GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 12, 2026

Jessica Rosseau
2933 Kings Mill Rd
Lapeer, MI 48446

RE: License #: AF440418117
Five Lakes Family Home Afc
2933 Kings Mill Rd
Lapeer, MI 48446

Dear Jessica Rosseau:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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) 643-7960.

Sincerely,

Sabrina McGowan

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AF440418117
Licensee Name:	Jessica Rosseau
Licensee Address:	2933 Kings Mill Rd LAPEER, MI 48446
Licensee Telephone #:	(810) 667-0019
Licensee/Licensee Designee:	Jessica Rosseau
Administrator:	N/A
Name of Facility:	Five Lakes Family Home Afc
Facility Address:	2933 Kings Mill Rd Lapeer, MI 48446
Facility Telephone #:	(810) 667-0019
Original Issuance Date:	05/10/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/07/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 07/13/2026

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Licensee

- 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.
  No meal being served during inspection.
- 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.
  No IR's to review.
- 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

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

R 400.647 **Safety and maintenance of premises.**

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

Wooden planks within porch deck need replacing.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

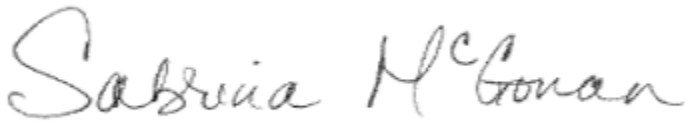
Licensee did not complete an annual heath care appraisal for the 1 resident in the home.

A corrective action plan was requested and approved on 10/07/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

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October 12, 2026

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Sabrina McGowan Date
Licensing Consultant