



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 13, 2025

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

RE: License #:	AM610009183 Pioneer House 1390 Brusse Avenue Muskegon, MI 49442-1315
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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 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**

<b>License #:</b>	AM610009183
<b>Licensee Name:</b>	Pioneer House, Inc.
<b>Licensee Address:</b>	601 Terrace St. Muskegon, MI 49440
<b>Licensee Telephone #:</b>	(231) 286-8637
<b>Licensee/Licensee Designee:</b>	Anna Hinton, Designee
<b>Administrator:</b>	Anna Hinton, Administrator
<b>Name of Facility:</b>	Pioneer House
<b>Facility Address:</b>	1390 Brusse Avenue Muskegon, MI 49442-1315
<b>Facility Telephone #:</b>	(231) 777-2920
<b>Original Issuance Date:</b>	04/29/1981
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/13/2025

Date of Bureau of Fire Services Inspection if applicable: 02/08/2024, 04/05/2024

Date of Health Authority Inspection if applicable: 01/13/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Anna Hinton, LD/Admin.

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the renewal inspection, resident medications were not being administered so 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:  
312.4(b)(v). 401.2. 403.1, 407.1 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 to review any findings and/or suggestions for maintenance of the facility. Ms. Hinton had no questions and the renewal of the license is recommended.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license with special certification (capacity 12).



01/13/2025

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Elizabeth Elliott  
Licensing Consultant

Date