



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2025

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

RE: Application #: AS080419766
Hickory Cottage
1505 N. Church St.
Hastings, MI 49058

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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
269-350-6286

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS080419766

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: Jessica Verhey

Name of Facility: Hickory Cottage

Facility Address: 1505 N. Church St.
Hastings, MI 49058

Facility Telephone #: (517) 393-5203

Application Date: 07/21/2025

Capacity: 6

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

II. METHODOLOGY

07/21/2025	Enrollment
07/21/2025	Application Incomplete Letter Sent requested AFC100
07/21/2025	PSOR on Address Completed
07/21/2025	Contact - Document Sent forms sent
07/22/2025	Contact - Document Received
07/22/2025	File Transferred To Field Office
07/28/2025	Application Incomplete Letter Sent
08/07/2025	Contact - Document Received-Facility/Licensee documents
08/07/2025	SC-Application Received - Original
09/16/2025	Contact - Document Received-Facility/Licensee documents
09/19/2025	Contact - Document Received-Facility/Licensee documents
09/25/2025	Contact - Document Received-Facility/Licensee documents
10/07/2025	Contact - Document Received-Facility/Licensee documents
10/07/2025	Application Complete/On-site Needed
10/15/2025	Inspection Completed On-site with administrator Jessica Verhey
10/20/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hickory Cottage is a one-story ranch style home located in the city of Hastings, Michigan, in close proximity to restaurants, shops, bakeries parks and nature trails. The home includes a kitchen, living room, dining room, four resident bedrooms, and two full resident bathrooms equipped with a shower and all located on the main level of the home. The home is wheelchair accessible throughout and has two approved means of egress that are at grade. The home utilizes a public water supply and sewer disposal system.

The gas furnace and hot water heater are located in the garage in an enclosed heating plant room constructed of material which has a 1-hour-fire-resistance rating, and 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. Fire extinguishers are located on the main level of the home and in the garage.

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' 5" x 11' 0"	170 sq ft	1
2	10' 10" x 15' 6"	168 sq ft	1
3	15' 0 x 11' 0"	165 sq ft	2
4	15' 0" x 11' 0"	165 sq ft	2

The indoor living and dining areas measure a total of 588 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 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 male and/or female residents who are physically handicapped, mentally ill, developmentally disabled, traumatically brain-injured, or related conditions. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from various community mental health agencies.

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 schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Turning Leaf Residential Rehabilitation Services, Inc., a “For Profit Corporation” 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 Jessica Verhey as the administrator of the facility.

Criminal history background checks for Destiny Saucedo-Al Jallad and Jessica Verhey were completed, and they were determined to be of good moral character to provide licensed adult foster care. Destiny Saucedo-Al Jallad and Jessica Verhey submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Destiny Saucedo-Al Jallad and Jessica Verhey have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Destiny Saucedo-Al Jallad and Jessica Verhey are currently the licensee designee and administrator for several other adult foster care homes owned and operated by Turning Leaf Residential Rehabilitation Services, Inc therefore have an abundance of experience working with the mentally ill, developmentally disabled and traumatically brain injured populations.

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

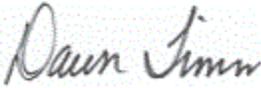
I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of six residents.



Ondrea Johnson
Licensing Consultant

10/20/2025
Date

Approved By:



10/20/2025

Dawn N. Timm
Area Manager

Date