



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 2, 2009

Sami Al Jallad
Turning Leaf Residential Rehabilitation Ser., Inc
P.O. Box 6310
East Lansing, MI 48826

RE: Application #: AM610301443
Northridge
788 Marquette Ave.
Muskegon, MI 49442

Dear Mr. Al Jallad:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 7 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Desk: (616) 356-0111

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM610301443

Applicant Name: Turning Leaf Residential Rehabilitation Ser.,
Inc

Applicant Address: 621 E. Jolly Rd.
Lansing, MI 48910

Applicant Telephone #: (517) 393-5203

Administrator/Licensee Designee: Sami Al Jallad, Designee

Name of Facility: Northridge

Facility Address: 788 Marquette Ave.
Muskegon, MI 49442

Facility Telephone #: (231) 725-6137

Application Date: 04/06/2009

Capacity: 7

Program Type: MENTALLY ILL

II. METHODOLOGY

04/06/2009	Enrollment
04/08/2009	Inspection Report Requested - Health 1015568
04/08/2009	Inspection Report Requested - Fire
04/13/2009	File Transferred To Field Office Grand Rapids
04/15/2009	Comment application received in Grand Rapids
04/17/2009	Application Incomplete Letter Sent
05/15/2009	Inspection Completed-Environmental Health : A
09/30/2009	Inspection Completed-Fire Safety : A
09/30/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This one-story brick ranch with aluminum trim has no basement. It is located inside the Muskegon city limits and is on the city bus line. There are no steps outside or inside the facility and the facility is wheelchair accessible.

The main floor consists of six resident bedrooms, a kitchen, dining area, living room, and bathrooms are all on the same floor. There are two full resident bathrooms, one with a shower and one with a bathtub. There is a ½ bath for staff use near the staff office. The living room has a television, audio equipment, and games. The facility is fully furnished. An unattached gazebo is in the front yard.

The furnace and hot water heater are located on the main floor heat plant room. Entrance to the heat plant room is through an approved fire door equipped with an automatic self-closing device with positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility has an interior fire suppression sprinkler system.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room 1	10'6" x 10'6"	110.5	1
Room 2	10'6" x 10' 6"	110.5	1
Room 3	13'11" x 11"	153.12	2
Room 4	10'6" x 10'6"	110.5	1
Room 5	10'6" x 10'6"	110.5	1
Room 6	13'11" x 11"	153.12	1

The living and dining room areas measure a total of 930.36 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **seven (7)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted. The applicant intends to provide 24-hour supervision, protection and personal care to **seven (7)** male and female ambulatory adults who have a mental illness diagnosis, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred for admission from Muskegon County Community Mental Health. AFC residents presently occupy the facility as Turning Leaf Residential is taking over a program formerly run by Hope Network Behavioral Health Services. The licensee has applied for special certification status.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Turning Leaf Residential Services, Inc., which is a “For Profit Corporation”, was established in Michigan on 04/05/2009. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Turning Leaf Residential Services, L.L.C. has submitted documentation appointing Sami Al Jallad as the Licensee Designee and Daniel F. Alonzi as the Administrator.

A licensing record clearance request was completed with no significant lein convictions recorded for the Licensee Designee and the Administrator. The Licensee Designee and Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The Licensee Designee and Administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 7-bed facility is adequate and includes a minimum of 2-staff-to-7 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



10/01/2009

Leon M. Hale
Licensing Consultant

Date

Approved By:



10/01/2009

Christopher J. Hibbler
Area Manager

Date