



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 13, 2023

Anna Hinton  
Pioneer Resources  
1145 Wesley Ave.  
Muskegon, MI 49442

RE: License #:	AS610014931 Lawrence Home 1228 Lawrence Avenue Muskegon, MI 49442-2272
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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**

<b>License #:</b>	AS610014931
<b>Licensee Name:</b>	Pioneer Resources
<b>Licensee Address:</b>	1145 Wesley Ave. Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 286-8637
<b>Licensee/Licensee Designee:</b>	Anna Hinton, Designee
<b>Administrator:</b>	Tracy Kroll, Administrator
<b>Name of Facility:</b>	Lawrence Home
<b>Facility Address:</b>	1228 Lawrence Avenue Muskegon, MI 49442-2272
<b>Facility Telephone #:</b>	(231) 773-5355
<b>Original Issuance Date:</b>	06/07/1993
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/05/2023

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Anna Hinton, LD

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medications were not being administered. A review of the resident medications and MAR was conducted.
- 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.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification.



01/03/2024

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Elizabeth Elliott  
Licensing Consultant

Date