

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH SYSTEMS
INFORMAL DEFICIENCY REVIEW REQUEST – LEVEL 2**

Send this completed form with documentation to: MDCH, BHS, Operations, Enforcement Unit, IDR Requests,
P.O. Box 30664, Lansing, MI 48909.

The PoC should be submitted to the Licensing Officer that signed the Statement of Deficiencies (CMS-2567L).

This IDR is to be reviewed by:

Bureau of Health Systems Staff

OR

MPRO (Facility agrees to pay fee for service.)

Facility:

Survey Exit Date:

Standard

Abbreviated

1. Tag No(s):

2. Citation fact(s)/statement(s) requested for review:

3. Factual evidence that you believe refutes the above fact(s)/statement(s):
(pages should be numbered; for example, 1 of 20, 2 of 20, etc.)

4. Explain if the above evidence was not available at time of survey:

Facility Contact Person:

Date:

Phone #:

REVIEWER RESPONSE

Deficiency is:

Supported in full

Amended

Deleted

Reason: _____

Code/s: 1 2 3 4 5 6 7 8 9 10 11

Reviewer ID #: _____

Date: _____