



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 18, 2024

Destiny Saucedo-Al Jallad  
Turning Leaf Res Rehab Svcs., Inc.  
P.O. Box 23218  
Lansing, MI 48909

RE: License #:	AM410409791 Kentwood Cottage 4345 36th St. SE Kentwood, MI 49512
----------------	---

Dear Ms. Saucedo-Al Jallad:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410409791
<b>Licensee Name:</b>	Turning Leaf Res Rehab Svcs., Inc.
<b>Licensee Address:</b>	621 E. Jolly Rd. Lansing, MI 48909
<b>Licensee Telephone #:</b>	(517) 393-5203
<b>Licensee/Licensee Designee:</b>	Zeta Fracosky, Designee
<b>Administrator:</b>	CJ Verhey, Administrator
<b>Name of Facility:</b>	Kentwood Cottage
<b>Facility Address:</b>	4345 36th St. SE Kentwood, MI 49512
<b>Facility Telephone #:</b>	(517) 393-5203
<b>Original Issuance Date:</b>	05/25/2022
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/13/2024

Date of Bureau of Fire Services Inspection if applicable: 04/30/2024

Date of Health Authority Inspection if applicable: 11/13/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: CJ Verhey, Admin.

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 11/13/2024, an onsite inspection of this facility was conducted, and determined to be in compliance with rules and requirements. An exit conference was completed with CJ Verhey, administrator as approved by the Licensee Designee, Zeta Francosky.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license and special certification.



11/18/2024

---

Elizabeth Elliott  
Licensing Consultant

Date