



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 12, 2024

Kalia Greenhoe  
Brightside Living LLC  
PO Box 220  
Douglas, MI 49406

RE: License #: AM410403710  
Investigation #: 2024A0467017  
Brightside Living - Mistywood

Dear Ms. Greenhoe:


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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410403710
<b>Investigation #:</b>	2024A0467017
<b>Complaint Receipt Date:</b>	01/30/2024
<b>Investigation Initiation Date:</b>	01/30/2024
<b>Report Due Date:</b>	03/30/2024
<b>Licensee Name:</b>	Brightside Living LLC
<b>Licensee Address:</b>	690 Dunegrass Circle Dr Saugatuck, MI 49453
<b>Licensee Telephone #:</b>	(614) 329-8428
<b>Administrator:</b>	Kalia Greenhoe
<b>Licensee Designee:</b>	Kalie Greenhoe
<b>Name of Facility:</b>	Brightside Living - Mistywood
<b>Facility Address:</b>	3371 Mistywood St SE Caledonia, MI 49316
<b>Facility Telephone #:</b>	(614) 329-8428
<b>Original Issuance Date:</b>	05/01/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/01/2022
<b>Expiration Date:</b>	10/31/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, MENTALL ILL, DEVELOPMENTALLY DISABLED, AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The microwave door is damaged and needs to be repaired as it sits directly above the stove.	Yes
The facility has holes in the walls that have not been repaired in months.	Yes
The toilet and tub in the basement have been inoperable for several months and need to be repaired.	Yes

## III. METHODOLOGY

01/30/2024	Special Investigation Intake 2024A0467017
01/30/2024	Special Investigation Initiated - On Site
02/12/2024	APS Referral – sent via email
02/12/2024	Exit conference completed with licensee designee, Kalia Greenhoe.

**ALLEGATION:** The microwave door is damaged and needs to be repaired as it sits directly above the stove.

**INVESTIGATION:** On 1/30/24, I received a BCAL online complaint stating, “the microwave door is broken.”

On 1/30/24, I made an unannounced onsite investigation at the facility. Upon arrival, AFC staff member Carter Allen answered the door and allowed entry into the home. Mr. Allen agreed to discuss case allegations in the staff’s office. Mr. Allen confirmed that pieces of the microwave are breaking off and need to be repaired. Mr. Allen confirmed that he shared his concerns with management. However, this has yet to be addressed. Mr. Allen stated that the microwave has been breaking apart for the past few months. It’s important to know that the microwave sits directly above the stove where food is prepared.

I also spoke with home manager, Donna “DJ” Rodriguez and she confirmed the microwave is breaking apart. Due to the microwave being directly above the stove, Ms. Rodriguez believes the damage to the microwave could be a direct result of the heat from the pots and pans used to cook. Ms. Rodriguez stated that the microwave is too close to the stove and when the microwave door is open, the glass window starts to slide down. Ms. Rodriguez showed me one of the pots used to cook for the residents, which confirms the heat going directly above to the microwave. I also observed the microwave breaking apart. Ms. Rodriguez indicated that it would be

better if the microwave was removed and replaced with a new one that sits on the counter to avoid the direct source of heat from the food cooking below.

After speaking to staff, I spoke to Resident A regarding this. Resident A confirmed that the microwave has been falling apart for the past couple of months. Resident A shared that the owner, Mr. Husted was notified of this, and the issue has yet to be addressed. Resident A was thanked for his time as this interview concluded.

On 02/12/24, I conducted an exit conference with licensee designee, Kalia Greenhoe. She was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of her receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.14402</b>	<b>Food service.</b>
	<b>(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.</b>
<b>ANALYSIS:</b>	Two staff members and Resident A both confirmed that the microwave is falling apart and needs to be repaired. The microwave has been in its current condition for a few months. The microwave is directly above the stove where resident food is prepared and needs to be removed and replaced immediately. Therefore, there is a preponderance of evidence to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** The facility has holes in the walls that have not been repaired in months.

