



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

License #:	AM190394424
Licensee Name:	Pathway Home of Elsie, LLC
Licensee Address:	133 W. Main Street Elsie, MI 48831
Licensee Telephone #:	(517) 281-2729
Licensee/Licensee Designee:	Karen Laseck
Administrator:	Karen Laseck
Name of Facility:	Pathway Home Of Elsie
Facility Address:	133 W Main Street Elsie, MI 48831
Facility Telephone #:	(517) 281-2729
Original Issuance Date:	10/31/2018
Capacity:	11
Program Type:	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: icensee 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

Kevin Sellers
Licensing Consultant

Date