



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 11, 2026

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

RE: License #:	AS610419009
Investigation #:	2026A0356016
	Marcoux Home

Dear Ms. Hinton:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth Elliott". The signature is written in a cursive style with a large, looping initial "E".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS610419009
Investigation #:	2026A0356016
Complaint Receipt Date:	01/06/2026
Investigation Initiation Date:	01/06/2026
Report Due Date:	03/07/2026
Licensee Name:	Pioneer Resources
Licensee Address:	1145 Wesley Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 773-5355
Administrator:	Anna Hinton
Licensee Designee:	Anna Hinton
Name of Facility:	Marcoux Home
Facility Address:	1465 Marcoux Avenue Muskegon, MI 49442
Facility Telephone #:	(231) 773-5355
Original Issuance Date:	03/17/2025
License Status:	REGULAR
Effective Date:	09/17/2025
Expiration Date:	09/16/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED, MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident medications are not being documented as administered.	Yes
Resident care is poor.	No
Additional Finding	Yes

III. METHODOLOGY

01/06/2026	Special Investigation Intake 2026A0356016
01/06/2026	Special Investigation Initiated - Telephone Sandy Kotecki, Health West.
01/06/2026	Contact - Telephone call made Health West Jessica Sobers, RN.
01/07/2026	Contact - Telephone call made Health West Jessica Sobers, RN.
01/07/2026	Inspection Completed On-site
01/07/2026	Contact - Face to Face Jessica Sobers, DCW Getorra Johnson, Uniqua Vines, Tracy Kroll, Program Manager.
01/07/2026	Contact - Document Received MAR, facility documents.
01/11/2026	Exit conference-Anna Hinton, Licensee Designee.

ALLEGATION: Resident medications are not being documented as administered.

INVESTIGATION: On 01/06/2026, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported resident medication administrations are not being recorded on the MAR (medication administration records) properly, the medication book is not being filled out properly by staff and staff are using other staff's initials on the documents.

On 01/06/2026, I interviewed Sandy Kotecki, support services supervisor at Health

West, Muskegon CMH (Community Mental Health). Ms. Kotecki suggested I meet with Jessica Sobers, RN at Health West as she is the nurse that oversees this facility.

On 01/07/2026, I met with Ms. Sobers and we conducted an unannounced inspection at the facility. Ms. Sobers and I observed 6 residents in the facility and reviewed resident medications and the medication administration records. The following information was discovered while reviewing resident MARs (Medication Administration Records):

- Resident A: Bisacodyl 5ms, sub Dulcolax, take 1 every a.m. at 8:00a.m. was not signed by staff as administered on 01/03/2026 and 01/04/2026.
- Resident A: Thera breath, mouth lozenges, give 2 every a.m. to put in his pocket was marked with a slash mark / on 01/01/2026, 01/02/2026 and 01/05/2026 and not marked at all as given on 01/03/2026, 01/04/2026 and 01/06/2026.
- Resident B: Fexofenadine 180mg MMI, take one tablet by mouth once daily was not signed by staff as administered on 01/06/2026 at 8:30a.m.
- Resident B: Ipratropium/Sol Albuterol, inhale contents of 1 vial via nebulizer at bedtime was not marked as administered by staff at 8:30p.m. on 01/06/2026.
- Resident B: Lacosamide Tab 100MG, take one tablet by mouth twice daily, max daily amount: 200MG was not signed as administered by staff at 8:30a.m. on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, and at 8:30p.m. on 01/01/2026, 01/02/2026, 01/03/2026, and 01/04/2026. On the MAR the documentation was a O for all the dates not signed by staff.
- Resident B: Pregabalin CAP 50MG, take one capsule by mouth twice daily max daily amount: 100mg was not signed as administered by staff at 8:30p.m. on 01/06/2026.
- Resident B: Ventolin HFA AER, albuterol inhaler, inhale two puffs by mouth twice daily, was not signed as administered by staff at 8:30a.m. and 8:30p.m. on 01/06/2026.
- Resident C: Triple Antibiotic Ointment, apply a thin layer to open sores on both feet twice daily, was not signed as administered by staff at 8:30p.m. on 01/02/2026 or 01/06/2026.
- Resident C: Acyclovir Tab 400 MG, take one tablet by mouth five times daily for 5 consecutive days for breakouts, PRN (as needed), 8:00a.m., 11:00a.m., 2:00p.m., 8:00p.m. On 01/02/2026 at 8:00a.m., 2:00p.m. and 8:00p.m. the medication is signed as administered but the 11:00a.m. administration is not signed as given. On 01/05/2026 this medication is documented as administered at 8:00a.m., 11:00a.m., 2:00p.m. but is not signed as administered at 8:00p.m. On 01/06/2026 this medication is documented as administered at 2:00p.m. and 8:00p.m. but is not signed as administered at 8:00a.m. and 11:00a.m. and on 01/07/2026 this medication is signed as administered at 8:00a.m. but not at 11:00a.m., 2:00p.m. or 8:00p.m.

