



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 24, 2025

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

RE: License #: AS330087739  
**Spruce Cottage**  
**621 E. Jolly Rd.**  
**Lansing, MI 48910**

Dear Ms. Saucedo-Al Jallad:

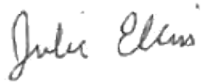
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330087739

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

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

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

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

**Administrator:** Destiny Saucedo-Al Jallad

**Name of Facility:** Spruce 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

## II. METHODS OF INSPECTION

Date of On-site Inspection: 02/20/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: licensee designee/admin

- 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. inspection was not during mealtime.
- 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: 3/02/2023 402 (3), 402 (5) and 734 (b)(2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A  304 (1)(b)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14403            Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

At the time of inspection Resident A's room smelled of smoke and he admitted to smoking in his bedroom. This is a safety hazard and affects the health and well-being of all residents in the facility.

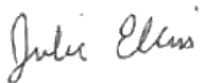
At the time of inspection the furnace room was covered with loose insulation. The loose insulation presents a potential fire risk and was left behind after professional work was completed in this room.

In the back of the facility off of the eating area/television room are two rear sliding glass doors that make up the back wall and are the secondary means of egress in case of emergency. These doors did not move easily and getting out of either rear door would be cumbersome in an emergency therefore these doors need to be adjusted so that the doors move effortlessly.

The entry way in the front of the building was not at grade by the front door and impedes wheelchair access.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



02/21/2025

---

Julie Elkins  
Licensing Consultant

Date