Inspection Completed On-site
12/10/2026	Exit Conference Licensee Julie King

ALLEGATION: Staff are not trained in CPR or passing resident 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 resident medications. She said they have. I asked her to send me copies of their training certifications as well as documentation of the medication training.

On December 9, 2025, I conducted an unannounced home inspection. This home is connected to Sunny Knoll South, so I was able to inspect both homes and interview staff who work at both homes at the same time.

Staff Irene Keigley was working at the time of my inspection. After I identified myself and explained the allegation, I asked Ms. Keigley if she was trained in CPR/1st Aid. She said she was and was able to present her card for me to view. Ms. Keigley's certification expires in August 2026. I asked Ms. Keigley if CPR training is done as a group or did she train individually. Ms. Keigley stated she had been trained prior to working at the Sunny Knoll North home. She did not believe the other staff to be trained.

I then asked Ms. Keigley to demonstrate a medication pass for me to observe which she did correctly.

I then spoke with staff Shelly Penning who was working at the Sunny Knoll South home which is connected to the Sunny Knoll North home. Ms. Penning stated she works at both homes. I asked Ms. Penning if she was trained in CPR/1st Aid and she said she was not.

I asked Ms. Penning to demonstrate a medication pass for me which she stated that the pharmacy had not sent the Medication Administration Records (MAR) until this morning so she had not signed anything yet in the MAR. I asked her where the back up MAR was for when she passed the morning medications. She stated there wasn't one, she just remembers that she passed them. I asked Ms. Penning to show me what she has.

As I walked down the hall to the medication cart, I witnessed Ms. Keigley writing in the MAR book. When I asked what she was doing, she stated that she had passed medications for two residents, early this morning before Ms. Penning arrived at the home for her shift and before the MAR had been delivered. I witnessed Ms. Keigley continue to initial in the MAR where she had passed the medications. I confronted Ms. Keigley about what she was doing and that it was not appropriate for her to initial in the MAR long after the medication had been passed.

Ms. Penning was also at the medication cart. I asked the two of them what they do if the MAR has not been delivered by the pharmacy. Both stated that they fill in the initials once it has been delivered. I informed them that they instead need to write out on paper a MAR which can be used so they are able to document the medication passing. I informed them that they should have these copies available in case of a power outage as well since the computers will not work during that time.

I asked both what they would do in several other scenarios regarding resident medications and how they would verify or document. Their answers were incorrect or inadequate. Both women repeatedly stated "I never knew that" when I asked questions about the medications, demonstrating that they were not competent at administering resident medications.

APPLICABLE RULE	
R 400.623	Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.
	(2) An applicant, licensee, and administrator shall be competent in all of the following areas: (a) Nutrition. (b) First aid. (c) Cardiopulmonary resuscitation.

	<p>(d) Foster care, as defined in the act.</p> <p>(e) Safety and fire prevention.</p> <p>(f) Financial and administrative management.</p> <p>(g) Knowledge of the needs of the population to be served.</p> <p>(h) Resident rights.</p> <p>(i) Prevention and containment of communicable diseases.</p> <p>(j) Medication administration.</p>
ANALYSIS:	<p>The allegation was made that staff are not trained in CPR or passing resident medication.</p> <p>During an inspection I found Ms. Keigley and Penning had not been trained in administering medications. Ms. Penning also stated she was not trained in CPR.</p> <p>There is a preponderance of evidence to support a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

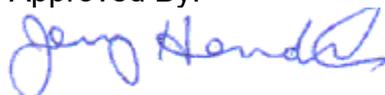
On December 10, 2025, I conducted an exit conference with Licensee Julie King. I informed her of the allegations and my findings. I also informed her of the need for a Corrective Action which she agreed to send.

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the current license status.

 January 5, 2026

 Rebecca Piccard Date
 Licensing Consultant

Approved By:

 01/05/2026

 Jerry Hendrick Date
 Area Manager