



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 27, 2021

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

RE: License #: AS330087736  
**Poplar Cottage**  
**621 E. Jolly Rd**  
**Lansing, MI 48910**

Dear Mr. Al Jallad:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330087736

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

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

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

**Licensee Designee:** Sami Al Jallad

**Administrator:** Destiny Al Jallad

**Name of Facility:** Poplar Cottage

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

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

**Original Issuance Date:** 12/01/1999

**Capacity:** 6

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

**Special Certification:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/26/2021

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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.  
Worksheet inspection did not occur at meal time. Food used to provide 3 nutritious meals observed, menus reviewed, observed that food is protected from contamination, perishable food was observed stored at the proper temperature, food service equipment and utensils were observed to be appropriate and the facility was observed to be properly equipped to prepare and serve meals.
- 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: 1/22/19 for rules 208 (1)(f) and 316(1) and 1/16/20 for rules 303(2), 310(1)(b), 208 (2), 301 (4), and 311 (1). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

Variance for rule 304(1)(b) Resident Rights, Licensee Responsibilities granted 3/2/16 for "secure program" housed within Poplar Cottage to serve residents who present an imminent elopment risk.

Variance for rule 315 (3) Handling of resident funds and valuables granted 9/30/19 for use of computer software rather than Funds Form II to track and report resident payments for room and board.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification.



1/27/2021

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Leslie Herrguth  
Licensing Consultant

Date