**INVESTIGATION:** On 1/30/24, I received a BCAL online complaint stating that the facility has holes in the walls.

On 1/30/24, I made an unannounced onsite investigation at the facility. Upon arrival, AFC staff member, Carter Allen answered the door and allowed entry into the home. Mr. Allen agreed to discuss case allegations in the staff office. Mr. Allen confirmed that the facility has had holes in the walls since September 2023 and they have yet to be repaired. Mr. Allen acknowledged that the owner of the AFC is aware of the issue.

I also spoke to staff member Donna Rodriguez about this concern, and she

confirmed the facility having holes in the walls. Ms. Rodriguez escorted me to the stairwell of the home that leads to the basement, which is where I observed 2 holes in the wall that were approximately the size of a baseball. There was also a hole in the wall in the basement living room area that was covered with duct tape. All 3 of the holes are in need of repair.

After speaking with staff members, I spoke to Resident A. Resident A confirmed that the facility has holes in the walls. Resident A stated that the holes have been in the wall “since I’ve been here” and have yet to be repaired. Resident A stated that staff are aware of the issue and relayed it to the owner, Mr. Husted. However, the issue has yet to be rectified. Resident A was thanked for his time as this interview concluded.

On 2/12/24, I conducted an exit conference with licensee designee, Kalia Greenhoe. She was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of her receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	AFC staff member Carter Allen and Donna Rodriguez confirmed that the facility has had holes in the walls for an extended period of time. Resident A also confirmed this. While in the home, I observed 3 different holes in the wall that need to be repaired. Therefore, there is a preponderance of evidence to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: The toilet and tub in the basement have been inoperable for several months and need to be repaired.**

**INVESTIGATION:** On 1/30/24, I received a BCAL online complaint stating that the toilet has not been working since August or September of 2023. The complaint alleges that the toilet handle is broken off and residents must go inside the tank and pull the chain in order for it to flush.

On 1/30/24, I made an unannounced onsite investigation to the facility. Upon arrival, AFC staff member, Carter Allen answered the door and allowed entry into the facility. Mr. Allen agreed to discuss case allegations in the staff office. Mr. Allen confirmed that the handle for the toilet in the downstairs bathroom is broken off. As a result of this, residents must put their hand inside of the tank pull the chain in order

for the toilet to flush. Mr. Allen stated that this issue has been ongoing for at least a couple of months. Mr. Allen confirmed that management is aware of the issue, and it has yet to be repaired.

I also spoke to AFC home manager, Donna Rodriguez. Ms. Rodriguez confirmed that the toilet handle in the basement is not working properly and needs to be repaired. Ms. Rodriguez also shared that the tub in the basement takes hours to drain and needs to be repaired. This has been ongoing for an extended period of time. Ms. Rodriguez escorted me to the basement bathroom, where I observed the toilet handle broken off and the lid for the tank placed in the tub.

After speaking to staff, I spoke to Resident A. Resident A confirmed that the toilet handle in the basement is broken, causing residents to put their hand in the tank to pull the chain in order to flush the toilet. Resident A also confirmed that the tub in the basement takes a long time to drain. Resident A stated that the toilet handle has been an issue for several months and the tub has been an issue for “over a year.” Resident A shared that the owner of the home was notified of these concerns and the issue has yet to be rectified. Resident A was thanked for his time as this interview concluded.

On 2/12/24, I conducted an exit conference with licensee designee, Kalia Greenhoe. She was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of her receipt of this report. She also confirmed that the toilet was fixed the day after I completed my onsite investigation. Ms. Greenhoe agreed to provide proof of the issue being rectified.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.</b>
<b>ANALYSIS:</b>	Staff members Carter Allen and Donna Rodriguez confirmed the handle for the basement toilet is broken, causing residents to put their hand in the tank to pull the chain in order for the toilet to flush. Ms. Rodriguez and Resident A also confirmed that the tub in the basement takes hours to drain and this has been an issue for an extended period of time. Therefore, there is a preponderance of evidence to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend no change to the current license status.

*Anthony Mullins*

02/12/2024

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Anthony Mullins  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

02/12/2024

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Jerry Hendrick  
Area Manager

Date