



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

August 17, 2012

Sami Al Jallad
Turning Leaf Residential Rehabilitation Services Inc
P.O. Box 23218
Lansing, MI 48909-3218

RE: Application #: AS330308846
Cypress Cottage
621 E. Jolly Rd.
Lansing, MI 48910

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 6 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 (517) 241-2585.

Sincerely,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5637

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330308846
Applicant Name:	Turning Leaf Residential Rehabilitation Services Inc.
Applicant Address:	621 E. Jolly Rd. Lansing, MI 48910
Applicant Telephone #:	(800) 777-2918
Licensee Designee:	Sami Al Jallad
Administrator:	Destiny Al Jallad
Name of Facility:	Cypress Cottage
Facility Address:	621 E. Jolly Rd. Lansing, MI 48910
Facility Telephone #:	(517) 393-5203
Application Date:	06/09/2010
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/09/2010	Enrollment
06/11/2010	Application Incomplete Letter Sent
06/28/2010	Contact - Document Received
07/02/2010	Application Complete/On-site Needed
12/07/2010	Application Incomplete Letter Sent
03/03/2011	Contact - Document Received
03/03/2011	Lic. Unit file referred for criminal history review Sami
06/21/2012	Inspection Completed On-site
06/21/2012	Inspection Completed-BCAL Sub. Compliance
06/26/2012	Application Incomplete Letter Sent
07/26/2012	Inspection Completed On-site
07/26/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one level attached brick structure. The facility is located in commercial area in Lansing, Michigan, in Ingham County. The facility is on the grounds of the Turning Leaf residential complex but is considered a separate unit. The complex has adequate parking for staff and visitors to the facility. The facility has a living room, a dining area, kitchen, four resident bedrooms and two full bathrooms.

The facility is heated by electric baseboard heat so there is no furnace. The hot water heater is also electric and is located in a separate locked closet. The facility has interconnected smoke detectors located in all sleeping areas, the dining room and kitchen area, and living areas. The facility is equipped with a fire extinguisher located in the kitchen.

The facility has public water and sewage.

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

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	10'11" X 13'8"	139.51	2 Residents
Bedroom # 2	10'10" X 9'	90.9	1 Resident
Bedroom # 3	11'1" X 13'5"	149.85	2 Residents
Bedroom # 4	10'10" X 10'10"	102.01	1 Resident
Living Area	16'7" X 24'9"	415.83	

The living area measures a total of 415.83 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 six (6) residents.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who are mentally ill, and moderate to high functioning developmentally disabled. The facility will provide behavioral services jointly with Community Mental Health. Individualized behavior management plans will be developed for each of the residents. The facility will provide the residents with a skills building curriculum that will aid in the resident achieving optimal independence. The facility will provide the residents with the opportunity to participate in leisure activities in the community in order to promote appropriate social skills.

The applicant is Turning Leaf Residential Rehabilitation Services which is a Domestic Profit Corporation that was established 04/05/1989. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Sami Al Jallad is the licensee designee for the facility. A criminal history clearance was completed on 6/28/2010 and no criminal history convictions were found that would prevent him from acting as the licensee designee. Mr. Al Jallad submitted a medical clearance dated 4/30/2012 documenting that no physical or mental conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Mr. Al Jallad. Mr. Al Jallad provided documentation that he has over two years of experience working with mentally ill and developmentally disabled adults. Mr. Al Jallad completed training through MALA and Michigan Association of CMH Boards. Mr. Al Jallad completed CPR and First Aid training through Emergency Response Training.

Destiny Al Jallad is the administrator for the facility. A criminal history clearance was completed on 1/9/2012 and no criminal history convictions were found. Ms. Al Jallad submitted a medical clearance dated 12/16/2011 documenting that no physical or mental conditions exist that would limit her ability to work with or around dependent adults. A current TB test was also obtained for Ms. Al Jallad. Ms. Al Jallad provided documentation that she has two years of experience working with mentally ill and developmentally disabled adults. Ms. Al Jallad completed training through MALA and her CPR and First Aid training through Emergency Response Training.

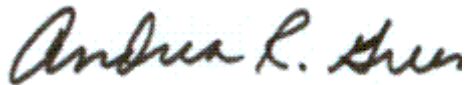
I reviewed the personnel policies, job descriptions, admission/discharge policies, program statement, refund policy, financial projections, required employee documents, and required paperwork for the resident files with Mr. Al Jallad and Ms. Al Jallad. They indicated an understanding that resident records and employee records are to be retained at the facility. Emergency plans for medical emergencies, fire, and severe weather have been reviewed and found to be acceptable.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of six (6) residents.



8/16/2012

Andrea Green
Licensing Consultant

Date

Approved By:



8/17/12

Betsy Montgomery
Area Manager

Date