



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2025

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

RE: License #:	AS610419009 Marcoux Home 1465 Marcoux Avenue Muskegon, MI 49442
----------------	--

Dear Ms. Hinton:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
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 #:	AS610419009
Licensee Name:	Pioneer Resources
Licensee Address:	1145 Wesley Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 773-5355
Licensee/Licensee Designee:	Anna Hinton, Designee
Administrator:	Anna Hinton, Administrator
Name of Facility:	Marcoux Home
Facility Address:	1465 Marcoux Avenue Muskegon, MI 49442
Facility Telephone #:	(231) 773-5355
Original Issuance Date:	03/17/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/16/2025

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

Date of Health Authority Inspection if applicable: 09/16/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Anna Hinton, Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not due to be administered. An inspection 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 found to be in non-compliance with the following rules:	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
<p>Findings:</p> <ul style="list-style-type: none"> • Resident A's acetaminophen, take 2 tabs by mouth, 500 mg, 2x daily- 8:00p.m. on 09/12/2025 is not signed by staff as administered. • Resident A's baclofen, 10 mg, 2x daily, 8:00p.m. on 09/12/2025 is not signed by staff as administered. • Resident A's baclofen, 20 mg, 2x daily, 8:00p.m. on 09/12/2025 is not signed by staff as administered. • Resident A's atorvastatin tab, 20 mg, 1 tab at bedtime, 8:00p.m. on 09/12/2025 is not signed by staff as administered. • Resident A's docusate SOD, 50mg/ml liquid, give 30 ml by mouth every morning is not signed by staff as administered on 09/14/2025. • Resident A's docusate, 15 ml by mouth at bedtime, 8:00 p.m., is not signed as administered by staff the entire month of September. • Resident A's melatonin tab 5 mg, take 1 to 2 tabs by mouth at bedtime, 8:00 p.m. is on the MAR but it is not signed by staff as administered on the September MAR and the medication is not in the medication cart. • Resident A's polyeth glyc powder 3350 is not signed by staff as administered on 09/04/2025, 09/14/2025 and 09/15/2025. • Resident A's reguloid Pow Orange, Metamucil, dissolve 10 grams in liquid and drink by mouth 1x daily is not signed as administered 09/08/2025 through 09/12/2025 and on 09/14/2025. • Diazepam tab 10mg, valium, take 1 tab by mouth at bedtime is not signed by staff as administered on 09/01/2025-09/04/2025 and on 09/12/2025. <p>Conclusion: Licensee Designee, Anna Hinton stood by as I reviewed the resident MAR and stated she will conduct a complete and thorough inspection and review of all resident medications, and these issues will be dealt with immediately.</p>	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/18/2025

Elizabeth Elliott
Licensing Consultant

Date