



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 5, 2025

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

RE: License #: AS530398194  
**White Pine Cottage**  
**309 E. James Street**  
**Scottville, MI 49454**

Dear Destiny Saucedo-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 is renewed. It is valid only at your present address and is 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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

**License #:** AS530398194

**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:** Lisa Mull

**Name of Facility:** White Pine Cottage

**Facility Address:** 309 E. James Street  
Scottville, MI 49454

**Facility Telephone #:** (231) 936-1313

**Original Issuance Date:** 06/07/2019

**Capacity:** 6

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

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/04/2025

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	4
No. of residents interviewed and/or observed	4
No. of others interviewed	1 Role: ORR

- 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.
- 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: CAP dated 5/31/24 R304(1)(2) N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes  (please explain) No  N/A  AS315.3

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

On December 4, 2025, I conducted an exit conference with Administrator Lisa Mull. I explained my findings as noted above. Ms. Mull stated that she understood the finding, that she had no additional information to provide, nor any questions to ask, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



December 5, 2025

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Bruce A. Messer  
Licensing Consultant

Date