

# Nursing Homes Licensing Report

Pursuant to Public Act 368 of 1978, as amended,  
Section 20155 (8), (20) and (21); and Section 20155a (9).

**Calendar Year 2018**

Prepared by

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## REPORT AUTHORITY

Article 17 of the Public Health Code provides for the licensing and regulation of health facilities and agencies. Part 201 contains general provisions for all health facilities and agencies. Included in Part 201 are four legislative reporting requirements pertaining to nursing homes, along with a provision enabling the department to submit a single, consolidated report. Following are the statutory reporting requirements:

- Citation Patterns and Training  
MCL 333.20155 (8)
- Reportable Data from Nursing Home Surveys  
MCL 333.20155 (20)
- Informal Dispute Resolution (IDR) and Quality Assurance Review  
MCL 333.20155 (21)
- IDR and Independent IDR Conducted by Michigan Peer Review Organization  
MCL 333.20155a (9)

This report is submitted electronically to the House of Representatives and the Senate appropriations subcommittees and standing committees having jurisdiction over issues involving senior citizens and to the House and Senate Fiscal Agencies. This report is also available on the LARA website: [LARA/ALL ABOUT LARA/LEGISLATIVE REPORTS.](#)

## **DEPARTMENT OVERVIEW**

The Michigan Department of Licensing and Regulatory Affairs (LARA) is composed of agencies and commissions that promote business growth and job creation through streamlined, simple, fair, and efficient regulation, while at the same time protecting the health and safety of Michigan's citizens.

The LARA Bureau of Community and Health Systems (BCHS) serves to protect and assure safe, effective, efficient and accessible community and health care services delivered by state licensed and federally certified providers in Michigan.

The bureau is responsible for state licensing of facilities, agencies and programs under the Public Health Code, Mental Health Code, Adult Foster Care Facility Licensing Act, and Child Care Organizations Act. The bureau also serves as the state agency responsible for conducting certification activities on behalf of the federal Centers for Medicare and Medicaid Services (CMS) to assure that covered health providers and suppliers meet federal conditions to participate in the Medicare and Medicaid programs.

In general, the majority of state licensing activities involve the issuance and renewal of licenses to qualified facilities, agencies, and programs; conducting initial, routine and revisit inspections to determine compliance with state and federal requirements; and investigating complaints against state licensed and federally certified providers.

## **CITATION PATTERNS AND TRAINING**

### **Reporting Authority MCL 333.20155 (8)**

Sec. 20155. (8) The department shall semiannually provide for joint training with nursing home surveyors and providers on at least 1 of the 10 most frequently issued federal citations in this state during the past calendar year. The department shall develop a protocol for the review of citation patterns compared to regional outcomes and standards and complaints regarding the nursing home survey process. The department shall include the review under this subsection in the report required under subsection (20). Except as otherwise provided in this subsection, each member of a department nursing home survey team who is a health professional licensee under article 15 shall earn not less than 50% of his or her required continuing education credits, if any, in geriatric care. If a member of a nursing home survey team is a pharmacist licensed under article 15, he or she shall earn not less than 30% of his or her required continuing education credits in geriatric care.

### **Protocol for Reviewing Citation Patterns:**

State agencies that survey and certify health facilities for the Centers for Medicare and Medicaid Services (CMS), including the LARA Bureau of Community and Health Systems (BCHS), use the CMS relational database known as the Automated Survey Processing Environment (ASPEN). The ASPEN platform is comprised of modules, including:

- ASPEN Central Office (ACO)
- ASPEN Complaints and Incidents Tracking System (ACTS)
- ASPEN Enforcement Manager (AEM)
- ASPEN Scheduling and Tracking (AST)
- ASPEN Survey Explorer.

States report their data to CMS through a standard reporting tool known as the Certification and Survey Provider Enhanced Reporting (CASPER) system. This system can be queried to generate a variety of reports, including reports for reviewing citation patterns. CASPER is queried to generate the following data, which is used to develop quality assurance training and development for providers and surveyors:

- Appendix A lists the top 10 standard survey citations for Michigan.
- Appendix B lists the top 10 complaint survey citations for Michigan.
- Appendix C lists the standard survey deficiencies by scope and severity for all CMS regions, with a break-down of Region V, which includes Michigan.
- Appendix D lists the complaint survey deficiencies by scope and severity for all CMS regions, with a break-down of Region V.

