



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 18, 2026

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

RE: Application #: AM030420220  
Woodlea Cottage  
1565 Woodlea Dr  
Otsego, MI 49078

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 8 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 (616) 356-0100.

Sincerely,  
Megan Leavitt, LMSW  
Megan Leavitt, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM030420220

**Applicant Name:** Turning Leaf Res Rehab Svcs., Inc.

**Applicant Address:** 621 E. Jolly Rd.  
Lansing, MI 48909

**Applicant Telephone #:** (517) 393-5203

**Administrator/Licensee Designee:** Destiny Saucedo-Al Jallad

**Name of Facility:** Woodlea Cottage

**Facility Address:** 1565 Woodlea Dr  
Otsego, MI 49078

**Facility Telephone #:** (269) 692-2536

**Application Date:** 01/16/2026

**Capacity:** 8

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

## II. METHODOLOGY

01/08/2026	Inspection Completed-Fire Safety : A
01/16/2026	Enrollment
01/16/2026	Application Incomplete Letter Sent requested updated AFC100 and updated 1326A
01/16/2026	PSOR on Address Completed
01/16/2026	Contact - Document Sent forms sent
01/16/2026	Lic. Unit file referred for background check review Red Screen on Destiny
01/16/2026	Lic. Unit received background check file from review Red Screen review NOT approved for Destiny Saucedo-AI Jallad.
01/16/2026	Lic. Unit received background check file from review Red Screen review for Destiny Saucedo-AI Jallad APPROVED.
01/21/2026	Contact - Document Received AC100, 1326A
01/21/2026	File Transferred To Field Office
01/21/2026	Application Incomplete Letter Sent
02/05/2026	Application Complete/On-site Needed
02/11/2026	Inspection Completed-Env. Health : A
02/18/2026	Inspection Completed-BCAL Full Compliance
02/18/2026	Exit Conference

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Woodlea Cottage is currently licensed under AS030394825. The licensee designee has applied for an increased capacity for a medium group home. Woodlea Cottage is single story dwelling that sits on a slab with a kitchen, dining room, family room, two full baths, laundry room, small office, storage room, and four bedrooms all on one (the main) floor. There are handrails where required. There is an attached two-car garage. This home

utilizes private (well) water and sewer (septic) services; an environmental health inspection was done by the Allegan County Health Department on October 30, 2024.

The hot water heater and furnace are located in a room that is separated from the rest of the home by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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, which was tested upon the final inspection on July 24, 2018 and worked properly. There at least two operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'7" X 11'	171	2
2	10'11" X 15'1"	164	2
3	11 X 15'1"	165	2
4	10'8" X 15'1"	160	2

**Total Capacity: 8**

The living and dining room areas measure a total of 773 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid. A telephone is available for residents to use. Telephone numbers for emergency services are posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 and/or female adults aged 18 years and older, who may be diagnosed with a mental illness, developmental disability, traumatic brain injury (TBI), physical handicap, and/or who are aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

The applicant concurrently submitted an application for Special Certification for residents with Mental Illness and/or Developmental Disability.

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

Woodlea Cottage will provide transportation to residents. The vehicle used for transporting residents will be maintained in safe, working condition, and a first aid kit will be kept in the vehicle.

### **C. Applicant and Administrator Qualifications**

Sami Al Jallad is the Licensee Designee and Kathy Joe Coffey is the Administrator for this home. Medical and Record Clearance requests for both were completed with no restrictions noted on either; and both of their TB-tine results were negative.

Mr. Jallad 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 1 to 2 direct care workers per shift, depending on the care needs of the residents.

The applicant acknowledges an understanding of the training 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](http://www.miltcpartnership.org)), Identogo, and the related documents required to be maintained in each employee's 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 Mr. Jallad or Ms. Coffey, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 their responsibility to obtain all of the required 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. In addition, 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 8).

Megan Leavitt, LMSW 02/18/2026

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Megan Leavitt Date  
Licensing Consultant

Approved By:



02/18/2026

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Jerry Hendrick Date  
Area Manager