



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 24, 2018

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

RE: Application #: AS030394825
Woodlea Cottage
1565 Wood Lea Drive
Otsego, MI 49078

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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS030394825

Applicant Name: Turning Leaf Residential Rehabilitation Services

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: Woodlea Cottage

Facility Address: 1565 Wood Lea Drive
Otsego, MI 49078

Facility Telephone #: (269) 692-2536

Application Date: 06/15/2018

Capacity: 6

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

II. METHODOLOGY

| | |
|------------|---|
| 10/13/2017 | Inspection Completed-Env. Health : A AS030067351 |
| 06/15/2018 | Enrollment Online enrollment |
| 06/22/2018 | Contact - Document Sent Rule & Act booklets |
| 06/22/2018 | Application Incomplete Letter Sent IRS letter; record clearances for Sami (LD) & Kathy (Admin) |
| 06/29/2018 | Contact - Document Received IRS letter; clearances for Sami (LD) & Kathy (Admin) |
| 07/05/2018 | Application complete – Onsite inspection needed |
| 07/24/2018 | Inspection Completed - Onsite |
| 07/24/2018 | Inspection Completed – BCHS Full Compliance |
| 07/24/2018 | Recommend license issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Woodlea Cottage is located at 1565 Woodlea Drive, Otsego (Allegan County), Michigan 49078. This home was operated as an adult foster care (AFC) home by the previous owners from August 1, 1995 until the date of this new license by the succeeding licensee, Turning Leaf Residential Rehabilitation Services, Inc. The name of the former AFC home and license number were Woodlea Drive AIS/MR, AS030067351, respectfully. Turning Leaf currently owns and operates 13 other AFC homes throughout Kent, Ottawa, Ingham, and Muskegon counties.

Woodlea Cottage is single story dwelling that sits on a slab with a kitchen, dining room, family room, two full baths, laundry room, small office, storage room, and four bedrooms all on one (the main) floor. There are handrails where required. There is an attached two-car garage. This home utilizes private (well) water and sewer (septic) services; an environmental health inspection was done by the Allegan County Health Department on October 13, 2017 and was given an “A” rating.

The hot water heater and furnace are located in a room that is separated from the rest of the home by a 1-3/4 inch solid core door equipped with an automatic self-closing

device and 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, which was tested upon the final inspection on July 24, 2018 and worked properly. There at least two operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured 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 |

Total Capacity: 6

The living and dining room areas measure a total of 773 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female adults aged 18 years and older, who may be diagnosed with a mental illness, developmental disability, traumatic brain injury (TBI), physical handicap, and/or who are aged. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

The applicant concurrently submitted an application for Special Certification for residents with Mental Illness and/or Developmental Disability.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Woodlea Cottage will provide transportation to residents. The vehicle used for transporting residents will be maintained in safe, working condition, and a first aid kit will be kept in the vehicle.

C. Applicant and Administrator Qualifications

Sami Al Jallad is the Licensee Designee and Kathy Joe Coffey is the Administrator for this home. Medical and Record Clearance requests for both were completed with no restrictions noted on either; and both of their TB-tine results were negative.

Mr. Jallad has 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 six-bed facility is 1 to 2 direct care workers per shift, depending on the care needs of the residents.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Mr. Jallad or Ms. Coffey, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).



July 24, 2018

Ian Tschirhart, Licensing Consultant

Date

Approved By:



July 24, 2018

Jerry Hendrick, Area Manager

Date

