

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

Send this form (typed/printed) 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:	<input type="checkbox"/> Standard <input type="checkbox"/> 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 #:
<b>REVIEWER RESPONSE</b>		
Deficiency is:	<input type="checkbox"/> Supported in full	<input type="checkbox"/> Amended
		<input type="checkbox"/> Deleted
Reason:		
Code/s: 1 2 3 4 5 6 7 8 9 10 11		
Reviewer ID #:	Date:	