



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 5, 2023

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

RE: License #: AS410403028
Investigation #: 2023A0467025
Brightside Living - Leonard

Dear Mr. Husted:

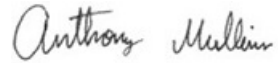
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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

License #:	AS410403028
Investigation #:	2023A0467025
Complaint Receipt Date:	12/19/2022
Investigation Initiation Date:	12/20/2022
Report Due Date:	02/17/2023
Licensee Name:	Brightside Living LLC
Licensee Address:	690 Dunegrass Circle Dr Saugatuck, MI 49453
Licensee Telephone #:	(614) 329-8428
Administrator:	Kalia Greenhoe
Licensee Designee:	Corey Husted
Name of Facility:	Brightside Living - Leonard
Facility Address:	2646 Leonard St. NW Grand Rapids, MI 49504
Facility Telephone #:	(614) 329-8428
Original Issuance Date:	04/23/2020
License Status:	REGULAR
Effective Date:	10/23/2022
Expiration Date:	10/22/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
Resident assessment plans are not being completed annually.	Yes
Resident care agreements are not being completed annually.	Yes

III. METHODOLOGY

12/19/2022	Special Investigation Intake 2023A0467025
12/20/2022	Special Investigation Initiated - On Site
01/03/2023	An APS referral was not completed due to the allegations being directly related to licensing rules. Abuse, neglect, or exploitation of a vulnerable adult was not alleged.
01/04/2023	An exit conference was completed with licensee designee, Corey Husted

ALLEGATION: Resident assessment plan are not being completed annually.

INVESTIGATION: On 12/19/22, I received a BCAL online complaint stating that resident assessment plans are not being completed and signed annually. The complaint alleged that past signatures are being cut from old forms and scanned onto the current forms.

On 12/20/22, I made an unannounced onsite investigation to the facility. Upon arrival, staff member Cynthia Morgan answered the door and allowed entry into the home. Ms. Morgan denied any knowledge of assessment plans being forged or not completed. Ms. Morgan stated that she is not responsible for any licensing forms being completed. Instead, Ms. Morgan stated that the facility administrator, Kalia Greenhoe and the office manager, Angela Allen are responsible for completing licensing forms. She also stated that the owner/designee, Corey Husted is responsible for this as well.

The home has a total of six residents and Ms. Morgan provided me with copies of each of their files. I reviewed the assessment plans for all six residents and Resident A, Resident B, Resident D, Resident E, and Resident F all had completed and up to date assessment plans. However, Resident C's assessment plan was last signed on 7/20/20, indicating that the form has not been updated in more than two years.

On 01/04/2023, I conducted an exit conference with licensee designee, Corey Husted. Mr. Husted was informed of the investigative findings and agreed to

complete a corrective action plan within 15 days of receipt of this report. He denied having any questions.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	On 12/20/22, I reviewed all six residents' assessment plans. Resident C's assessment plan has not been updated in more than two years and therefore, a preponderance of evidence exists to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident care agreements are not being completed annually.

INVESTIGATION: On 12/19/22, I received a BCAL online complaint stating that resident care agreements are not being completed and signed annually. The complaint alleged that past signatures are being cut from old forms and scanned onto the current forms.

On 12/20/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to Ms. Morgan and she denied any knowledge of documentation being forged and not completed. Ms. Morgan provided me with copies of all six resident care agreement forms as requested. After reviewing the required licensing form for each resident, Resident A, Resident D, Resident E, and Resident F all had completed and up to date care agreements. However, Resident B's care agreement was last signed on 6/25/20 and Resident C's care agreement was last signed on 7/2/20, indicating that the forms have not been updated in more than two years.

On 01/04/2023, I conducted an exit conference with licensee designee, Corey Husted. He was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of receipt of this report. He denied having any questions.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	On 12/20/22, I reviewed all six of the resident care agreements. Resident B's care agreement was last signed on 6/25/20 and Resident C's care agreement was last signed on 7/2/20. Due to the licensing forms not being completed annually, a preponderance of evidence exists to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

01/04/2023

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/05/2023

Jerry Hendrick
Area Manager

Date