



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2025

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

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|----------------|---|
| RE: License #: | AS610393016 Mill Iron 1123 Mill Iron Road Muskegon, MI 49442 |
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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

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|------------------------------------|--|
| License #: | AS610393016 |
| Licensee Name: | Pioneer Resources |
| Licensee Address: | 1145 Wesley Ave. Muskegon, MI 49442 |
| Licensee Telephone #: | (231) 286-8637 |
| Licensee/Licensee Designee: | Anna Hinton, Designee |
| Administrator: | Tracy Kroll, Administrator |
| Name of Facility: | Mill Iron |
| Facility Address: | 1123 Mill Iron Road Muskegon, MI 49442 |
| Facility Telephone #: | (231) 773-5355 |
| Original Issuance Date: | 09/27/2018 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2025

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

Date of Health Authority Inspection if applicable: 03/25/2025

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 6
No. of others interviewed 2 Role: LD&ADMIN, AH&TK

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the renewal inspection, resident medications were not being passed so a review of the resident MARs and 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. An exit conference was conducted with Licensee Designee, Anna Hinton at the time of the inspection and she was informed that a 2-year AFC license with a special certification would be issued.

IV. RECOMMENDATION

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



03/26/2025

Elizabeth Elliott
Licensing Consultant

Date