



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 31, 2018

Karen Laseck  
Pathway Home of Elsie, LLC  
133 W. Main Street  
Elsie, MI 48831

RE: Application #: AM190394424  
**Pathway Home Of Elsie**  
**133 W Main Street**  
**Elsie, MI 48831**

Dear Ms. Laseck:

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 11 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AM190394424
<b>Licensee Name:</b>	Pathway Home of Elsie, LLC
<b>Licensee Address:</b>	133 W. Main Street Elsie, MI 48831
<b>Licensee Telephone #:</b>	(517) 281-2729
<b>Administrator:</b>	Karen Laseck
<b>Licensee Designee:</b>	Karen Laseck
<b>Name of Facility:</b>	Pathway Home Of Elsie
<b>Facility Address:</b>	133 W Main Street Elsie, MI 48831
<b>Facility Telephone #:</b>	(517) 281-2729
<b>Application Date:</b>	05/31/2018
<b>Capacity:</b>	11
<b>Program Type:</b>	AGED

## II. METHODOLOGY

05/14/2018	Inspection Completed-Fire Safety : A See email from Brian Davis
05/31/2018	On-Line Enrollment
06/26/2018	Lic. Unit file referred for background check review Karen Laseck
06/26/2018	Lic. Unit received background check file from review
06/26/2018	Contact - Document Sent Fire Safety String
06/26/2018	File Transferred To Field Office Lansing
06/27/2018	Licensee ID Changed
06/29/2018	Application Incomplete Letter Sent
08/01/2018	Contact - Document Received Received proof of ownership, permission to inspect, medical clearance for Karen Laseck dated 7/6/18, TB clearance for Karen Laseck dated 10/31/17, program statement, admission policy. discharge policy, written evidence of Karen Laseck's qualifications & training, and job descriptions.
08/20/2018	Contact - Document Received Received zoning approval
08/30/2018	Application Incomplete Letter Sent Requesting additional documents of updated program statement, additional applicant/admin training, personnel policies, standard/routine procedures, proposed staffing pattern, org chart, contracts, proposed budget and financial statements
08/30/2018	Contact - Telephone call made To applicant to discuss items needed for licensure
09/13/2018	Contact - Telephone call made To Brian Williams to check on status of fire safety approval
09/13/2018	Contact - Document Sent E-mail to BFS inspector Brian Davis plan review division of BFS to inquire about most recent inspection

09/13/2018	Contact - Document Received Received updated program statement, standard/routine procedures, staffing pattern, projection of income/expenses
09/13/2018	Inspection Completed On-site
09/13/2018	Inspection Completed-BCAL Full Compliance
09/14/2018	Contact - Document Received Received personnel policies, organizational chart, budget
09/19/2018	Contact - Document Received Email from Brian Williams, which stated since it is only a change of ownership BFS doesn't require any plan review or inspection when it is an existing Part 2 (7-12) bed AFC and remains a (7-12) bed AFC.
09/21/2018	Contact - Document Received Email from BSF inspector Brian Davis that stated he completed an inspection and issued a full approval of the facility on 5/14/18

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a two-story home located in the village of Elsie, Michigan. All seven resident bedrooms are located on the main level of the facility along with a kitchen, breakfast nook, living room, sitting room, formal dining room, two full and three half bathrooms, laundry room, large foyer area with seating, front and back porches, and an attached carport. The second level of the facility consists of a half bathroom, office, and a bedroom that will not be used by residents. The facility also contains a basement with heat plant rooms where two furnaces and two hot water heaters are located along with storage space and a pantry. Residents will not have access to the basement. The home is wheelchair accessible and has two approved means of egress equipped with a ramp from the first floor. The facility utilizes a public water supply and sewage disposal system.

There are two furnaces and two hot water heaters powered by natural gas, which are located in the basement of the facility. To achieve floor separation the facility is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware separating the basement from the main floor of the home.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment. The facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 5/14/18.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8' 3" X 13' 3"	109	One
2	9' 3" X 15' 4"	142	One
3	9' 10" X 13' 7"	134	One
4	11' 9" X 14' 0"	165	Two
5	12' 0" X 14' 4"	172	Two
6	11' 0" X 14' 2"	156	Two
7	14' 3" X 15' 2"	216	Two

The indoor living and dining areas used by residents measure a total of 722 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 11 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 11 male or female residents who are aged. The program will include personal care services to residents needing assistance with activities of daily living, including those who require assistance from two staff members, a nutritionally balanced diet with grains, fruits, vegetables and protein, maintenance of residents' hydration status through water, juices, etc., assurance that physician services are available, arrangement of or provision for transportation for health related appointments, assurance of medication and pain management through physician and contracted pharmacy services, and 24-hour oversight by a registered nurse. The applicant intends to accept referrals from Tri-County Office on Aging or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, beauty shops, ice cream shops, churches, the historical society, and the dollar store. Shopping at larger stores such as Walmart and Meijer can be accessed within 10 miles from the

facility. There are physicians and medical clinics in close proximity to the facility. In home activities include bingo, a Wii game console, puzzles, games, books, cable television, and movies. Local clergy come to the facility weekly to offer Communion, local volunteers come to the facility to interact with residents and paint fingernails, and a local volunteer comes to the facility weekly to facilitate games. Outings to Elsie Dairy Days, picnics with local firefighters, parades, and church functions will also be enjoyed by residents. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Pathway Home of Elsie, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 4/19/18. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Pathway Home of Elsie, L.L.C. have submitted documentation appointing Karen Laseck as licensee designee and administrator of the facility.

Criminal history background checks of Ms. Laseck were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Laseck submitted statements from a physician documenting their good health dated 7/6/18 and current negative tuberculosis test results dated 10/31/17.

Ms. Laseck has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Laseck possesses a bachelor’s degree in nursing from Saginaw Valley University and has been a registered nurse since 1987. Ms. Laseck expressed that she has worked in the long-term care setting providing direct care and administrative oversight to the aged population her entire career. Ms. Laseck stated she obtained an administrator’s license to operate in long term care in 1991 and has served as a consultant for skilled nursing facilities seeking to be compliant with licensing requirements since 1995.

The staffing pattern for the original license of this 11-bed facility is adequate and includes a minimum of one staff for 11 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for

obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee designee will administer medication to residents. 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged an understanding that since she purchased an existing licensed adult foster care home that already has residents admitted, each of those residents must be re-admitted to the facility.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**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 medium group home.




10/30/18

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Leslie Barner  
Licensing Consultant

Date

Approved By:



10/31/2018

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Dawn N. Timm  
Area Manager

Date