**REPORTABLE DATA FROM NURSING HOME SURVEYS**  
**MCL 333.20155 (20)**

Sec. 20155. (20) The department may consolidate all information provided for any report required under this section and section 20155a into a single report. The department shall report to the appropriations subcommittees, the Senate and House of Representatives standing committees having jurisdiction over issues involving senior citizens, and the fiscal agencies on March 1 of each year on the initial and follow-up surveys conducted on all nursing homes in this state. The department shall include all of the following information in the report:

(a)	The number of surveys conducted:	
	Standard surveys	376
	Standard revisits	427
	Complaint surveys	1,537
	Complaint revisits	626
	<b>Total</b>	<b>2,966</b>
<b>(b) The number requiring follow-up surveys:</b>		
	Standard surveys	373
	Standard revisits	45
	Complaint surveys	1,497
	Complaint revisits	31
	<b>Total</b>	<b>1,946</b>
(c)	The average number of citations per nursing home for the most recent calendar year. (3,703 citations/ 462 facilities)	<b>8</b>
(d)	The number of night and weekend complaints filed.	
	Weeknight	100
	Weekend	271
	<b>Total</b>	<b>371</b>
(e)	The number of night and weekend responses to complaints conducted by the department.	<b>25</b>
(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)	<b>49.31</b>
(g)	The number and percentage of citations disputed through informal dispute resolution and independent informal dispute resolution. (354/3,703)	<b>354</b> <b>10%</b>

(h)	The number and percentage of citations overturned or modified, or both. (41/3,703)	<b>41</b> <b>1%</b>
(i)	The review of citation patterns developed under subsection (8).	See Appendices A-D.
(j)	Information regarding the progress made on implementing the administrative and electronic support structure to efficiently coordinate all nursing home licensing and certification functions.	See Appendix E.
(k)	The number of annual standard surveys of nursing homes that were conducted during a period of open survey or enforcement cycle.	<b>0</b>
(l)	The number of abbreviated complaint surveys that were not conducted on consecutive surveyor workdays.	ASPEN does not track this information.
(m)	The percent of all form CMS-2567 reports of findings that were released to the nursing home within the 10-working-day requirement.	
	Recertification (1,020/1,542)	66%
	Complaint (1,243/2,181)	57%
	<b>Total (2,263/3,723)</b>	<b>61%</b>
(n)	The percent of provider notifications of acceptance or rejection of a plan of correction that were released to the nursing home within the 10-working-day requirement.	ASPEN does not track this information. Similar data could be provided if this metric could be revised.
(o)	The percent of first revisits that were completed within 60 days from the date of survey completion.	
	Recertification (267/382)	70%
	Complaint (496/595)	83%
	<b>Total (763/977)</b>	<b>78%</b>
(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.	
	Recertification (14/42)	33%
	Complaint (7/28)	25%
	<b>Total (21/70)</b>	<b>30%</b>

(q)	The percent of letters of compliance notification to the nursing home that were released within 10 working days of the date of the completion of the revisit.	ASPEN does not track this information. Similar data could be provided if this metric could be revised.
(r)	A summary of the discussions from the meetings required in subsection (24).	See Appendix F.
(s)	The number of nursing homes that participated in a recognized quality improvement program as described under section 20155a (3).	<b>0</b>



**INFORMAL DISPUTE RESOLUTION (IDR)<sup>1</sup>**  
**MCL 333.20155 (21)**

Sec. 20155. (21) The department shall report March 1 of each year to the standing committees on appropriations and the standing committees having jurisdiction over issues involving senior citizens in the Senate and the House of Representatives on all of the following:

