



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 7, 2020

Anna Hinton
Pioneer Resources
Suite 100
601 Terrace St.
Muskegon, MI 49440

RE: License #:	AS610237359 Riverwood 2743 S Riverwood Twin Lake, MI 49457
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Dear Ms. Hinton:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS610237359
Licensee Name:	Pioneer Resources
Licensee Address:	Suite 100 601 Terrace St. Muskegon, MI 49440
Licensee Telephone #:	(231) 773-5355
Licensee/Licensee Designee:	Anna Hinton, Designee
Administrator:	Cindy Morden, Administrator
Name of Facility:	Riverwood
Facility Address:	2743 S Riverwood Twin Lake, MI 49457
Facility Telephone #:	(231) 773-5355
Original Issuance Date:	08/08/2001
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 10/29/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 2 Role: LD & HM

- Medication pass / simulated pass observed? Yes No If no, explain. I conducted an inspection of the resident medications and resident MAR.
- 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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

A corrective action plan was requested and approved on 02/06/2020. 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 and special certification.

IV. RECOMMENDATION

I recommend issuance of a 2-year adult foster care license and special certification (capacity 6).



02/07/2020

Elizabeth Elliott
Licensing Consultant

Date