



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 9, 2017

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

RE: Application #: AS330386772  
**Dogwood Cottage**  
**621 E. Jolly Road**  
**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 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS330386772
<b>Applicant Name:</b>	Turning Leaf Residential Rehabilitation Services
<b>Applicant Address:</b>	621 E. Jolly Rd. Lansing, MI 48910
<b>Applicant Telephone #:</b>	(517) 775-0207
<b>Administrator:</b>	Destiny Al Jallad
<b>Licensee Designee:</b>	Sami Al Jallad
<b>Name of Facility:</b>	Dogwood Cottage
<b>Facility Address:</b>	621 E. Jolly Road Lansing, MI 48910
<b>Facility Telephone #:</b>	(517) 393-5203
<b>Application Date:</b>	02/03/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/03/2017	Enrollment Online enrollment
02/06/2017	Contact - Document Sent Rule & Act booklets
06/27/2017	Application Incomplete Letter Sent
07/11/2017	Application Complete/On-site Needed
09/15/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a one-story ranch-style brick home located within the city of Lansing. There are four bedrooms and two bathrooms, all designated for resident use and located on the main floor. The living area, dining area, kitchen, and laundry room/medication room are located on the main floor of the home. The home is wheelchair accessible and has three approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home is heated with electric baseboard heating throughout the home. The electric hot water heater is located in a utility closet on the main floor of the home.

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 have been installed near sleeping areas, and throughout the main floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' 4" X 11' 0"	103	One
2	13' 6" X 10' 11"	147	Two
3	13' 6" X 10' 11"	147	Two
4	10' 10" X 10' 11"	118	One

The indoor living and dining areas measure a total of 405 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) 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 (6) male or female residents who are aged, physically handicapped, mentally ill, developmentally disabled, and individuals who have suffered a traumatic brain injury. Dogwood Cottage's programs are designed to support adults with a primary diagnosis of mental illness, developmental disability, co-occurring mental illness and substance use, personality disorder and/or traumatic brain injuries (TBI). Some individuals served by the licensee may present as behaviorally complex and/or medically complex. The program can be tailored to meet the needs of individuals who may not have been successful in traditional group homes or may require a more individualized level of care within a more structured continuum of care. The program is also suitable for individuals as a step-down from institutional settings such as crisis residential treatment, inpatient psychiatric hospitalization or individuals who have been adjudicated and found Not Guilty by Reason of Insanity (NGRI), Incompetent to Stand Trial (IST) or are sentenced to a behavioral health rehabilitation program as a result of an Alternative Treatment Order (ATO).

The program is the most supported on a residential care continuum and is designed to provide person-centered support to individuals in their recovery focusing on psychiatric and medical stability while minimizing inpatient stays. The program gives residents the opportunity to participate in day treatment and community integration programs aimed at developing coping skills, illness management, community resources and building natural supports. Within the residential treatment programs, residents are encouraged to provide and receive peer support, receive assistance or encouragement with activities of daily living as necessary according to their individualized plan of service and participate with health and case coordination services to improve their overall wellbeing.

The program is designed to be inclusive of all transportation, community integration, skill building, coordination of primary and behavioral Healthcare, on-site work programming and crisis intervention services. Residents will have access to a combination of professionals employed by the licensee and/or county-based community mental health treatment providers.

The applicant intends to accept referrals from Community Mental Health offices throughout the state 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 the public library, parks, lakes, museums, shopping centers, festivals, fairs, 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 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 Destiny Al Jallad 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 Sami Al Jallad stated he has the unique perspective of having been involved with the corporation since his parents became licensees in 1995. Since then, he has held almost every position within the organization including that of direct care staff, facilities supervisor, financial services manager and director of operations. In 2003, Mr. Al Jallad began serving as the licensee designee for the applicant’s separately licensed facilities. Mr. Al Jallad graduated from Michigan State University’s Eli Broad College of Business and in 2009, earned a Master’s degree in Public Administration with a concentration in Health Care Administration from the University of Michigan–Flint.

The administrator Destiny Al Jallad stated she has previous experience working within the court system to complete forensic evaluations, the child welfare system and as a school psychologist prior to becoming the director of operations and administrator for the applicant’s separately licensed facilities in 2011. Ms. Al Jallad stated as administrator for the licensee’s separately licensed facilities, she is responsible for daily operations of Commission on Accreditation of Rehabilitation Facilities (CARF) accredited residential treatment, community housing, day treatment and community

integration programs across the state of Michigan. This includes oversight of programs, residents, staff members, clinical and administrative staff, licensing and accreditation compliance, and performance improvement. As administrator of the applicant's separately licensed facilities, Ms. Al Jallad stated she is also responsible for all admission coordination and the referral contact for the facilities. Ms. Al Jallad stated as administrator she has gained experience working closely with all stakeholders involved in resident care in order to produce the best outcomes and assist the residents to live the most independent lives possible. Ms. Al Jallad earned a Bachelor of Arts degree in Psychology from Michigan State University in 2003 and a Master of Arts degree in School and Community Psychology from Wayne State University in 2006.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one (1) staff for six (6) residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 acknowledged 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 acknowledged 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(s) 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 (6) residents.



10/2/17

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Leslie Barner  
Licensing Consultant

Date

Approved By:



10/09/2017

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Dawn N. Timm  
Area Manager

Date