



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 15, 2026

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

RE: License #: AM410403710  
Investigation #: 2026A0467024  
Brightside Living - Mistywood

Dear Mr. Husted:

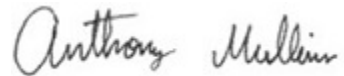
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days.

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) 356-0100.

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>               | 2026A0467024   |
| <b>Complaint Receipt Date:</b>        | 03/26/2026   |
| <b>Investigation Initiation Date:</b> | 03/27/2026   |
| <b>Report Due Date:</b>               | 05/25/2026   |
| <b>Licensee Name:</b>                 | Brightside Living LLC  |
| <b>Licensee Address:</b>              | 690 Dunegrass Circle Dr<br>Saugatuck, MI 49453                             |
| <b>Licensee Telephone #:</b>          | (614) 329-8428   |
| <b>Administrator:</b>                 | Corey Husted   |
| <b>Licensee Designee:</b>             | Corey Husted   |
| <b>Name of Facility:</b>              | Brightside Living - Mistywood  |
| <b>Facility Address:</b>              | 3371 Mistywood St SE<br>Caledonia, MI 49316                                |
| <b>Facility Telephone #:</b>          | (616) 803-0476   |
| <b>Original Issuance Date:</b>        | 05/01/2020   |
| <b>License Status:</b>                | REGULAR  |
| <b>Effective Date:</b>                | 11/01/2024   |
| <b>Expiration Date:</b>               | 10/31/2026   |
| <b>Capacity:</b>                      | 12   |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |



**II. ALLEGATION(S)**

|   | <b>Violation<br/>Established?</b> |
|---|-----------------------------------|
| Resident A's hygiene needs are not being met. | No                                |
| Additional Finding.                           | Yes                               |

**III. METHODOLOGY**

|            |  |
|------------|--|
| 03/26/2026 | Special Investigation Intake<br>2026A0467024   |
| 03/27/2026 | Special Investigation Initiated - On Site  |
| 03/27/2026 | APS Referral – not necessary based on investigative findings.                        |
| 04/15/2026 | Exit conference with Kalia Greenhoe on behalf of licensee<br>designee, Corey Husted. |

**ALLEGATION: Resident A's hygiene needs are not being met.**

**INVESTIGATION:** On 3/26/26, I received an online complaint alleging that Resident A's needs are not being met. The complaint alleged Resident A had recently been transported to the hospital due to a fall in the home. Resident A does not currently have a walker but needs one. In addition, the complaint alleged that Resident A was covered in urine and feces at the hospital and had not been bathed in long time. Resident A reportedly no longer wants to live in the home.

On 3/27/26, I conducted an unannounced onsite investigation at the home. Upon arrival, staff member Latoya Thomas allowed entry into the home. Ms. Thomas reported that Resident A often experiences what she referred to as "fall spells," which she stated are intentional by Resident A so that he will be transported to the hospital as he does not want to live in the home. She stated the most recent incident occurred on Wednesday, 3/25/26. Ms. Thomas was adamant that Resident A does not need or want a walker, adding that he is able to walk up and down the stairs consistently without assistance. Prior to speaking with Ms. Thomas, I observed Resident A walking downstairs to his bedroom without using any assistive device. He did not appear to struggle or show signs of difficulty.

Ms. Thomas denied that Resident A has expressed a need for a walker or any other assistive device. Ms. Thomas shared that Resident A has been transported to the hospital so often that police and EMS no longer respond urgently to calls involving him. According to Ms. Thomas, EMS has responded to the home more than 100 times, and each time Resident A returned home the same day with no medical concerns or changes.

Regarding hygiene concerns, Ms. Thomas stated that Resident A had been given a shower as recently as yesterday. She explained that even after showering, Resident A often urinates and/or defecates on himself. Ms. Thomas stated that staff members are responsible for prompting Resident A daily regarding bathing and hygiene, which they consistently do. Resident A is responsible for completing his own activities of daily living per his assessment plan, but he often refuses to do so and refuses staff assistance, including assistance with cleaning his room. Ms. Thomas reported that Resident A has smeared feces on himself and on his bedroom walls, and that he often urinates on himself or in bottles that he hides in his room. She stated that Resident A becomes upset when staff attempt to enter his room, stating, "he knows we can't force him to do anything and he takes advantage of it." According to Ms. Thomas, it is typical for Resident A to have urine and feces on himself due to his refusal to bathe and not allowing staff to help.

