



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2022

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 Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You submitted an acceptable Statement of Correction.

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): 08/09/2022

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

Date of Environmental/Health Inspection if applicable: 04/20/2022

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 6

No. of others interviewed 2 Role: LD/Admin.

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medications were not being administered so an inspection of resident medications and the 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.  
Water temperature checked in kitchen and resident bathrooms.
- 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:	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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 {333.1101 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> <p>(2) Medication shall be given, taken, or applied pursuant to label instructions.</p>
<p>Findings: Resident H.T.'s medication Paroxetine 10ml/20mg is on the MAR to be administered a.m. and p.m. but the label on the prescription bottle documents the medication should be administered only 1x per day in the p.m.</p> <p>Resident H.T.'s medication Children's Tylenol Tablets (15.6ml/500mg) is documented on the MAR to administer 3x daily, a.m., noon, and p.m. but the noon dose is not documented as administered. The medication is documented as administered 2x daily, in the a.m. and p.m.</p> <p>Licensee Response: Anna Hinton submitted a corrective action plan and stated the medications will be administered as prescribed and documented accordingly on the MAR immediately.</p>	
<b>R 400.14407</b>	<b>Bathrooms.</b>
	<p>(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.</p>

Finding: The fan in the resident bathroom is not working.

Licensee Response: Ms. Hinton stated the fan in the resident bathroom will be replaced as soon as possible.

A corrective action plan was requested and approved on 08/09/2022. 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 regular adult foster care license and special certification (Capacity 6).



08/23/2022

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Elizabeth Elliott  
Licensing Consultant

Date