GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25, 2026

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

RE: License #: AS410403033
Investigation #: 2026A0467040
Brightside Living - Heathcliff

Dear Mr. Husted:

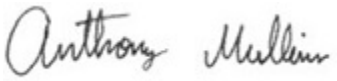
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 356-0100.

Sincerely,



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 #:	AS410403033
Investigation #:	2026A0467040
Complaint Receipt Date:	06/17/2026
Investigation Initiation Date:	06/17/2026
Report Due Date:	08/16/2026
Licensee Name:	Brightside Living LLC
Licensee Address:	690 Dunegrass Circle Dr Saugatuck, MI 49453
Licensee Telephone #:	(614) 329-8428
Administrator:	Corey Husted
Licensee Designee:	Corey Husted
Name of Facility:	Brightside Living - Heathcliff
Facility Address:	2611 Heathcliff Dr SE Grand Rapids, MI 49546
Facility Telephone #:	(614) 329-8428
Original Issuance Date:	04/22/2020
License Status:	REGULAR
Effective Date:	10/22/2024
Expiration Date:	10/21/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's mattress is soiled with urine and feces.	Yes
Resident A's bedroom carpet needs to be replaced.	Yes
Staff changed Resident A's clothes in her doorway, allowing other residents and visitors to see her unclothed.	No
Additional Findings	Yes

III. METHODOLOGY

06/17/2026	Special Investigation Intake 2026A0467040
06/17/2026	Special Investigation Initiated - Letter Spoke to recipient rights officer, Melissa Gekeler via email
06/17/2026	Inspection Completed On-site
06/18/2026	Contact – document received from Kalia Greenhoe
06/18/2026	Contact – document received from Corey Husted
06/19/2026	Contact – document received from Kalia Greenhoe
06/25/2026	APS Referral
06/25/2026	Exit conference with licensee designee, Corey Husted.

ALLEGATION: Resident A's mattress is soiled with urine and feces.

INVESTIGATION: On 06/17/26, I received a complaint from Kent County Recipient Rights Officer Melissa Gekeler alleging that Resident A's mattress was soiled with urine and feces. That same day, Ms. Gekeler confirmed via email that she visited the home on 06/16/26 and observed the mattress to be "heavily soiled with what I assume is dried urine and feces."

Later on 06/17/26, I conducted an unannounced onsite investigation. Upon arrival, staff member Areona Hunter answered the door and allowed entry. Ms. Hunter confirmed that Resident A's mattress contained old, stained urine and feces. She stated she has worked in the home since February 2026 and to her knowledge, the mattress has been in this condition since that time. Ms. Hunter showed me the mattress, and I observed what appeared to be old, dried urine and feces. She added that the first shift staff are often blamed for issues in the home, but she believes the problems occur during 3rd shift, as she consistently attends to all residents' needs

during her shifts. Ms. Hunter denied ever witnessing Resident A defecate on her mattress while she was working.

I then interviewed Resident A in her bedroom with staff member Kalia Greenhoe present. Resident A reported that she has lived in the home for less than a year. She confirmed that she had a bowel movement in her bed sometime last week and stated that staff cleaned it up immediately after she reported it. I observed a dark stain on the mattress, which Resident A identified as dried “diarrhea.” Resident A stated that she would like a new mattress and agreed that her current one needs to be replaced immediately due to its condition.

I interviewed staff member Kalia Greenhoe. She reported that when she arrived at the home yesterday she noticed the home smelled strongly of urine and feces. She added that the administrative staff typically responsible for maintaining cleanliness is currently on medical leave. Ms. Greenhoe confirmed that Resident A’s mattress was soiled with old urine and feces and stated it appeared to have occurred within the last week, as she had not previously seen it in that condition. She also reported that prior to yesterday’s visit, the home did not smell like urine or feces.

On 06/18/26, I received an email from Ms. Greenhoe that included a receipt from Walmart confirming that a new mattress was purchased for Resident A for $127.20.

On 06/25/26, 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 (CAP) within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.661	**Bedroom furnishings.**
	(1)(b) A mattress that is clean, in good condition, and not less than 5 inches thick or 4 inches thick if made of synthetic materials.
ANALYSIS:	Resident A’s mattress was found to have dried urine and feces on it during the onsite investigation on 06/17/26. After my visit, staff replaced the mattress immediately, and I received confirmation of this on 06/18/26 from Ms. Greenhoe. Based on the condition of the old mattress, there is a preponderance of evidence to support this applicable licensing rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Resident A’s bedroom carpet needs to be replaced.

INVESTIGATION: On 06/17/26, I received a complaint from Kent County Recipient Rights officer Melissa Gekeler alleging that Resident A’s carpet appeared to be

soiled with urine and feces. Ms. Gekeler confirmed via email that during her visit, she observed the carpet to be “heavily soiled” with what she believed to be dried urine and feces.

