GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 12, 2026

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

RE: License #:	AS610317388 Eastwood Cottage I 1137 East St. Muskegon, MI 49442

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

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

License #:	AS610317388
Licensee Name:	Turning Leaf Res Rehab Svcs., Inc.
Licensee Address:	621 E. Jolly Rd. Lansing, MI 48909
Licensee Telephone #:	(517) 393-5203
Licensee/Licensee Designee:	Destiny Saucedo-Al Jallad, Designee
Administrator:	Carmen Levelston-Strong
Name of Facility:	Eastwood Cottage I
Facility Address:	1137 East St. Muskegon, MI 49442
Facility Telephone #:	(231) 563-6306
Original Issuance Date:	08/07/2013
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2025

Date of Bureau of Fire Services Inspection if applicable: N/A, small group home

Date of Health Authority Inspection if applicable: 11/20/2025

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Admin/C. Levelston

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Resident medications were not being passed as the time of the inspection. A review of the residents medications and MAR was completed.
- 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

This facility was determined to be in compliance with rules and requirements. On 11/20/2025, at the conclusion of the renewal inspection, I informed Ms. Levelston-Strong that the license and special certification for this facility will be renewed. Due to the inspection being conducted early, the licensing report would be completed one month prior to the expiration of the license. Ms. Levelston-Strong understood and agreed with the information provided, the conclusion and recommendation

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license with special certification (Capacity 6).

01/12/2026

Elizabeth Elliott Date
Licensing Consultant