(a)	The percentage of nursing home citations that are appealed through the informal dispute resolution process. <sup>2</sup>	<b>Number</b>	<b>354</b>
		<b>Percent</b>	<b>10%</b>
(b)	The number and percentage of nursing home citations that are appealed and supported, amended, or deleted through the informal dispute resolution process.		
	<b>Review Status</b>	<b>Number</b>	<b>Percent</b>
	Supported	<b>256</b>	<b>72%</b>
	Amended or Deleted	<b>90</b>	<b>25%</b>
	Pending	<b>8</b>	<b>2%</b>
(c)	A summary of the quality assurance review of the amended citations and related survey retraining efforts to improve consistency among surveyors and across the survey administrative unit that occurred in the year being reported.		
	<b>Response:</b> Results of the informal dispute resolution process are captured and transmitted using ASPEN Central Office (ACO). This information is used by managers and surveyors for several purposes, including training and continuous quality improvement. It is also used to inform planning of semi-annual Joint Provider Surveyor Training conferences and seminars.		

<sup>1</sup> The data for this table came from a query of ASPEN Enforcement Manager (AEM) that occurred on May 6, 2019. The query resulted in the IDR/IIDR Report for the State of Michigan for calendar year 2018.

<sup>2</sup> The total number of citations (i.e., deficiencies) issued in FY18 was 3,703.

**IDR AND INDEPENDENT IDR CONDUCTED BY MPRO<sup>3</sup>**  
**MCL 333.20155a (9)**

Sec. 20144a. (9) Informal dispute resolution conducted by the Michigan peer review organization shall be given strong consideration upon final review by the department. In the annual report to the legislature, the department shall include the number of Michigan peer review organization-referred reviews and, of those reviews, the number of citations that were overturned by the department.

(a)	Number of reviews referred to the Michigan Peer Review Organization (MPRO):	Reviews <sup>4</sup>	Citations
	Informal Dispute Resolution (IDR)	<b>188</b>	<b>342</b>
	Independent Informal Dispute Resolution (IIDR)	<b>10</b>	<b>39</b>
	Total	<b>198</b>	<b>381</b>
(b)	Of those reviews, the number of citations that were overturned by the department:		<b>41</b>

<sup>3</sup> The data for this table came from two MPRO reports to LARA for calendar year 2018: The *Michigan IDR State Report Summary* and the *Michigan IIDR State Report Summary*.

<sup>4</sup> As used in this report the term “review” means an MPRO case in which a facility has requested an IDR for one or multiple citations from a survey.

## APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS<sup>5</sup>

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 448	Total # of Surveys = 2,163
F0689	Free of Accident Hazards/Supervision/Devices	392	56.5%	18.1%
F0880	Infection Prevention & Control	298	58.3%	13.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	256	54.7%	11.8%
F0684	Quality of Care	231	38.2%	10.7%
F0761	Label/Store Drugs and Biologicals	189	38.6%	8.7%
F0656	Develop/Implement Comprehensive Care Plan	182	35/5%	8.4%
F0600	Free from Abuse and Neglect	154	23.7%	7.1%
F0686	Treatment/Services to Prevent/Heal Pressure Ulcer	151	27.7%	7.0%
F0550	Resident Rights/Exercise of Rights	148	29.5%	6.8%
F0609	Reporting of Alleged Violations	139	23.4%	6.4%

<sup>5</sup> Source: CASPER (04/29/2019), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

## APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS<sup>6</sup>

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 448	Total # of Surveys = 1,753
F0689	Free of Accident Hazards/Supervision/Devices	220	37.1%	12.5%
F0600	Free from Abuse and Neglect	121	21.7%	6.9%
F0684	Quality of Care	108	20.5%	6.2%
F0609	Reporting of Alleged Violations	88	17.9%	5.0%
F0610	Investigate/Prevent/Correct Alleged Violation	85	17.2%	4.8%
F0725	Sufficient Nursing Staff	64	12.5%	3.7%
F0607	Develop/Implement Abuse/Neglect Policies	59	12.1%	3.4%
F0686	Treatment/Services to Prevent/Heal Pressure Ulcer	58	11.8%	3.3%
F0677	ADL Care Provided for Dependent Residents	54	10.3%	3.1%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	48	10.0%	2.7%

<sup>6</sup> Source: CASPER (04/29/2019), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

