



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

November 5, 2015

Sami Al Jallad  
Turning Leaf Residential Rehabilitation Services  
P.O. Box 23218  
Lansing, MI 48909

RE: Application #:	AM410378188 Silver Maple Cottage 1706 68th St. SE Caledonia, MI 49316
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Dear Mr. 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 12 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) 356-0584.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410378188
<b>Applicant Name:</b>	Turning Leaf Residential Rehabilitation Services
<b>Applicant Address:</b>	621 E. Jolly Rd. Lansing, MI 48910
<b>Applicant Telephone #:</b>	(800) 777-2918
<b>Licensee Designee:</b>	Sami Al Jallad
<b>Administrator:</b>	Destiny Al Jallad
<b>Name of Facility:</b>	Silver Maple Cottage
<b>Facility Address:</b>	1706 68th St. SE Caledonia, MI 49316
<b>Facility Telephone #:</b>	(517) 393-5203
<b>Application Date:</b>	06/17/2015
<b>Capacity:</b>	12
<b>Program Type:</b>	Mentally Ill, Developmentally Disabled, Aged, Physically Handicapped, Traumatic Brain Injured

## II. METHODOLOGY

06/11/2015	Inspection Completed-Fire Safety : A Completed for previous licensee (AM410304200)
06/17/2015	Fee Received Original
06/17/2015	Enrollment
06/22/2015	Inspection Report Requested - Health 1024460
06/22/2015	Contact - Document Sent Rule & ACT Books
06/22/2015	Application Incomplete Letter Sent
07/13/2015	Contact - Document Received
07/20/2015	File Transferred To Field Office Grand Rapids
07/22/2015	Comment File rcvd in GR
08/07/2015	Application Incomplete Letter Sent
09/25/2015	Contact - Document Sent Email sent to Randy Lankford, fire marshal's office re: use of fire safety report for new application.
09/25/2015	Contact - Document Received Randy Lankford-response, if it meets Part 4 rules of fire safety code then the previous fire safety report can be used.
09/03/2015	Contact - Document Received Initial Inspection date set with Licensee Sami Al Jallad for 09/23/2015 at the facility.
09/16/2015	Inspection Completed-Environmental Health : A
09/22/2015	Contact - Telephone call made Randy Lankford-the previous facility met Part 4 rules and so the fire safety inspection will still be an approved inspection.
09/23/2015	Inspection Completed On-site

09/23/2015	Inspection Completed-BCAL Sub. Compliance Room #5 in lower level of facility below grade.
09/29/2015	Contact - Document Sent Picture of the bedroom below grade sent to JH.
10/20/2015	Contact-Face to Face Jerry Hendrick re: room below grade
10/20/2015	Contact-Document Sent Jerry Hendrick-request for fire consultation re: use of bedroom #5.
10/20/2015	Contact-Telephone call made Applicant, Sami Al Jallad
10/21/2015	Contact-Document Received Request from Jerry Hendrick to send floor plans.
10/21/2015	Contact Document Sent Floor Plans for Silver Maple Creek sent to JH. Sent to Jay Calewarts for review.
11/02/2015	Confirming Letter Sent Sami Al Jallad re: CAP for bedroom #5 prior to licensing
11/02/2015	Corrective Action Plan Sent
11/02/2015	Corrective Action Plan Approved
11/02/2015	Inspection Completed-BCAL Full Compliance
11/05/2015	Recommend License Issuance
11/05/2015	Original License Issued

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### **A. Physical Description of Facility**

This home is a stick built, single ranch with a walk out basement. The home is located on a large lot in Gaines Township. The neighborhood is a mix of residential and commercial properties with restaurants and stores within walking distance. The facility has previously been licensed as a family and group home. New construction has been added to the existing home to increase the floor space in order to accommodate 12 adult foster care residents.

The main floor of this facility includes five bedrooms, three bathrooms, a living room, dining room and kitchen. Four of the five bedrooms will be licensed for resident use. One bedroom will be used as a multi-purpose, non-resident room. The four resident bedrooms on the main floor are wheelchair accessible. The facility has three full bathrooms on the main floor for resident use. One of the three main floor bathrooms is wheelchair accessible. A deck extends across the rear of the facility and can be accessed through sliding glass doors located on the main floor bedrooms, dining room and/or living room.

Two ramps provide handicap accessible egress from the main floor of this facility. One ramp is located at the front entrance and one ramp is located at the side entrance. The Licensee Designee, Sami Al Jallad acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

The lower level has six bedrooms, one full bathroom and one half bath room. One of the six lower level bedrooms, the bedroom marked as #5 is located on the North side of the facility and the North wall of the bedroom is below grade. Bedroom #5 has a window with a built in window well that is equipped with steps leading up and out of the well. Licensee Designee, Sami Al Jallad has agreed not to use bedroom #5 as a resident room until the Bureau of Community and Health Systems has reviewed the lay out of the room and makes a determination if enough of the room is considered above grade for resident use. Therefore, this license will not include the use of Bedroom #5 in the lower level of the facility at this time. The lower level of the facility has a large living area for resident use and an exit door leading to the upstairs and two sliding glass doors provide exits directly to the outside of the lower level.

The facility utilizes both public water and sewer systems. The facility is heated with a boiler located in an enclosed utility room in the lower level. The hot water heater is also located in the same utility room. This enclosed room has a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The utility room in the lower level is constructed of materials that provide a 1-hour-fire-resistance rating with a 1 ¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkle system installed throughout.

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

Main Floor Bedrooms	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.08 X 13.25	133.56 sq. ft.	2
2	10.17 X 13	132.21 sq. ft.	1
3	10.66 X 11 + 2.42	117.26 + 8.85=126.11	1

	X 3.66	sq. ft.	
4	10.75 X 11 + 2.58 X 3.66	118.25 + 9.44=127.69 sq. ft.	1
Lower Level Bedrooms			
5	<b>Will not be used until grade issue is determined by Department</b>	0	0
6	13 X 12.92	167.96 sq. ft.	1
7	13.17 X 8.92	117.47 sq. ft.	1
8	15.17 X 11	166.87 sq. ft.	2
9	13.25 X 10.17	134.75 sq. ft.	1
10	17.17 X 9.5	163.11 sq. ft.	2

The living, dining, and sitting room areas measure a total of 574 square feet of living space on the lower level and 451 square feet of living space on the main floor level. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** 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 **twelve (12)** male or female adults whose diagnosis is developmental disability, mental impairment, aged, TBI and physical handicap in the least restrictive environment possible. 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. The applicant intends to accept residents from Kent County-DHS, Kent County CMH, or private pay individuals as a referral source.

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, Turning Leaf Residential Rehabilitation Services will provide transportation for program 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 public schools and 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” and 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 Sami Wajih Al Jallad as Licensee Designee for this facility and Destiny Saucedo Al Jallad as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 12 bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake 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 facility’s 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 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 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)) 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 the licensee, 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 directly with residents. In addition, the applicant acknowledges their 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 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, 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 acknowledges their 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 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 12).



11/05/2015

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Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



11/05/2015

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Jerry Hendrick  
Area Manager

Date