

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 11, 2022

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

RE: License #: AS410403030

Brightside Living - Cedar Springs

1880 18 Mile Rd NE Cedar Springs, MI 49319

Dear Mr. Husted:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 356-0183.

Sincerely,

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Anthony Mullins, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS410403030

Licensee Name: Brightside Living LLC

Licensee Address: 690 Dunegrass Circle Dr

Saugatuck, MI 49453

Licensee Telephone #: (614) 329-8428

Licensee/Licensee Designee: Corey Husted

Administrator: Kalia Greenhoe

Name of Facility: Brightside Living - Cedar Springs

Facility Address: 1880 18 Mile Rd NE

Cedar Springs, MI 49319

Facility Telephone #: (614) 329-8428

Original Issuance Date: 04/21/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	10/04/2	2022
Date of Bureau of Fire Services Inspection if applicable:			
Date	e of Health Authority Inspection if applicable:		06/22/2022
No. of staff interviewed and/or observed 1 No. of residents interviewed and/or observed 2 No. of others interviewed 2 Role: Admin and Office Manager			
•	Medication pass / simulated pass observed? No medication passes were scheduled during Medication(s) and medication record(s) revie	g the ins	spection.
•	Resident funds and associated documents re Yes No If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	plain.	
•	Fire safety equipment and practices observed	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □		
•	Incident report follow-up? Yes \(\subseteq \text{No } \subseteq \text{If r N/A} \) Corrective action plan compliance verified? \(\text{8/1/22 - AS401(1) N/A } \subseteq \) Number of excluded employees followed-up?	Yes ⊠	
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.
- (2) The department may prescribe additional training if substantial noncompliance with the act or these rules is evident.

The owner/designee, Corey Husted did not have proof of completed trainings during the inspection.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

The owner/designee, Corey Husted did not have proof of a completed TB test on file during the inspection.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in

the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff member Belle Allen did not have an updated TB test on file during the inspection.

R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (a) Be trained in the proper handling and administration of medication.
- (b) Complete an individual medication log that contains all of the following information:
- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.
- (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
- (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.
- (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.
- (f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Resident A's MAR was reviewed and the following medications on 10/1/22 were not initialed by staff to indicate that the medications were given or refused by Resident A as staff stated they were:

Amlodipine Tab 5MG, Buspirone Tab 10MG, Fenofibrate Tab 160 MG, Fluoxetine Cap 10MG, Furosemide Tab 20MG, Gabapentin Cap 100MG, Nicotine TD Dis 21MG/24H, Omeprazole Cap 20MG, Senna Tab 8.6, Stool Softner Tab 100MG, Trelegy Ellipta AEPB 100MCG, Wixela Inhaler.

Gabapentin Cap 100MG was not initialed by staff on 10/2/22 as well.

IV. RECOMMENDATION

A virtual renewal inspection was completed due to residents testing positive for Covid-19, per office Manager Angela Allen.

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

10/11/2022

Anthony Mullins Licensing Consultant

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Date