GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

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. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

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

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
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: 07/30/2026

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

Date of Health Authority Inspection if applicable: pending.

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 3
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. inspection was not durning mealtime.
- 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? 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 400.617 **Records.**

(1) A licensee shall maintain the following records:
(a) Admission policy.

Admission Policy was not available for review at the time of inspection.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(b) Program statement.

Program Statement was not available for review at the time of inspection.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(c) Discharge policy.

Discharge Policy was not available for review at the time of inspection.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(i) Personnel policies and procedures, excluding family homes that do not employ staff.

Personnel policies and procedures were not available for review at the time of inspection.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(t) Menus.

Written menus were not available at the time of inspection.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(u) Vaccination and licensing records of pets in the facility in accordance with section 6 of the dog law of 1919, 1919 PA 339, MCL 287.266, and the local municipality.

Documentation of vaccination and licensing records for the facility's dog was not available at the time of inspection

R 400.619 **Emergency preparedness plan.**

(1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable.
(2) An emergency preparedness plan must include all of the following:
(a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.
(b) Persons to be notified during an emergency.
(c) Locations of alarm signals and fire extinguishers.
(d) Evacuation routes and designated point of safety.
(e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.
(f) Any special assistance needed by a resident.

Documentation of the emergency preparedness plan was not available for department review at the time of inspection.

R 400.619 **Emergency preparedness plan.**

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

Fire records for 2026 did not document that emergency evacuation drills were conducted at least once per quarter during each shift (7 a.m.–3 p.m., 3 p.m.–11 p.m., and 11 p.m.–7 a.m.).

R 400.623 **Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.**

(2) An applicant, licensee, and administrator shall be competent in all of the following areas:
(a) Nutrition.
(b) First aid.
(c) Cardiopulmonary resuscitation.
(d) Foster care, as defined in the act.
(e) Safety and fire prevention.
(f) Financial and administrative management.
(g) Knowledge of the needs of the population to be served.
(h) Resident rights.
(i) Prevention and containment of communicable diseases.
(j) Medication administration.

Documentation of licensee training was not available for review at the time of inspection.

R 400.629 **Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:
(a) Reporting requirements.
(b) First aid.
(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
(d) Personal care, supervision, and protection.
(e) Resident rights.
(f) Safety and fire prevention.
(g) Prevention and containment of communicable diseases including recognizing signs of illness.
(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
(i) Nutrition and special diets.

Documentation of direct care training was not available for review at the time of inspection.

R 400.631 **Health screenings.**

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

Annual health statuses for staff members and household members have not been reviewed.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

Health Care Appraisals for all three currently admitted residents have not been updated annually.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

Written *Assessment Plans* for all three currently admitted residents have not been updated annually.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

Resident Care Agreements for all three currently admitted residents have not been updated annually.

R 400.739 **Heating.**

(1) A facility shall be heated by an approved heating plant. If the heating plant is in the basement of the facility, standard building material is sufficient for the floor separation that must include at least 1 3/4-inch solid wood core door or equivalent to create a floor separation between the basement and the first floor. If the heating plant is on the same level as the residents, the furnace room must be separated from the remainder of the facility with materials that will afford a minimum 1 hour protected enclosure. A permanent outside vent that cannot be closed must be incorporated in the design of heating plant rooms so that adequate air for proper combustion is ensured.

Floor separation from needs to be obtained by at least 1 3/4-inch solid wood core door or equivalent to create a floor separation between the basement and the first floor. Door was not able to be completely closed.

IV. RECOMMENDATION

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

08/03/2026

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Julie Elkins Date
Licensing Consultant