## APPENDIX C: STANDARD SURVEY DEFICIENCIES BY SCOPE AND SEVERITY<sup>7</sup>

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	299	118	3,147	934	147	145	6	0	13	7	0	4,816
(II) New York	125	34	2,234	597	103	20	0	0	2	2	8	3,125
(III) Philadelphia	288	525	7,697	2,792	529	175	12	0	27	12	9	12,066
(IV) Atlanta	134	294	8,100	1,804	764	151	1	0	162	68	15	11,493
(V) Chicago	190	728	15,714	3,672	2,043	519	6	0	71	33	13	22,989
(VI) Dallas	266	297	3,110	7,099	1,459	104	64	4	48	55	10	12,516
(VII) Kansas City	131	283	4,693	2,576	808	130	12	0	23	16	2	8,674
(VIII) Denver	20	43	2,145	995	144	101	18	1	9	6	0	3,482
(IX) San Francisco	522	59	8,922	3,635	501	104	7	1	11	18	29	13,809
(X) Seattle	21	248	3,038	1,141	259	195	7	0	29	19	4	4,961
<b>National Total</b>	<b>1,996</b>	<b>2,629</b>	<b>58,800</b>	<b>25,245</b>	<b>6,757</b>	<b>1,644</b>	<b>133</b>	<b>6</b>	<b>395</b>	<b>236</b>	<b>90</b>	<b>97,931</b>

### States in Region V Chicago

Deficiencies by Scope and Severity Grades												
State	B	C	D	E	F	G	H	I	J	K	L	Total
Illinois	52	233	3,464	993	519	132	1	0	1	2	2	5,399
Indiana	19	48	2,849	635	115	53	0	0	7	4	2	3,732
Michigan	40	69	2,306	695	551	119	1	0	15	10	4	3,810
Minnesota	23	223	1,887	316	229	69	1	0	19	5	1	2,773
Ohio	20	124	4,092	748	523	90	2	0	16	8	1	5,624
Wisconsin	36	31	1,116	285	106	56	1	0	13	4	3	1,651
<b>Region V Total</b>	<b>190</b>	<b>728</b>	<b>15,714</b>	<b>3,672</b>	<b>2,043</b>	<b>519</b>	<b>6</b>	<b>0</b>	<b>71</b>	<b>33</b>	<b>13</b>	<b>22,989</b>

<sup>7</sup> Source: CASPER (04/29/2019) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS) federal database.

## APPENDIX D: COMPLAINT SURVEY DEFICIENCIES BY SCOPE AND SEVERITY<sup>8</sup>

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	41	27	985	207	21	186	14	0	38	28	0	1,547
(II) New York	8	0	436	92	8	40	0	0	17	4	1	606
(III) Philadelphia	119	40	2,268	752	84	154	5	1	25	17	4	3,469
(IV) Atlanta	28	30	2,063	395	59	166	1	0	345	56	0	3,143
(V) Chicago	37	151	6,897	1,304	455	796	7	1	190	49	15	9,902
(VI) Dallas	39	71	1,203	2,188	385	213	56	2	138	215	17	4,527
(VII) Kansas	23	53	1,785	580	304	182	7	2	89	22	10	3,057
(VIII) Denver	4	3	435	265	34	78	8	0	6	5	0	838
(IX) San Francisco	50	12	3,453	586	35	300	1	0	13	13	14	4,477
(X) Seattle	5	19	1,194	288	39	221	7	0	37	21	4	1,835
<b>National Total</b>	<b>354</b>	<b>406</b>	<b>20,719</b>	<b>6,657</b>	<b>1,424</b>	<b>2,336</b>	<b>106</b>	<b>6</b>	<b>898</b>	<b>430</b>	<b>65</b>	<b>33,401</b>

