



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 28, 2021

Corey Husted
Brightside Living LLC
PO Box 220
Douglas, MI 49406

RE: License #: AM410403710
Brightside Living - Mistywood
3371 Mistywood St SE
Caledonia, MI 49316

Dear Mr. Husted:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AM410403710

Licensee Name: Brightside Living LLC

Licensee Address: 690 Dunegrass Circle Dr
Saugatuck, MI 49453

Licensee Telephone #: (614) 329-8428

Licensee/Licensee Designee: Corey Husted, Designee

Administrator: Kalia Greenhoe

Name of Facility: Brightside Living - Mistywood

Facility Address: 3371 Mistywood St SE
Caledonia, MI 49316

Facility Telephone #: (614) 329-8428

Original Issuance Date: 05/01/2020

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/30/2020

Date of Bureau of Fire Services Inspection if applicable: 03/22/2021

Date of Health Authority Inspection if applicable: 06/01/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 9
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain. N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

Following the inspection, I conducted an exit conference while on-site with the licensee designee, Corey Husted. Mr. Husted concurred with the findings of my inspection.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



04/28/2021

Grant Sutton
Licensing Consultant

Date