



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 13, 2020

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

RE: License #:	AS610077781 Sheridan AFC 4144 Sheridan Drive Muskegon, MI 49444-4341
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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. This inspection was conducted virtually due to COVID19 restrictions.

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>	AS610077781
<b>Licensee Name:</b>	Pioneer Resources
<b>Licensee Address:</b>	Suite 100 601 Terrace St. Muskegon, MI 49440
<b>Licensee Telephone #:</b>	(231) 773-5355
<b>Licensee/Licensee Designee:</b>	Anna Hinton, Designee
<b>Administrator:</b>	Yvette Stuckey, Administrator
<b>Name of Facility:</b>	Sheridan AFC
<b>Facility Address:</b>	4144 Sheridan Drive Muskegon, MI 49444-4341
<b>Facility Telephone #:</b>	(231) 773-5355
<b>Original Issuance Date:</b>	02/15/1998
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED ALZHEIMERS
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/11/2020

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

Date of Environmental/Health Inspection if applicable: 05/12/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 5  
No. of others interviewed 1 Role: LD-A. Hinton

- 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.  
At the time of the virtual inspection, resident meals were not being prepared so an inspection of the kitchen, the preparation surfaces, food in storage and in the refrigerator/freezer was observed.
- 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.  
The inspection was completed virtually and the LD did not have a tool to test the water. Typically the water in this facility tests within the required range.
- 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. An exit conference was conducted with Licensee Designee, Anna Hinton and she agrees with the issuance of a 2-year regular license with special certification.

### IV. RECOMMENDATION

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



08/13/2020

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Elizabeth Elliott  
Licensing Consultant

Date