



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 10, 2024

Jessica Rosseau  
2933 Kings Mill Rd  
Lapeer, MI 48446

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

Dear Jessica Rosseau:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF440418117
<b>Licensee Name:</b>	Jessica Rosseau
<b>Licensee Address:</b>	2933 Kings Mill Rd LAPEER, MI 48446
<b>Licensee Telephone #:</b>	(810) 667-0019
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Five Lakes Family Home Afc
<b>Facility Address:</b>	2933 Kings Mill Rd Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 667-0019
<b>Application Date:</b>	12/14/2023
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

12/14/2023	On-Line Enrollment
12/21/2023	Contact - Document Sent forms sent
12/21/2023	PSOR on Address Completed
12/21/2023	Inspection Report Requested - Health Inv 1034132
01/17/2024	Contact - Document Received 1326/RI030
01/22/2024	Contact - Document Sent email sent regarding AFC100 for Reilly
02/14/2024	File Transferred To Field Office
02/28/2024	Application Incomplete Letter Sent
03/07/2024	Application Complete/On-site Needed
03/26/2024	Inspection Completed-BCAL Sub. Compliance
04/04/2024	Inspection Completed On-site
04/10/2024	Corrective Action Plan Received
04/10/2024	Corrective Action Plan Approved
04/18/2024	Inspection Completed On-site
05/09/2024	Recommend License Issuance

### III. bDESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Five Lakes Family Home AFC is located in the rural area of Lapeer MI, within the Township of Mayfield. The property is owned by the applicant, Jessie Rousseau and her spouse, James Rosseau, who agrees to the licensure of an AFC family home.

The physical plant is a two-story structure, with vinyl siding, complete with a front porch, connecting side porch and connecting rear deck, all-encompassing  $\frac{3}{4}$  of the home. There are both a front and rear used for entry/exit as well as a sliding glass patio door which leads to the side porch. The main level of the home contains a living room, and an extended area also considered the 2<sup>nd</sup> living room, 2 bedrooms, 1 full bath, a kitchen and laundry room. Both rooms are located off the 2<sup>nd</sup> living room and room #1 will be reserved for a resident. The second level of the home contains 4 additional bedrooms and a full bath. Resident room #2, reserved for 2 residents is located on the east side of the hall. An additional room on this side of the hall is reserved for occupants of the home. There are additional bedrooms located on the north and west walls of the upstairs. These rooms are also reserved for occupants of the home. The full bathroom is located on the west side of the hall. The AFC is also home for 2 dogs, 2 cats, and a Bearded Dragon Lizard that lives in a large aquarium in the 2<sup>nd</sup> living room. The home sits on a large parcel of land and is also home to 3 additional dogs and chickens, housed outdoors in the adjacent pole barn. The facility is not wheelchair accessible.

The home contains 2 furnaces. Furnace #1 is located upstairs on the second level of the home, at the south end of the hall. This furnace is enclosed is with a 1  $\frac{3}{4}$  inch solid core door equipped with an automatic self-closing device. Furnace #2, along with the homes hot water heater, is in the Michigan basement located under the home. This furnace is accessed by a separate entry, directly from an outside door. The door is also a 1  $\frac{3}{4}$  inch solid core door equipped with an automatic self-closing device. On March 5, 2024, the furnaces and hot water heater were inspected by licensed professionals, Pine Tree Heating Air Conditioning and Fireplace and was found to be in safe operational condition. The laundry room is located off the kitchen on the mail level of the home. The facility is equipped with hard-wired smoke detectors on each floor of the home. Fire extinguishers are also on each floor of the home.

The facility has a private water and sewer system. An environmental health inspection was conducted on January 25, 2024. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	11'5" x 9	102.7	1
Bedroom 2	11'5" x 11'9"	134.1	2

The living, dining, and sitting room areas measure a total of 600 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has three (3) separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, it is concluded that this facility can accommodate **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

On December 12, 2023, the applicant, Jessica Rosseau, submitted an application for a license to provide foster care services for up to three (3) male or female adults that are aged, developmentally disabled and/or mentally ill. The applicant intends to provide 24-hours supervision, protection, and personal care to three (3) male or female ambulatory adults, ages 18-85, in the least restrictive environment possible.

The licensee will provide basic self-care, habilitation training and transportation. Community-based resources will be utilized in order to provide the least restrictive environment for the residents.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person/agency.

The licensee will ensure that the residents medical needs are met and has transportation available for residents to access community-based resources and services. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resource, including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

The applicant was provided technical assistance regarding the statutory requirements (Section 400.734b of Public Act 218), pertaining to the hiring or contracting of persons who provide direct services to the residents.

Technical assistance was provided to the applicant regarding administrative rules related to the facility, resident, and employee record keeping, including the handling, and accounting of resident funds and valuables.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Jessica Rosseau. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results. The applicant submitted all required documentation, including license record clearance, medical clearance, verification of income/expenses, verification of education, verification of qualifications, and financial information.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by outside employment and projected income from caring for AFC residents.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-3).

*Sabrina McGowan* May 9, 2024

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Sabrina McGowan Date  
Licensing Consultant

Approved By:

*Mary Holton* May 10, 2024

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Mary E. Holton Date  
Area Manager