



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2025

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

RE: Application #: AS330419388
Chestnut Cottage
621 E Jolly Rd
Lansing, MI 48910

Dear Ms. Saucedo-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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330419388
Applicant Name:	Turning Leaf Res Rehab Svcs., Inc.
Applicant Address:	621 E. Jolly Rd. Lansing, MI 48909
Applicant Telephone #:	(517) 393-5203
Licensee Designee:	Destiny Saucedo-Al Jallad
Administrator:	Destiny Saucedo-Al Jallad
Name of Facility:	Chestnut Cottage
Facility Address:	621 E Jolly Rd Lansing, MI 48910
Facility Telephone #:	(517) 393-5203
Application Date:	04/02/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/02/2025	Enrollment.
04/03/2025	Application Incomplete Letter Sent.
04/03/2025	PSOR on Address Completed.
04/08/2025	Comment - PSOR HIT AT THIS ADDRESS-see information in ORIGINAL file section.
05/05/2025	File Transferred To Field Office.
05/06/2025	Application Incomplete Letter Sent.
05/07/2025	Contact - Document Received.
06/23/2025	Inspection Completed On-site.
06/23/2025	Contact - Document Sent Sami and Destiny- Cannot open files sent.
07/22/2025	Inspection Completed On-site.
07/22/2025	Inspection Completed- BCAL Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home, at 621 E. Jolly Rd., Lansing, MI, is a 4-bedroom, 2-bathroom, cottage located on the Turning Leaf Residential Rehabilitation Services campus, in the City of Lansing. The home is one level with no stairs and no basement. The home is conveniently located near city bus lines, public parks, and local shopping venues. When you enter the cottage the laundry room is located to the left of the entryway. The locked medication cart is kept in the laundry room. The kitchen is to the right of the entry way. The home then walks into a large common area with a dining room and living room, which both have sliding glass doors which lead to a concrete patio area. There is a corridor located on either side of the common area and each corridor has two bedrooms, one single occupancy and one double occupancy respectively. Each corridor also has a full bathroom available for resident use. One of the bathrooms is equipped with a bathtub shower combination and the other bathroom has a stand-up, walk-in shower. The home has two approved means of egress and each means of egress is handicap accessible for residents utilizing wheelchairs. All approved means of egress, resident bedrooms, and bathrooms are equipped with positive latching, non-locking against egress hardware for resident safety. The home utilizes public water and sewer services.

The home is not equipped with a furnace as it utilizes baseboard electrical heating elements. The hot water heater is an electric hot water heater and located in a closet on the same level as the residents behind an approved fire door. 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. The home was assessed to include fire extinguishers. An electrical inspection was completed on 06/26/2025 and determined to be in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11ft x 11ft	120sqft	1
2	11ft x 13'8ft	150sqft	2
3	10'11ft x 13'1ft	142.8sqft	2
4	11ft x 8'11ft	98sqft	1
Living Room/Dining Room	24'10ft x 16'9ft	416sqft	N/A

The living, dining, and sitting room areas measure a total of 416 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 or female ambulatory or non-ambulatory adults who are diagnosed with a mental illness, a developmental disability, traumatic brain injury, aged, and/or a physical handicap, in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Programs for the developmentally disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the residents' person-centered plan. Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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

The licensee will provide all transportation for programs and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications:

The applicant is Turning Leaf Residential Rehabilitation Services, Inc., which is a "For Profit Corporation" was established in Michigan, on 04/05/1989. 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 Destiny Saucedo-Al Jallad as licensee designee and the administrator of the facility.

Ms. Saucedo-Al Jallad has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Saucedo-Al Jallad, has a bachelor's degree in psychology, as well as certification with the Michigan Department of Education as a School Psychologist. Ms. Saucedo-Al Jallad has worked at Turning Leaf Residential Rehabilitation Services, Inc. since 2011 as administrator to at least fourteen of the licensee's facilities and as the Director of Operations. These positions have allowed Ms. Saucedo-Al Jallad to oversee the licensee's programs such as residential treatment, community housing, day treatment and community integration programs for adults with severe and persistent mental illness, developmental disabilities, co-occurring substance use, personality disorders, and medical complexities. In holding these positions, Ms. Saucedo-Al Jallad has ensured organizational efficiency and efficacy on a day-to-day basis. She also provides leadership to agency staff through facilitation of leadership, clinical and general supervision of meetings. These positions have also provided Ms. Saucedo-Al Jallad with extensive experience in meeting Adult Foster Care Licensing Rules, as well as, adhering to requirements for the Commission on Accreditation of Rehabilitation Facilities (CARF). Finally, Ms. Saucedo-Al Jallad has extensive experience with admitting and discharging residents within the licensee's programs.

A criminal history background check was conducted for the applicant, Ms. Saucedo-Al Jallad. She has been determined to be of good moral character. She submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant 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 adequate and includes a minimum of 1 staff to 6 residents per shift during awake hours and 1 staff to 6 residents during sleeping hours. All staff shall be awake and will not be allowed to sleep during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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), and the related documents required to be maintained in each employees 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 the licensee designee, can 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 acknowledges their 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 the required forms and signatures to be completed for each

resident on an annual basis. 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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

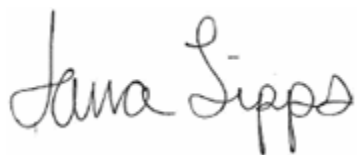
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care small group home with a capacity of six residents.



7/23/25

Jana Lipps
Licensing Consultant

Date

Approved By:



07/23/2025

Dawn N. Timm
Area Manager

Date