



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 1, 2024

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:

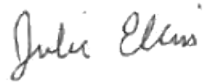
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the quality of care violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance to me by the date on the corrective action. Please provide the following information:
 - documentation that the water temperature is under 120 degrees Fahrenheit.
 - that all medications are stored in the pharmacy prescribed containers.
 - obtaining Resident C's prescribed Sertraline 50 mg.
 - refrigerated medications being locked up.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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

License #:	AF470071116
Licensee Name:	Margaret Geer
Licensee Address:	Po Box 406 7988 Sharpe Road Fowlerville, MI 48836
Licensee Telephone #:	(517) 223-3514
Licensee:	Margaret Geer
Administrator:	N/A
Name of Facility:	Geer Adult Foster Care
Facility Address:	7988 Sharpe Road Fowlerville, MI 48836
Facility Telephone #:	(517) 915-8809
Original Issuance Date:	06/14/1996
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 01/25/2024

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

Date of Health Authority Inspection if applicable: 10/12/2023

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 02/07/2022 405 (3), 418 (1), 418 (5), 421 (10), 416 (1) 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 400.1407 **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Resident A was admitted to the facility on 5/20/2023 and Resident B was admitted to the facility on 10/01/2023 but at the time of inspection a written health care appraisal completed within the 90-day period before the admission to the home or 30 days after admission was not available for review for either resident.

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 S333.1101 et seq. of the Michigan Compiled Laws.

Resident A's medications were "set up" in daily pill containers and therefore are not being stored in the prescribed pharmacy container.

Resident C's medications were pharmacy bubble packed but when inspected I observed each bubble pack of medication had been opened with medications added to the package, medication names handwritten on the package and then re-closed with scotch tape. Licensee Margaret Geer did not have the original pharmacy container for those medications added to the bubble packs nor did licensee Margaret Geer have a physician written prescription order to administer those medications.

REPEAT VIOLATION ESTABLISHED [Reference LSR dated 2/07/2022, CAP 02/07/2022.]

R 400.1418 Resident medications.

(2) Medication shall be given pursuant to label instructions.

Resident D's prescribed medication Sertraline 50 mg is not being administered as prescribed because it was not available for administration at the facility.

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.

Refrigerated medications were not secured.

R 400.1426 Maintenance of premises.

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

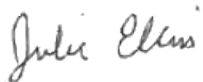
The water temperature in the home exceeded 120 degrees Fahrenheit.

REPEAT VIOLATION ESTABLISHED [LSR dated 01/24/2020, CAP 02/03/2020 and LSR dated 02/07/2022, CAP 02/07/2022.]

A corrective action plan was requested and approved on 01/26/2024. 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; issuance of a provisional license is recommended due to the quality of care violations.



01/30/2024

Julie Elkins
Licensing Consultant

Date

Approved:



02/01/2024

Dawn Timm
Area Manager

Date