

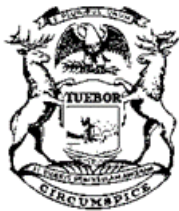
Nursing Homes Licensing Report

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

Calendar Year 2015

Prepared by

Bureau of Community and Health Systems



GOVERNOR RICK SNYDER



SHELLY EDGERTON, DIRECTOR

TABLE OF CONTENTS

REPORT AUTHORITY.....	1
DEPARTMENT OVERVIEW	2
CITATION PATTERNS AND TRAINING.....	3
REPORTABLE DATA FROM NURSING HOME SURVEYS.....	4
INFORMAL DISPUTE RESOLUTION (IDR)	7
INDEPENDENT IDR CONDUCTED BY MPRO	8
APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS.....	9
APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS.....	10
APPENDIX C: STANDARD SURVEY DEFICIENCIES BY SCOPE AND SEVERITY..	11
APPENDIX D: COMPLAINT SURVEY DEFICIENCIES BY SCOPE AND SEVERITY.	12
APPENDIX E: ELECTRONIC SUPPORT STRUCTURE FOR NURSING HOMES LICENSING AND CERTIFICATION.....	13
APPENDIX F: SUMMARY OF QUARTERLY MEETINGS BETWEEN LARA AND LONG-TERM CARE STAKEHOLDERS.....	14

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 and Quality Assurance Review
MCL 333.20155 (21)
- Independent Informal Dispute Resolution Conducted by the Michigan Peer Review Organization (MPRO)
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:

In every state the agency designated to survey and certify health facilities for the Centers for Medicare and Medicaid Services (CMS) is required to 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. The protocol for reviewing citation patterns is to conduct a CASPER query to generate the following data, which is then used to develop quality assurance training 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, including Michigan.

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	444
	Standard revisits	462
	Complaint investigations	2,609
	Complaint revisits	690
	Total	4,205
<hr/>		
(b)	The number requiring follow-up surveys.	
	Standard surveys	439
	Standard revisits	37
	Complaint investigations	2,513
	Complaint revisits	22
	Total	3,011
<hr/>		
(c)	The average number of citations per nursing home for the most recent calendar year. (3,298 citations/ 458 facilities)	7.20
<hr/>		
(d)	The number of night and weekend complaints filed.	
	Weeknight	64
	Weekend	145
	Total	209
<hr/>		
(e)	The number of night and weekend responses to complaints conducted by the department.	25
<hr/>		
(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)	15.76
<hr/>		
(g)	The number and percentage of citations disputed through informal dispute resolution and independent informal dispute resolution. (361/3,298)	361
		11%

(h)	The number and percentage of citations overturned or modified, or both. (109/3,298)	109 3.3%
(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.	0
(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 [595/985]	61%
	Complaint [762/1,041]	73%
	Total	67%
(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 (334/428)	78%
	Complaint (569/673)	85%
	Total	82%
(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.	
	Recertification (6/30)	20%
	Complaint (4/16)	25%
	Total	26%

(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).	2-3¹

¹ These projects tend to be multi-year initiatives, usually lasting two to three years. During the course of calendar year 2015 there were 2-3 projects underway.

INFORMAL DISPUTE RESOLUTION (IDR)²
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. (361/3,298)	Number	361
		Percent	11%
(b)	The number and percentage of nursing home citations that are appealed and supported, amended, or deleted through the informal dispute resolution process.		
	Review Status	Number	Percent
	Supported	252	70%
	Amended or Deleted	109	30%
(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.		
	In 2012 the bureau created a spreadsheet to track the results of informal dispute resolutions (IDRs). With the transition to ASPEN in 2013, this information is now 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.		

² The data for this table came from a query of ASPEN Enforcement manager (AEM) that occurred on Feb. 14, 2017. The query resulted in the IDR/IIDR Report for the State of Michigan for calendar year 2015.

INDEPENDENT IDR CONDUCTED BY MPRO³
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.

Number of reviews referred to the Michigan Peer Review Organization (MPRO)	140
Of those reviews, the number of citations that were overturned by the department (“overturned” means the citation was deleted or amended)	41

³ The data for this table came from two MPRO reports to LARA for calendar year 2015: The *Michigan IDR State Report Summary* and the *Michigan IIDR State Report Summary*.

APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS⁴

Tag #	Tag Description	Number of Citations	Percent of Providers Cited ⁵	Percent of Surveys Cited ⁶
F0441	Infection Control, Prevent Spread, Linens	246	53.5%	53.8%
F0371	Food Procure, Store/Prepare/Serve – Sanitary	233	50.1%	51.0%
F0323	Free of Accident Hazards/Supervision/Devices	194	42.1%	42.5%
F0309	Provide Care/Services for Highest Well Being	144	31.5%	31.5%
F0431	Drug Records, Label/Store Drugs & Biologicals	124	27.3%	27.1%
F0329	Drug Regimen is Free From Unnecessary Drugs	113	25.1%	24.7%
F0465	Safe/Functional/Sanitary/ Comfortable Environ	102	22.6%	22.3%
F0314	Treatment/Services to Prevent/Heal Pressure Sores	96	21.0%	21.0%
F0241	Dignity and Respect of Individuality	90	19.7%	19.7%
F0279	Develop Comprehensive Care Plans	89	19.9%	19.5%
F0226	Develop/Implement Abuse/Neglect, etc. Policies	89	19.9%	19.5%

⁴ Source: CASPER (01/30/2017)