While onsite, Ms. Thomas provided me with a copy of Resident A's assessment plan. The assessment plan confirmed that Resident A requires verbal prompting for toileting, bathing, grooming, dressing, and personal hygiene, but often refuses to attend to these needs.

I interviewed staff member Mya Celadlla regarding the allegation. Ms. Celadlla reported that she has been employed at the home for one month and was not working on the day Resident A was most recently transported to the hospital. She stated that her colleagues informed her that Resident A went to the hospital following a reported fall. She denied any knowledge of Resident A being transported to the hospital with urine and feces on his body, but she also stated she wouldn't be surprised because this is consistent with his usual presentation.

Ms. Celadlla stated that Resident A often refuses assistance with his hygiene needs, even though he is responsible for managing his own activities of daily living. She reported that she and other staff prompt Resident A daily to attend to his hygiene, but he rarely follows through and often walks away from staff when this is discussed. Ms. Celadlla stated, "we can't force him," making it difficult to address his needs. Ms. Celadlla stated that Resident A has told her that he can't help himself, referring to urinating and defecating on himself.

Ms. Celadlla stated that Resident A doesn't allow staff to enter his room, so they often times have to wait for opportunities when he leaves the home to clean his personal space. She stated that she cleaned his room yesterday while he was out and found multiple bottles filled with urine. She also noticed that Resident A's bed, mattress, and floor had urine on them. According to Ms. Celadlla, Resident A became upset when he learned staff had entered his room.

After interviewing staff, I went to the lower level of the home and knocked on Resident A's bedroom door. Resident A expressed frustration about being disturbed but agreed to speak briefly. He confirmed his DOB and stated that he has lived at the home since 2020. Resident A explained that he went to the hospital yesterday

due to experiencing a seizure. Despite this, he was adamant that he does not need a walker and did not request one. He stated that he is able to walk wherever he needs to without assistance. He confirmed that he returned home from the hospital the same day after receiving treatment.

Resident A was unable to recall whether he had urine or feces on his body when transported to the hospital. He acknowledged ongoing incontinence issues and stated that his doctor is aware but has not taken steps to address the concern. Resident A confirmed that staff prompt him daily to attend to his hygiene needs but he admitted that he refuses, stating "I don't like it." He acknowledged that he is solely responsible for completing his ADL's.

I discussed with Resident A the importance of maintaining his hygiene and addressing his needs, including consistent showers or baths, which he appeared to understand. During my interview with Resident A, he did not allow entry into his room. However, I could smell a strong urine odor coming from his room and Resident A's appearance was disheveled.

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.671</b>       | <b>Resident care.</b>  |
|                        | <b>(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.</b>   |
| <b>ANALYSIS:</b>       | Resident A's assessment plan confirmed that staff are responsible for prompting him to address his hygiene needs. Both Resident A and staff confirmed that these prompts occur daily. Despite this, Resident A often refuses to engage in hygiene tasks, often stating, "I don't feel like it." Staff reported that they attempt to assist him but acknowledged that they cannot force him to do bathe, which limits their ability to meet his needs. Therefore, there is not a preponderance of evidence to support this applicable licensing rule. |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>   |

**ADDITIONAL FINDING:**

**INVESTIGATION:** While investigating the allegation listed above, I requested to view Resident A's assessment plan. In doing so, I observed that his assessment

plan was last signed by his guardian on 01/03/25 and is more than 2 months outdated.

On 04/15/26, I conducted an exit conference with staff member Kalia Greenhoe on behalf of licensee designee, Corey Husted. She was informed of the investigative findings and agreed to complete a Corrective Action Plan within 15 days of receipt of this report.

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.685</b>       | <b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>   |
|                        | <b>(4) A written assessment plan must be completed with and signed by the resident or the resident’s designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident’s most recent assessment plan on file at the facility for up to 2 years after discharge.</b> |
| <b>ANALYSIS:</b>       | Resident A’s assessment plan is more than a year old and needs to be completed by his guardian and the licensee. Therefore, there is a preponderance of evidence to support this applicable licensing rule.  |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>   |

**IV. RECOMMENDATION**

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

*Anthony Mullins*

04/15/2026

\_\_\_\_\_  
Anthony Mullins, Licensing Consultant      Date

Approved By:

*Jerry Hendrick*

04/15/2026

\_\_\_\_\_  
Jerry Hendrick, Area Manager      Date

