



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2026

Julie King  
7212 S. Michigan Ave  
Rothbury, MI 49452

RE: License #: AS640418664  
Investigation #: 2026A0340018  
Sunny Knoll South

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**

<b>License #:</b>	AS640418664
<b>Investigation #:</b>	2026A0340018
<b>Complaint Receipt Date:</b>	12/09/2025
<b>Investigation Initiation Date:</b>	12/09/2025
<b>Report Due Date:</b>	02/07/2026
<b>Licensee Name:</b>	Julie King
<b>Licensee Address:</b>	7212 S. Michigan Ave Rothbury, MI 49452
<b>Licensee Telephone #:</b>	(231) 894-0049
<b>Administrator:</b>	Julie King
<b>Licensee Designee:</b>	Julie King
<b>Name of Facility:</b>	Sunny Knoll South
<b>Facility Address:</b>	6699 B North Oceana Dr Hart, MI 49420
<b>Facility Telephone #:</b>	(231) 304-2414
<b>Original Issuance Date:</b>	08/14/2024
<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 passing medication or in CPR/1 <sup>st</sup> Aid.	Yes

## III. METHODOLOGY

12/09/2025	Special Investigation Intake 2026A0340018
12/09/2025	APS Referral Not an APS issue
12/09/2025	Special Investigation Initiated - On Site
12/09/2025	Exit Conference Julie King

**ALLEGATION: Staff are not trained in passing medication or in CPR/1<sup>st</sup> Aid.**

**INVESTIGATION:** On November 14, 2025, a complaint was filed with the BCHS Online Complaints from Adult Protective Services. It states that the home's staff are not 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 North, 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. She stated she works at both North and South homes. After I explained the allegation, I asked Ms. Keigley if she was trained in CPR/1<sup>st</sup> 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 was she trained individually. Ms. Keigley stated she had been trained prior to working at the Sunny Knoll North home. 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/1<sup>st</sup> Aid and she said she was not.

I asked Ms. Penning to demonstrate a medication pass for me. 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 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 that medications have been administered as prescribed. Their answers were incorrect or inadequate. Both repeatedly stated "I never knew that" when I asked questions about the medications, demonstrating that they were not competent at administering resident medications.

<b>APPLICABLE RULE</b>	
<b>R 400.623</b>	<b>Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.</b>
	<b>(2) An applicant, licensee, and administrator shall be competent in all of the following areas:</b> <b>(a) Nutrition.</b> <b>(b) First aid.</b> <b>(c) Cardiopulmonary resuscitation.</b> <b>(d) Foster care, as defined in the act.</b> <b>(e) Safety and fire prevention.</b> <b>(f) Financial and administrative management.</b> <b>(g) Knowledge of the needs of the population to be served.</b>

	<p><b>(h) Resident rights.</b></p> <p><b>(i) Prevention and containment of communicable diseases.</b></p> <p><b>(j) Medication administration.</b></p>
<b>ANALYSIS:</b>	<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>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

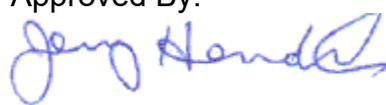
On December 10, 2025, I conducted an exit conference with Ms. King. I informed her of the findings and she stated she does not have the CPR/1<sup>st</sup> Aid certificates since they are given to staff and she did not get copies. I advised her I needed a Corrective Action Plan, which she agreed to send. Ms. King had no further questions.

**IV. RECOMMENDATION**

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

 January 9, 2026

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 Rebecca Piccard Date  
 Licensing Consultant

Approved By:  
 January 9, 2026

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 Jerry Hendrick Date  
 Area Manager