



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 1, 2026

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

RE: License #: AM030419167
Red Oak Cottage
1454 Goodrich St
Allegan, MI 49010

Dear Ms. 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 are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If 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 cursive script that reads "Natasha Grew".

Natasha Grew, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AM030419167

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

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

Licensee Telephone #: (517) 393-5203

Licensee/Licensee Designee: Destiny Saucedo-Al Jallad

Administrator: Nita Anderson

Name of Facility: Red Oak Cottage

Facility Address: 1454 Goodrich St
Allegan, MI 49010

Facility Telephone #: (517) 393-5203

Original Issuance Date: 12/29/2025

Capacity: 8

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): 05/28/2026
Date of Bureau of Fire Services Inspection if applicable: 12/08/2025
Date of Health Authority Inspection if applicable: 12/08/2025
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 3
No. of others interviewed [redacted] Role: [redacted]

- 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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 05/28/2026, an onsite inspection was completed at the facility. An exit conference was conducted. This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



06/01/2026

Natasha Grew
Licensing Consultant

Date