



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:

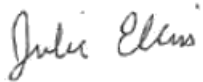
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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

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**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.

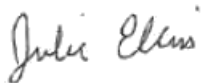
At the time of inspection the furnace room was covered with loose insulation. The loose insulation presents a potential fire risk and was left behind after professional work was completed in this room.

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