- Resident D: Diazepam Tab 10mg, take one tablet by mouth at bedtime was not signed as administered by staff at 8:30p.m. on 01/03/2026, 01/04/2026, 01/05/2026, and 01/06/2026.
- Resident D: Docusate SOD-50mg/5ml-Liquid*MMI, give 15ml by mouth at bedtime, hold for loose stools was not signed as administered by staff at 8:00p.m. on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026 and 01/06/2026.
- Resident D: Reguloid Powder SF, dissolve 10 grams in liquid and drink by mouth once daily was not signed as administered by staff at 8:00a.m. on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, 01/06/2026, and 01/07/2026.
- Resident D: Senna-Time Tab 8.6MG, take two tablets (17.2MG) by mouth once daily, hold for loose stools was not signed as administered by staff at 8:00a.m. on 01/06/2026.
- Resident D: Vitamin D cap 50mcg, take one capsule by mouth once daily was not signed by staff as administered on 01/06/2026 at 8:00a.m.
- Resident E: Clotrimazole Cream 1%, may reuse again after two weeks if no cure. May lighten skin if used too often was not signed as administered by staff as applied on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026 & 01/06/2026.
- Resident E: Lurasidone Tab 60 MG, take one tablet by mouth twice daily (8:30a.m. & 12:00p.m.) with breakfast and lunch not signed as administered by staff at 12:00p.m. on 01/02/2026, 01/03/2026, & 01/04/2026.
- Resident F: Baclofen Tab 20 MG, take ½ tablet by mouth three times daily (8:30a.m., 2:00p.m., 8:30p.m.) not signed as administered by staff at 2:00p.m. on 01/03/2026, 01/04/2026, & 01/06/2026.
- Resident F: Boost Liquid Chocolate, drink 1 can twice daily (8:30a.m. & 8:30p.m.), is not signed as administered by staff at 8:30p.m. on 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, & 01/06/2026.
- Resident F: Famotidine Tab 20 MG, take one table by mouth twice daily, 8:30a.m. and 8:30p.m. not signed by staff as administered on 01/02/2026 at 8:30p.m.
- Resident F: Polyeth Glyc Powder 3350, mix contents of 1 packet (17 grams) in 8 ounces of water or liquid and drink once daily “off cycle request when needed” at 8:30a.m. was not documented as administered by staff at 8:30a.m. on 01/06/2026.

On 01/07/2026, I interviewed Getorra Johnson, DCW (Direct Care Worker) and Tracy Kroll, Program Manager at the facility. Ms. Johnson and Ms. Kroll stated the marks // on Resident A’s MAR for Thera breath mouth lozenges means they were out of the medication.

Ms. Kroll stated the O’s on Resident B’s MAR, for the Lacosamide Tabs indicate that the order was sent to the pharmacy, but the pharmacy did not send the medication to the facility. Ms. Kroll stated she called the pharmacy three times. The first call the pharmacy said they needed a prescription, the second call the pharmacy they said

they were waiting for the script to come through and the third call, on 01/05/2026, the pharmacist stated they had received the script and they did not know why the medication had not been sent and sent the medication.

I interviewed Ms. Johnson and DCW Uniqua Vines at the facility. Ms. Johnson stated she mainly worked 2nd shift and Ms. Johnson and Ms. Vines acknowledged that they passed medications. Ms. Johnson and Ms. Vines stated that when they pass resident medications, they sign the MAR with their initials indicating that they passed the residents' medications. Ms. Johnson and Ms. Vines stated they did not sign other staff's initials on the MAR as reported in the complaint allegations.

On 09/16/2025, I conducted a renewal inspection at the facility and

On 02/11/2026, I conducted an exit conference with Anna Hinton, Licensee Designee. Ms. Hinton stated she understood the information, analysis, and conclusion of this applicable rule. Ms. Hinton agreed to submit an acceptable corrective action plan and that retraining staff will be a part of the CAP.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (v) Initials of the individual who administered the medication at the time given.
ANALYSIS:	The complainant reported the medication book is not being filled out properly by staff and staff are using other staff's initials on the documents. Upon reviewing Resident's A-F's Medication Administration Records, it is clear resident medications are not being documented by staff as administered; therefore, a violation of this applicable rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident care is poor.