### States in Region V Chicago

Deficiencies by Scope and Severity Grades												
State	B	C	D	E	F	G	H	I	J	K	L	Total
Illinois	12	58	2,160	391	122	293	0	0	19	3	2	3,060
Indiana	3	14	1,036	171	44	88	0	0	32	10	1	1,399
Michigan	10	7	1,135	241	72	213	2	1	36	14	9	1,740
Minnesota	0	0	140	33	6	54	0	0	3	3	1	240
Ohio	5	60	1,775	329	160	110	1	0	63	12	2	2,517
Wisconsin	7	12	651	139	51	38	4	0	37	7	0	946
<b>Region V Total</b>	<b>37</b>	<b>151</b>	<b>6,897</b>	<b>1,304</b>	<b>455</b>	<b>796</b>	<b>7</b>	<b>1</b>	<b>190</b>	<b>49</b>	<b>15</b>	<b>9,902</b>

<sup>8</sup> Source: CASPER (04/29/2019) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

## **APPENDIX E: ELECTRONIC SUPPORT STRUCTURE FOR NURSING HOMES LICENSING AND CERTIFICATION**

Pursuant to MCL 333.20155 (20) (j)

This statutory reporting requirement was established in 2012. It pertains to the development of an electronic system to manage the survey and certification process for nursing homes. At that time CMS was in the process of replacing its administrative database known as the Online Survey Certification and Reporting (OSCAR) system. In July 2012, the OSCAR system was replaced by the Certification and Survey Provider Enhanced Reporting (CASPER) system and the Quality Improvement Evaluation System (QIES). CASPER/QIES are part of a large relational database operating within CMS' Automated Survey Processing Environment (ASPEN).

During fiscal years 2012 and 2013, state licensing agencies and health service providers converted their operations to use ASPEN. Michigan converted to ASPEN in August 2013. That required investments in IT, including:

- Purchasing user accounts so surveyors can access ASPEN while in the field conducting surveys. This is accomplished through the Michigan Department of Technology Management and Budget (DTMB) managed virtual Citrix servers.
- Development of a software program that maintains historical team assignment information when scheduling surveys, to ensure that surveyors are scheduled on a rotating basis, which is a CMS requirement.
- Developing a GPS mapping program to efficiently schedule onsite visits. This is especially useful when the bureau responds to a potential immediate jeopardy complaint.
- Replacing old, out-of-warranty equipment with new computers and laptops to enable surveyors to fully utilize ASPEN and to assure the security and privacy of information.

## **APPENDIX F: SUMMARY OF QUARTERLY MEETINGS BETWEEN LARA AND LONG-TERM CARE STAKEHOLDERS**

Pursuant to MCL 333.20155 (20) (r) and (24).

On the following dates, the LARA Bureau of Community and Health Systems convened meetings with long-term care stakeholders, as required by MCL 333.20155 (24):

- 10/26/2017
- 01/24/2018
- 04/25/2018
- 07/25/2018

The following long-term care stakeholders participated in these meetings:

- Health Care Association of Michigan (HCAM)
- LeadingAge Michigan
- Michigan County Medical Care Facilities Council
- Michigan Department of Licensing and Regulatory Affairs
- Michigan Long-Term Care Ombudsman
- Michigan Peer Review Organization (MPRO).

Topics addressed during these meetings included, but were not limited to:

- Medication Aide Assist Program Concept and Development
- State Agency Federal Annual Performance Measures
- Federal Discretionary Denial of Payment for New Admissions (DPNA) Process and Notification
- Federal Exit Survey Conferences and Communication Improvements
- Improvements to Provider Post Survey Feedback Tool to the State Agency.
- Review of Process to Close Enforcement Cycles
- Biannual Joint Provider Surveyor Training Conferences
- Nurse Aide Registry Reciprocal Agreement Process for Other States
- Federal Long-Term Care Rollout of New Survey Process and Citations
- Informal Disputes Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) Process Improvements and Data Review
- Federal Requirements for Facility Reported Incidents Reporting Improvements and Online System Enhancements
- State Licensing Inspection Waiver Process
- State Regulations on Bed Rail Use
- Directed In-Service Training Programs and Increased Use as an Alternative Enforcement Option
- State Licensure Base Line Survey Process for Nursing Homes
- Provider Plan of Correction and Use of Root Cause Analysis
- MRPO Related Training Opportunities, such as the Pilot Nursing Home to ED Transition Checklist.