

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 23, 2022

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

> RE: License #: AF470071116 Investigation #: 2022A0466023

> > Geer Adult Foster Care

Dear Ms. Geer:

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 feel free to 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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Julie Elkins, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellens

Lansing, MI 48909

enclosure

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

## I. IDENTIFYING INFORMATION

License #:	AF470071116
Investigation #:	2022A0466023
Complaint Receipt Date:	01/28/2022
Investigation Initiation Date:	01/28/2022
Report Due Date:	03/29/2022
Licensee Name:	Margaret Geer
Licensee Address:	Po Box 406
	7988 Sharpe Road
	Fowlerville, MI 48836
Licenses Telembone #	(547) 202 2544
Licensee Telephone #:	(517) 223-3514
Administrator:	N/A
Administrator:	IN/A
Liconego Docignos:	N/A
Licensee Designee:	INA
Name of Facility:	Geer Adult Foster Care
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Facility Address:	7988 Sharpe Road
Tuomity /tuurooo:	Fowlerville, MI 48836
	T SWISTON 1888
Facility Telephone #:	(517) 223-3514
,	
Original Issuance Date:	06/14/1996
License Status:	REGULAR
Effective Date:	02/05/2020
Expiration Date:	02/04/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	AGED

## II. ALLEGATION:

Viol	ation
Establ	lished?

Environmental report documented that the facility received a failed	Yes
rating due to the water supply not being approved for use.	

#### III. METHODOLOGY

01/28/2022	Special Investigation Intake- 2022A0466023.
01/28/2022	Special Investigation Initiated – Telephone call to licensee Margret Geer.
02/07/2022	Inspection Completed On-site.
02/18/2022	Contact - Telephone call made to Jake Dorony, Livingston County Health Department.
03/21/2022	Exit Conference with licensee Margret Geer.

ALLEGATION: Environmental report documented that the facility received a failed rating due the water supply not being approved for use.

#### INVESTIGATION:

On 01/28/2022, I received an environmental report written by Jake Dorony, sanitarian with the Livingston county health department, dated 10/20/2021. The report documented "the water supply in the facility was not approved for use. A safe bacteria sample must be collected from the residence." The facility was determined to be in substantial non-compliance with rules and approval was not recommended. Sanitarian Jake Dorony reported that between 10/20/2021 and 1/28/2022 he had called the facility several times with no response.

On 01/28/2022, I interviewed licensee Margret Geer who reported that the health department had been out to test the water and that she has not heard back from them since. Licensee Geer reported that she would call the health department about the water test.

On 02/07/2022, I was at the facility and I conducted an unannounced investigation. Licensee Geer reported that she had the water treated by a Tony Kleinsman. Licensee Geer could not report the name of the business for whom he worked. Licensee Geer reported that she has not heard from the health department however she called sanitarian Jake Dorony while I was at the facility and left a message for him to call her back.

On 02/18/2022, sanitarian Jake Dorony contacted me by phone and reported that the facilities water had been treated and the water tests passed at the facility.

APPLICABLE RULE				
R 400.1424	Environmental health.			
	(1) The water supply shall be adequate, of a safe and sanitary quality, and from an approved source. Hot and cold running water under pressure shall be provided.			
ANALYSIS:	Jake Dorony, Livingston county sanitarian conducted a site inspection at the home on 10/20/2021 and determined the water supply was not safe for use due to a positive bacteria sample. On 1/28/2022, after sanitarian Jake Dorony made several attempts to contact licensee Geer about the water supply with no response from licensee Geer, the home was determined to be in substantial non-compliance with rules and approval was not recommended. Although the water source was approved for use on 02/18/2022, according to sanitarian Jake Dorony, the water supply at the facility was not safe for use from 10/20/2021 through 01/27/2022, therefore the home was determined to be in substantial non-compliance with sanitation rules and a violation has been established.			
CONCLUSION:	VIOLATION ESTABLISHED			

## IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan it is recommended that the status of the license remains unchanged.

Julie Ellers	00/00/	0000
	03/22/2022	
Julie Elkins		Date
Licensing Consultant		
Approved By:		
1. 1		
Naun Jimm	03/23/2022	
Dawn N. Timm		Date
Area Manager		