On the same day, I conducted an unannounced onsite investigation at the facility. Upon arrival, staff member Areona Hunter answered the door and allowed entry. Ms. Hunter accompanied me to Resident A’s room, where I observed carpet staining consistent with dried urine and feces. She stated the carpet has been in this condition since she began working at the home in February 2026. While in the room, I noted that the carpet appeared damp. Ms. Hunter confirmed that the floor had been shampooed in response to this complaint. Despite the cleaning attempt, the carpet remained in poor condition. Ms. Hunter denied ever witnessing Resident A defecate on the carpet during her shifts, but added that her roommate will notify staff when the room has an odor.

I then interviewed Resident A with staff member Kalia Greenhoe present. Resident A acknowledged having bowel movements on her bedroom floor in the past. She reported that after a recent incident, she stepped in the feces and tracked it throughout the home. Resident A stated she notified staff and they cleaned the area immediately. She did not provide further information.

I then interviewed Ms. Greenhoe about the carpet. She confirmed that Resident A has had bowel movements on the floor and stated that she recently had the carpet cleaned, which explained why it was still wet. Despite this effort, Ms. Greenhoe confirmed that the carpet remained in poor condition and needs to be replaced with new carpet or durable flooring.

On 06/25/26, I conducted an exit conference with licensee designee, Corey Husted. He was informed of the investigative findings and agreed to complete a CAP within 15 days of receipt, which includes replacing the carpet in Resident A’s room.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
ANALYSIS:	The carpet in Resident A’s bedroom is in poor condition due to being stained from urine and feces. Although staff attempted to clean the carpet, its condition remains unacceptable and it requires replacement with new carpet or appropriate flooring. Based on this information, there is a preponderance of evidence to support this applicable licensing rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Staff changed Resident B's clothes in her doorway, allowing other residents and visitors to see her unclothed.

INVESTIGATION: On 06/17/26, I received a complaint from Kent County Recipient Rights Officer Melissa Gekeler alleging that staff member Areona Hunter changed Resident B's clothes in her bedroom doorway, allowing a visitor and other residents to see her unclothed.

That same day, I conducted an unannounced onsite investigation at the facility. Upon arrival, Ms. Hunter allowed entry and agreed to discuss the allegations. She adamantly denied changing Resident B in the presence of visitors and other residents. Ms. Hunter reported that after Resident B requested assistance with dressing, she obtained some clothes for her and assisted her in the bathroom with the door closed. She stated she would never change a resident in the view of others.

I then interviewed Resident B in her room with staff member Kalia Greenhoe present. Resident B reported that she has lived in the home for two years and is independent with her care needs, despite her assessment plan indicating that she requires assistance with bathing, grooming, and dressing. Resident B did not report any concerns regarding staff care or being changed in the presence of visitors or other residents.

On 06/25/26, I conducted an exit conference with licensee designee, Corey Husted. He was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	Staff member Areona Hunter denied changing Resident A's clothes in the presence of her peers and guests. Resident A also denied being changed in the presence of her peers and guests. Therefore, there is not a preponderance of evidence to support this applicable licensing rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION: While investigating the allegations listed above, staff member Areona Hunter informed me of a leak above the kitchen. Ms. Hunter escorted me to the kitchen, where I observed a section of the ceiling that appeared to be rotted and in need of repair. She stated that a contractor had been at the home the previous

day working on the ceiling and was expected to return later that day to complete the repairs.

Staff member Kalia Greenhoe also confirmed the presence of a leak and the need for the ceiling repair. She reported that a portion of the roof had already been replaced and the interior ceiling required additional work. Ms. Greenhoe stated the contractor would return on 06/17/26 to finish the repair and agreed to send receipts for the work once available. Prior to concluding my onsite investigation, I observed the contractor repairing the ceiling.

On 06/18/26, I received an email from licensee designee, Corey Husted. The email included a receipt from Irish Roofing and Exteriors of a paid invoice of $17,825 for the ceiling and roof work completed at the home.

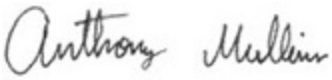
On 06/19/26, I received an email from Kalia Greenhoe that included a picture of the ceiling in the kitchen being completely repaired.

On 06/25/26, I conducted an exit conference with licensee designee, Corey Husted. He was informed of the investigative findings and agreed to complete a CAP within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
ANALYSIS:	The kitchen ceiling was observed to be rotted and in need of repair due to water damage. During the onsite investigation, I observed a contractor from Irish Roofing and Exteriors actively completing the repair. I also received email confirmation from Ms. Greenhoe that the ceiling had been repaired. In addition, the licensee provided a copy of a paid invoice totaling more than $17,000 for the roof and ceiling work. Based on these findings, there is a preponderance of evidence to support this applicable licensing rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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



06/25/2026

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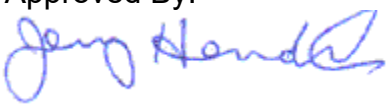
Anthony Mullins Date
Licensing Consultant

Approved By:



06/25/2026

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Jerry Hendrick Date
Area Manager