



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 29, 2025

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
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 #:	AS610014931
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:	Lawrence Home
Facility Address:	1228 Lawrence Avenue Muskegon, MI 49442-2272
Facility Telephone #:	(231) 773-5355
Original Issuance Date:	06/07/1993
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/23/2025

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

Date of Environmental/Health Inspection if applicable: 12/23/2025

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: LD-Anna Hinton

- 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 MAR and resident medications 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.

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

IV. RECOMMENDATION

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



12/29/2025

Elizabeth Elliott
Licensing Consultant

Date