⁵ Michigan Active Providers = 447

⁶ Total Number of Surveys = 457

APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS⁷

Tag #	Tag Description	Number of Citations	Percent of Providers Cited ⁸	Percent of Surveys Cited ⁹
F0323	Free of Accident Hazards/Supervision/Devices	197	32.4%	7.3%
F0309	Provide Care/Services For Highest Well Being	128	21.3%	4.8%
F0226	Develop/Implement Abuse/Neglect, ETC Policies	108	21.7%	4.0%
F0225	Investigate/Report Allegations/Individuals	107	22.4%	4.0%
F0241	Dignity and Respect of Individuality	69	14.1%	2.6%
F0279	Develop Comprehensive Care Plans	47	9.4%	1.8%
F0281	Services Provided Meet Professional Standards	46	9.4%	1.7%
F0441	Infection Control, Prevent Spread, Linens	44	9.2%	1.6%
F0157	Notify of Changes (Injury/Decline/Room, etc.)	42	8.5%	1.6%
F0223	Free from Abuse/Involuntary Seclusion	41	7.8%	1.5%

⁷ Source: CASPER (01/30/2017)

⁸ Michigan Active Providers = 447

⁹ Total Number of Surveys = 457

APPENDIX C: STANDARD SURVEY DEFICIENCIES BY SCOPE AND SEVERITY¹⁰

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	154	73	3,409	969	155	362	21	0	27	8	1	5,179
(II) New York	180	42	3,704	1,127	213	108	9	0	32	61	38	5,514
(III) Philadelphia	426	287	8,552	2,980	660	404	8	0	27	26	3	13,373
(IV) Atlanta	159	242	9,913	2,512	784	455	21	0	437	166	48	14,737
(V) Chicago	296	928	16,523	4,707	1,928	916	8	1	169	63	38	25,577
(VI) Dallas	249	408	3,075	9,129	2,474	318	239	0	91	490	121	16,594
(VII) Kansas	181	238	7,005	3,313	1,148	460	6	0	137	31	9	12,528
(VIII) Denver	48	62	2,690	1,753	372	224	40	0	24	38	29	5,280
(IX) San Francisco	532	196	9,796	3,968	641	340	25	0	31	33	14	15,576
(X) Seattle	65	77	3,034	933	183	251	28	0	16	3	7	4,597
National Total	2,290	2,553	67,701	31,391	8,558	3,838	405	1	991	919	308	118,955

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	85	326	3,748	1,158	500	211	2	0	11	28	11	6,080
Indiana	32	57	2,827	737	175	191	0	0	14	5	2	4,040
Michigan	106	111	2,771	952	474	213	1	1	27	4	2	4,662
Minnesota	17	128	1,917	414	192	49	0	0	6	5	2	2,730
Ohio	41	159	3,087	780	345	147	2	0	50	6	7	4,624
Wisconsin	15	147	2,173	666	242	105	3	0	61	15	14	3,441
Region V Total	296	928	16,523	4,707	1,928	916	8	1	169	63	38	25,577

¹⁰ Source: CASPER (02/13/2017)

APPENDIX D: COMPLAINT SURVEY DEFICIENCIES BY SCOPE AND SEVERITY¹¹

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	34	10	880	179	21	194	16	0	23	6	1	1,364
(II) New York	7	4	582	214	28	53	1	0	24	27	26	966
(III) Philadelphia	174	65	2,417	696	97	204	5	0	9	8	2	3,677
(IV) Atlanta	25	33	2,581	516	100	261	11	0	309	89	23	3,948
(V) Chicago	45	136	5,028	1,056	259	529	3	1	117	44	18	7,236
(VI) Dallas	73	101	954	2,356	510	203	121	0	57	325	82	4,782
(VII) Kansas	32	60	2,532	802	305	284	3	0	104	25	7	4,154
(VIII) Denver	3	6	424	273	40	94	14	0	8	11	23	896
(IX) San Francisco	44	8	2,586	485	64	193	9	0	14	14	5	3,422
(X) Seattle	9	18	1,004	231	37	172	12	0	11	0	3	1,497
National Total	446	441	18,988	6,808	1,461	2,187	195	1	676	549	190	31,942

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	17	48	1,478	296	63	160	1	0	8	26	6	2,103
Indiana	3	14	901	154	21	108	0	0	12	3	0	1,216
Michigan	20	11	1,039	220	53	131	0	1	21	3	1	1,500
Minnesota	0	2	116	16	13	18	0	0	0	2	2	169
Ohio	4	35	888	194	76	58	1	0	34	4	3	1,297
Wisconsin	1	26	606	176	33	54	1	0	42	6	6	951
Region V Total	45	136	5,028	1,056	259	529	3	1	117	44	18	7,236

¹¹ Source: CASPER (02/13/2017)

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 requires the department to report annually on “progress implementing the administrative and electronic support structure to efficiently coordinate all nursing home licensing and certification functions.” 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):

- February 17, 2015
- July 29, 2015
- October 13, 2015

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

- Health Care Association of Michigan
- LeadingAge
- Michigan County Medical Care Facilities Council
- Michigan Long-Term Care Ombudsman
- Michigan Peer Review Organization

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

- Bureau Reorganization Overview and Discussion
- Biannual Joint Provider Surveyor Training Updates
- Centers for Medicare and Medicaid Services (CMS) Updates
- Civil Monetary Penalty Schedule Changes
- Facility Reported Incidents Data Review and Discussion of Proposed Changes
- Health Care Worker Background Checks Backlog and Proposed Changes
- Health Facility Licensing Fee Schedule Change
- Life Safety Code Survey Structure and Staff Reorganization and Survey Backlog
- Informal Dispute Resolution/Independent Informal Dispute Resolution to be Outsourced to Third Party Discussion
- Nurse Aide Program Reciprocity Waivers and Program Restructuring
- Tuberculosis Screening and Testing Rule Change for Residents and Employees
- Updates from Provider Associations.