



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 7, 2019

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

RE: Application #: AS530398194  
**White Pine Cottage**  
**309 E. James Street**  
**Scottville, MI 49454**

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 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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
611 W Ottawa  
Lansing, MI 48906  
(517) 243-6063

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS530398194

**Applicant Name:** Turning Leaf Residential Rehabilitation Svcs Inc.

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

**Applicant Telephone #:** (517) 393-5203

**Licensee Designee:** Sami Al Jallad

**Administrator:** Kathy Coffey

**Name of Facility:** White Pine Cottage

**Facility Address:** 309 E. James Street  
Scottville, MI 49454

**Facility Telephone #:** (517) 393-5203

**Application Date:** 02/06/2019

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/06/2019	Enrollment Online enrollment
02/06/2019	Contact - Document Sent Act booklet
02/13/2019	SC-Application Received - Original
02/19/2019	Application Incomplete Letter Sent
04/24/2019	Inspection Completed On-site
04/24/2019	Inspection Completed-BCAL Full Compliance
05/23/2019	Contact - Document Sent Sent Application Incomplete Letter to Mr. Al Jallad via email
05/23/2019	Contact - Telephone call made Spoke to Mr. Al Jallad via phone
05/23/2019	Application Incomplete Letter Sent
05/28/2019	Contact - Document Received Documents received from Mr. Al Jallad
05/31/2019	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

White Pine Cottage is a ranch-style home is located in the city of Scottville, MI. The facility has four resident bedrooms and two resident bathrooms all located on the main floor of the home. Upon entering the front door of the facility, the living room, dining room and family room are the first rooms visible. To the right of the family room is a long hallway that leads to the four resident bedrooms and two resident bathrooms. To the left of the family room are the kitchen, laundry room and office area. The facility is wheelchair accessible and has at least two approved means of egress that are at grade level. The facility utilizes a public water supply and sewage disposal system.

The facility utilizes electric and the location of the water heater and furnace are located on the main floor of the facility off of the laundry room area. The furnace and hot water heater are equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in each occupied area of the home, near all sleeping areas and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 7" x 11'	171	2
2	10' 11" x 15' 1"	164	1
3	11 x 15' 1"	165	2
4	10' 8" x 15' 1"	160	1

The indoor living and dining areas measure a total of 773 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents with a primary diagnosis of developmental disability and in some cases aged, physically handicapped, mentally ill, and traumatically brain-injured. The program will include social interaction, training to develop coping skills, illness management, peer support, assistance with activities of daily living, personal adjustment, public safety and independent living skills, opportunities for involvement in

educational or day programs, community integration programs or employment and transportation. The applicant intends to accept referrals from CMH and DHHS Offices throughout the state of Michigan, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public schools and library, local community events, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Turning Leaf Residential Rehabilitation Services, Inc., a “For Profit Corporation”, established in Michigan on 4/5/1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the corporation’s financial capability to operate this adult foster care facility.

The Board of Directors of Turning Leaf Residential Rehabilitation Services, Inc. has submitted documentation appointing Sami Al Jallad as licensee designee for this facility and Kathy Coffey as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The licensee designee, Mr. Sami Al Jallad, has Bachelor of Arts in Business Administration, master’s degree in Public Administration and a Doctoral degree in Health Administration. Mr. Al Jallad has been working at Turning Leaf Residential Rehabilitation Services, Inc. since 2003 as both an executive director and licensee designee and currently is the licensee designee for seventeen adult foster care facilities in Michigan. Over the last 16 years, Mr. Al Jallad has gained knowledge, training and expertise in the area of adult foster care and attends trainings provided by Community Mental Health and the National Council for Community Behavioral Health. Mrs. Coffey has a Bachelor of Science in Psychology and Communication Disorders and a Master of Science with distinction in Industrial/Organizational Psychology. Mrs. Coffey has been working in residential settings with individuals with mental and developmental disabilities since 1990. Over the last 29 years, Mrs. Coffey has provided direct care

services to individual with mental illness and developmental delays, assisted in training and expanding residential program services, oversaw multiple adult foster care facilities on a management level, oversaw and completed required adult foster care licensing paperwork, and assisted in the evaluation, admission, and maintaining of individuals to adult foster care facilities. Mrs. Coffey attends community mental health trainings, community education trainings and in-network trainings on a yearly basis.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two direct care staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be changed in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six residents.

*Stephanie Gonzalez*

5/31/2019

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

06/03/2019

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Dawn Timm  
Area Manager

Date