



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 7, 2022

Margaret Geer  
Po Box 406  
7988 Sharpe Road  
Fowlerville, MI 48836

RE: License #: AF470071116  
**Geer Adult Foster Care**  
**7988 Sharpe Road**  
**Fowlerville, MI 48836**

Dear Ms. Geer:

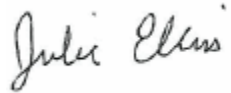
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance submitting verification that Rebecca Storey, Jeff Geer, Elena Feregrino-Vazques, Margaret Geer, Amy Hacker and Kara Hacker are free from communicable tuberculosis by February 20, 2022.
- Provide verification that Resident A has received her prescribed cream by February 20, 2022.
- Please provide an updated written resident care agreement that reflects the cost of care on the resident's funds transaction form for Resident B by February 20, 2022.
- Please provide verification that all medications have been locked up by February 20, 2022.
- Please provide verification that the home's hot water does not exceeds 120 degrees Fahrenheit by February 20, 2022.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF470071116
<b>Licensee Name:</b>	Margaret Geer
<b>Licensee Address:</b>	Po Box 406 7988 Sharpe Road Fowlerville, MI 48836
<b>Licensee Telephone #:</b>	(517) 223-3514
<b>Licensee:</b>	Margaret Geer
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Geer Adult Foster Care
<b>Facility Address:</b>	7988 Sharpe Road Fowlerville, MI 48836
<b>Facility Telephone #:</b>	(517) 223-3514
<b>Original Issuance Date:</b>	06/14/1996
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 02/07/2022  
Date of Bureau of Fire Services Inspection if applicable: N/A  
Date of Health Authority Inspection if applicable: 10/20/2021- pending

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 6  
No. of others interviewed 1 Role: licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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:  
CAP 02/03/2020 440 (5), 426(1), 422 (1), 421(3), 407 (3), 407 (5), 407 (9), 405 (3) 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:

**R 400.1405**            **Health of a licensee, responsible person, and member of the household.**

**(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.**

At the time of the inspection documentation was not available to verify that licensee Margaret Geer, responsible person Rebecca Storey, direct care worker (DCW) Elena Feregrino-Vazques, DCW Kara Hacker, DCW Amy Hacker and household member Jeffery Geer were free of communicable tuberculosis.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 1/31/2018, CAP 03/13/2018 and LSR dated 01/24/2020, CAP 02/03/2020.]**

**R 400.1418**            **Resident medications.**

**(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being ( 33.1101 et. seq. of the Michigan Compiled Laws.**

One of Resident A's prescribed creams was not available in the home and the licensee was not sure why the medication was not available.

**R 400.1418**            **Resident medications.**

**(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.**

Prescribed medications were being stored in an unlocked cabinet in the kitchen.

**R 400.1421 Handling of resident funds and valuables.**

(10) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident B's *Funds II* form showed that he was being charged more than agreed to on the *Resident Care Agreement*.

**R 400.1426 Maintenance of premises.**

(1) The premises shall be maintained in a clean and safe condition.

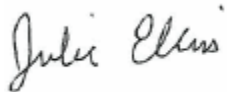
The water temperature in the home exceeded 120 degrees Fahrenheit.

**REPEAT VIOLATION ESTABLISHED [LSR dated 01/24/2020, CAP 02/03/2020.]**

A corrective action plan was requested and approved on 02/07/2022. 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.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended contingent upon environmental approval from the Livingston County Health Department.



02/07/2022

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Julie Elkins  
Licensing Consultant

Date