INVESTIGATION: On 01/06/2026, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported staff fail to change and bathe residents.

On 01/07/2026, Ms. Sobers and I conducted an unannounced inspection at the facility. Ms. Sobers and I observed 6 residents in the facility. All residents appeared clean and dressed appropriately. Residents in the facility cannot provide information pertinent to this investigation due to cognitive deficits and therefore, residents were observed but not interviewed.

On 01/07/2026, Ms. Sobers and I interviewed Ms. Johnson and Ms. Kroll at the facility. Ms. Johnson and Ms. Kroll stated Resident D is on a 1st shift shower schedule and refuses to allow certain staff to give her a shower, so they try to schedule Resident D's showers to align with staff that she likes to assist her with showering. Ms. Johnson and Ms. Kroll stated Residents A, B, C, E and F are bathed/showered and their ADL's are provided daily with no issues. Ms. Johnson stated she had not seen residents unbathed and/or not clean and Ms. Kroll concurred.

On 01/07/2025, I interviewed Ms. Vines at the facility. Ms. Vines stated resident ADL's including showers/bathing are completed daily and residents are clean.

On 01/07/2026, I reviewed ADL (activities of daily living) logs for 1st and 2nd shifts that document residents showers/bathing.

On 02/11/2026, I conducted an exit conference with Anna Hinton, Licensee Designee. Ms. Hinton stated she agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.677	Resident hygiene, clothing.
	(1) A licensee shall offer a resident appropriate opportunity, access to, and instructions for the following daily: (a) Bathing or showering, or both.
ANALYSIS:	The complainant reported staff fail to change and bathe residents. There is evidence to show that staff at the facility provide residents with the opportunity and access to bathing and showering. A violation of this applicable rule is not established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING

INVESTIGATION: On 01/07/2026, Ms. Sobers and I reviewed the MARs for Residents A, B, C, D, E and F at the facility. PRN (as needed) medications are

marked as administered on the MAR, but they are not documented on the back of the MAR with the reasons for the administration of the PRN medications. The following are the medications:

- Resident B: Diclofenac Gel 1%, apply 2 grams topically three times daily to both knees and shoulders, 8:30p.m, PRN, as needed. The medication was signed by staff as administered on 01/01/2026.
- Resident B: Diazepam Tab 5 MG, take one tablet by mouth once daily as needed for anxiety prior to wound care/dressing change, max daily amount, 5 MG. The medication was signed as administered by staff on 01/04/2026.
- Resident C: Acetaminophen 500MG MMI, take two tablets by mouth every 8 hours as needed for pain and fever was documented by staff as administered on 01/01/2026.
- Resident C: Acyclovir Tab 400 MG, take one tablet by mouth five times daily for 5 consecutive days for breakouts, PRN (as needed), 8:00a.m., 11:00a.m., 2:00p.m., 8:00p.m. This medication is signed as administered by staff on 01/02/2026 at 8:00a.m., 2:00p.m. and 8:00p.m. On 01/05/2026 this medication is documented as administered at 8:00a.m., 11:00a.m., 2:00p.m. On 01/06/2026 this medication is documented as administered at 2:00p.m. and 8:00p.m. and on 01/07/2026 at 8:00a.m.
- Resident D: Diazepam Tab, 10MG, take one tablet by mouth 1 hour prior to anxiety provoking appointments. This medication is documented on the MAR as administered on 01/02/2026.

On 02/11/2026, I conducted an exit conference with Anna Hinton, Licensee Designee. Ms. Hinton stated staff are aware they are to document the reason for each administration of PRN medications and agreed to submit an acceptable corrective action plan and that retraining staff will be a part of the CAP.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
ANALYSIS:	Upon reviewing the PRN medications on the MAR, staff are not recording the reasons for PRN medication administered to residents and therefore, a violation of this applicable rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan and verification of updated staff training on the administration and documentation of resident medications, I recommend the status of the license remain the same.

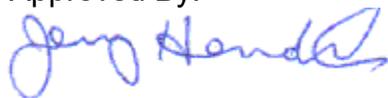


02/11/2026

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



02/11/2026

Jerry Hendrick
Area Manager

Date