



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 26, 2023

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

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

Dear Ms. Laseck:

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 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 (517) 284-9730.

Sincerely,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704



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

**I. IDENTIFYING INFORMATION**

<b>License #:</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>Licensee/Licensee Designee:</b>	Karen Laseck
<b>Administrator:</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>Original Issuance Date:</b>	10/31/2018
<b>Capacity:</b>	11
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/25/2023

Date of Bureau of Fire Services Inspection if applicable: 06/16/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: licensee designee

- 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 ☐  
Variance for rule 410 (5) granted 9/28/20.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

#### IV. RECOMMENDATION

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

*Kevin L. Sellers*

04/26/2023

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Kevin Sellers  
Licensing Consultant

Date