



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2025

Caleb Brokaw
Sunnyside Assisted Living II, LLC
3025 W Birch Run Road
Burt, MI 48417

RE: License #: AM730340435
Investigation #: 2025A0576034
Sunnyside Home

Dear Caleb Brokaw:

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.
- Be signed and dated.

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,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

2025A0576034

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

I. IDENTIFYING INFORMATION

License #:	AM730340435
Investigation #:	2025A0576034
Complaint Receipt Date:	04/16/2025
Investigation Initiation Date:	04/16/2025
Report Due Date:	06/15/2025
Licensee Name:	Sunnyside Assisted Living II, LLC
Licensee Address:	3025 W Birch Run Road, Burt, MI 48417
Licensee Telephone #:	(989) 770-4760
Administrator:	Caleb Brokaw
Licensee Designee:	Caleb Brokaw
Name of Facility:	Sunnyside Home
Facility Address:	3025 Birch Run Road, Burt, MI 48417
Facility Telephone #:	(989) 770-4760
Original Issuance Date:	12/12/2014
License Status:	REGULAR
Effective Date:	06/12/2023
Expiration Date:	06/11/2025
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Facility received a disapproval rating from the Bureau of Fire Services (BFS).	Yes

III. METHODOLOGY

04/16/2025	Special Investigation Intake 2025A0576034
04/16/2025	Special Investigation Initiated - Letter Reviewed BFS Report
05/05/2025	Inspection Completed On-site Interviewed Staff, Chelsea Brokaw
05/14/2025	Contact - Telephone call made Interviewed Licensee Designee, Caleb Brokaw
05/14/2025	Exit Conference

ALLEGATION:

Facility received a disapproval rating from the Bureau of Fire Services (BFS).

INVESTIGATION:

On April 16, 2025, I reviewed an Inspection Report from the Bureau of Fire Services for Sunnyside Home. On February 27, 2025, Inspector Rikki Chorba conducted a re-check inspection and gave the facility a disapproval rating. Cited rule violations included no evidence that the emergency generator was being inspected and tested on a monthly basis, no evidence of the 5-year check valve and 5-year internal inspections were completed for the sprinkler system, no evidence that staff are reviewing the emergency plan on a bi-monthly basis, and no evidence that the annual 90-minute emergency lighting test was completed.

On May 5, 2025, I conducted an unannounced on-site inspection at Sunnyside Home and interviewed Staff Chelsea Brokaw. Staff Brokaw stated that a new BFS Inspector came to the home in January 2025 and they did not have a "sensitivity testing report" completed. There was also a "fire watch safety" document that they did not know about

that was not completed. The BFS Inspector came back out in February 2025 to do a re-check and everything was fine.

While at the facility I reviewed E-scores and fire drills for 2024. The documents were completed thoroughly, accurately, with no concerns noted.

On May 14, 2025, I interviewed Licensee Designee, Caleb Brokaw regarding the allegation. Licensee Designee Brokaw advised the allegation was true and there was a document that was not completed that he was not aware of. The document has since been completed and he believes they are in compliance with BFS at this time.

On May 14, 2025, I conducted an Exit Conference with Licensee Designee, Caleb Brokaw. I advised Licensee Designee Brokaw that I would be requesting a corrective action plan for the cited rule violation.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>It was alleged that the facility was not maintained to provide adequate safety for the residents of the home due to noncompliance with fire safety rules as set by the Bureau of Fire Safety. There is a preponderance of evidence to conclude a rule violation.</p> <p>On April 16, 2025, I reviewed an Inspection Report from the Bureau of Fire Services for Sunnyside Home. On February 27, 2025, Inspector Rikki Chorba conducted a re-check inspection and gave the facility a disapproval rating.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.

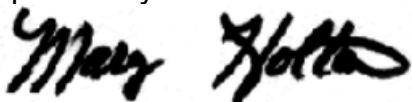


5/20/2025

Christina Garza
Licensing Consultant

Date

Approved By:



5/20/2025

Mary E. Holton
Area Manager

Date