



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

Tracy Kroll, Licensee Designee
Pioneer Resources
1145 Wesley Ave.
Muskegon, MI 49442

RE: License #:	AS610077781 Sheridan AFC 4144 Sheridan Drive Muskegon, MI 49444-4341
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Dear Ms. Kroll:

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

License #:	AS610077781
Licensee Name:	Pioneer Resources
Licensee Address:	1145 Wesley Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 773-5355
Licensee/Licensee Designee:	Tracy Kroll, Designee
Administrator:	Tracy Kroll, Administrator
Name of Facility:	Sheridan AFC
Facility Address:	4144 Sheridan Drive Muskegon, MI 49444-4341
Facility Telephone #:	(231) 773-5355
Original Issuance Date:	02/15/1998
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/22/2026

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

Date of Environmental/Health Inspection if applicable: 04/28/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 2 Role: T. Kroll, LD, S. Freed

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the inspection, resident medications were not being administered.
A review of the resident medications and MAR was reviewed.
- 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? The Workforce Background Check
site was reviewed with Ms. Kroll. 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.

IV. RECOMMENDATION

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

A handwritten signature in cursive script that reads "Elizabeth Elliott".

08/03/2026

Elizabeth Elliott
Licensing Consultant

Date