



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

January 31, 2005

Rachel Al Jallad  
Turning Leaf Residential Rehabilitation Ser., Inc  
P.O. Box 6310  
East Lansing, MI 48826

RE: License #: AS330092644  
Cedar Cottage  
621 E. Jolly Rd.  
Lansing, MI 48910

Dear Ms. Al Jallad:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility. This addendum is written in response to your request in letters dated 8/23/2004 and 9/1/2004 to make the following changes with this facility license:

1. Change the name of the facility from Southland AFC # 38 to Cedar Cottage (referenced in letter dated 8/23/2004).
2. Use the assumed name of Turning Leaf Residential Rehabilitation Services, Inc. for Southland Adult Rehabilitation / Behavioral System, Inc. and the above mailing address (referenced in letter dated 9/1/2004).

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

Barbara Williams, Licensing Consultant  
Office of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 241-0978

Enclosure



**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS330092644

**Licensee Name:** Turning Leaf Residential Rehabilitation Ser.,  
Inc

**Licensee Address:** P. O. Box 6310  
East Lansing, MI 48826

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

**Administrator/Licensee Designee:** Rachel Al Jallad, Designee

**Name of Facility:** Cedar Cottage

**Facility Address:** 621 E. Jolly Rd.  
Lansing, MI 48910

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

**Capacity:** 6

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

## **II. Purpose of Addendum**

In a letter dated 8/23/2004 the designated person requested to change the name of the facility from Southland AFC #38 to Cedar Cottage. In a letter dated 9/1/2004 the designated person requested for Southland Adult Rehabilitation / Behavioral System, Inc. to use an assumed name of Turning Leaf Residential Rehabilitation Services, Inc.

## **III. Methodology**

1. Review of the designated person's written request
2. Review of the Certificate of Assumed Name For use by Corporations, Limited Partnerships and Limited Liability Companies through the Michigan Department of Labor and Economic Growth.
3. Review of field file

## **IV. Description of Findings and Conclusions**

This consultant reviewed the Certificate of Assumed Name document. The document was signed by the Licensee Designee, Rachel Al Jallad on 8/24/2004 and had a date stamp indicating that it was filed with the Administrator with the Bureau of Commercial Services on 8/25/2004. The assumed name for Southland Adult Rehabilitation / Behavioral System, Inc. was listed as Turning Leaf Residential Rehabilitation Services, Inc. The certificate indicated that the document is in effect until 12/31/2009.

Based on the information on the Certificate of Assumed Name and the designated person's written request, it is determined that the Licensee is allowed to do business as Turning Leaf Residential Rehabilitation Services, Inc. The facility is renamed Cedar Cottage per the Licensee Designee's written request.

**V. Recommendation**

It is recommended that the Licensee, Southland Adult Rehabilitation / Behavioral System, Inc, be approved to use the assumed name of Turning Leaf Residential Rehabilitation Services, Inc.

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Barbara Williams  
Licensing Consultant

Date