

# 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 2017**

Prepared by

**Bureau of Community and Health Systems**



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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	426
	Standard revisits	506
	Complaint investigations	1,469
	Complaint revisits	656
	<b>Total</b>	<b>3,057</b>
<b>(b) The number requiring follow-up surveys.</b>		
	Standard surveys	426
	Standard revisits	58
	Complaint investigations	1,417
	Complaint revisits	26
	<b>Total</b>	<b>1,927</b>
(c)	The average number of citations per nursing home for the most recent calendar year. (4,157 citations/ 447 facilities)	<b>9.30</b>
<b>(d) The number of night and weekend complaints filed.</b>		
	Weeknight	20
	Weekend	300
	<b>Total</b>	<b>320</b>
(e)	The number of night and weekend responses to complaints conducted by the department.	<b>31</b>
(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)	<b>39.79</b>
<b>(g) The number and percentage of citations disputed through informal dispute resolution and independent informal dispute resolution.</b>		
	(371/5,790)	<b>371</b>
		<b>6.4%</b>

(h)	The number and percentage of citations overturned or modified, or both. (96/3,630)	<b>91</b> <b>1.57%</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 [ 1,284/1,731]	74.18%
	Complaint [1,338/2,103]	63.62%
	<b>Total</b>	<b>68.9%</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 (324/449)	72.16%
	Complaint (539/635)	84.88%
	<b>Total</b>	<b>78.52%</b>
(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.	
	Recertification (14/54)	25.93%
	Complaint (9/21)	42.86%
	<b>Total</b>	<b>34.39%</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>371</b>
		<b>Percent</b>	<b>6.4%</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>266</b>	<b>72%</b>
	Amended or Deleted	<b>91</b>	<b>24%</b>
	Pending	<b>14</b>	<b>4%</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.		
	Response: 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 Feb. 22, 2018. The query resulted in the IDR/IIDR Report for the State of Michigan for calendar year 2017.

<sup>2</sup> The total number of citations (i.e., deficiencies) issued in FY17 was 5,790.

**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):	
	Informal Dispute Resolution (IDR)	<b>340</b>
	Independent Informal Dispute Resolution (IIDR)	<b>2</b>
	Total	<b>342</b>
(b)	Of those reviews, the number of citations that were overturned by the department	<b>87</b>

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<sup>3</sup> The data for this table came from two MPRO reports to LARA for calendar year 2017: The *Michigan IDR State Report Summary* and the *Michigan IIDR State Report Summary*.

## APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS<sup>4</sup>

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 449	Total # of Surveys = 450
F0371	Food Procure, Store/Prepare/Serve – Sanitary	285	62.1%	63.3%
F0441	Infection Control, Prevent Spread, Linens	268	57.7%	59.6%
F0323	Free of Accident Hazards/Supervision/Devices	227	49.9%	50.4%
F0431	Drug Records, Label/Store Drugs & Biologicals	177	38.1%	39.3%
F0465	Safe/Functional/Sanitary/Comfortable Environ	173	38.1%	38.4%
F0309	Provide Care/Services for Highest Well Being	159	35.0%	35.3%
F0226	Develop/Implement Abuse/Neglect, etc. Policies	128	28.5%	28.4%
F0314	Treatment/Services to Prevent/Heal Pressure Sores	123	27.2%	27.3%
F0241	Dignity and Respect of Individuality	112	24.7%	24.9%
F0329	Drug Regimen is Free From Unnecessary Drugs	100	22.3%	22.2%

<sup>4</sup> Source: CASPER (02/12/2018), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

## APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS<sup>5</sup>

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 449	Total # of Surveys = 1788
F0441	Infection Control, Prevent Spread, Linens	249	38.5%	13.9%
F0371	Food Procure, Store/Prepare/Serve – Sanitary	161	24.9%	9.0%
F0323	Free of Accident Hazards/Supervision/Devices	117	22.5%	6.5%
F0431	Drug Records, Label/Store Drugs & Biologicals	104	18.9%	5.8%
F0309	Provide Care/Services for Highest Well Being	76	14.7%	4.3%
F0465	Safe/Functional/Sanitary/Comfortable Environ	64	12.7%	3.6%
F0329	Drug Regimen is Free From Unnecessary Drugs	62	13.1%	3.5%
F0314	Treatment/Services to Prevent/Heal Pressure Sores	59	10.0%	3.3%
F0226	Develop/Implement Abuse/Neglect, etc. Policies	58	12.0%	3.2%
F0332	Free of Medication Error Rates of 5% or more	58	11.4%	3.2%

<sup>5</sup> Source: CASPER (02/12/2018), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

## APPENDIX C: STANDARD SURVEY DEFICIENCIES BY SCOPE AND SEVERITY<sup>6</sup>

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	134	53	2,317	716	124	118	1	0	2	4	1	3,470
(II) New York	123	37	2,220	663	143	20	1	0	2	7	9	3,225
(III) Philadelphia	173	212	5,711	2,552	429	157	5	0	14	18	3	9,274
(IV) Atlanta	106	222	7,200	1,878	781	176	0	0	192	66	13	10,634
(V) Chicago	204	715	12,294	3,665	1,872	443	6	0	76	29	16	19,320
(VI) Dallas	171	309	1,637	6,359	1,954	89	103	0	18	128	34	10,802
(VII) Kansas City	77	216	3,350	2,037	531	146	2	0	13	13	5	6,390
(VIII) Denver	47	49	1,908	1,207	183	113	11	0	15	15	4	3,552
(IX) San Francisco	530	115	7,233	3,975	533	87	12	0	8	22	21	12,536
(X) Seattle	22	162	2,295	950	144	146	18	1	36	20	6	3,800
<b>National Total</b>	<b>1,587</b>	<b>2,090</b>	<b>46,164</b>	<b>24,002</b>	<b>6,694</b>	<b>1,495</b>	<b>159</b>	<b>1</b>	<b>376</b>	<b>322</b>	<b>112</b>	<b>83,003</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	66	318	2,602	917	493	70	0	0	3	8	2	4,479
Indiana	24	42	2,254	566	104	59	0	0	4	4	0	3,057
Michigan	58	74	2,120	942	584	134	5	0	11	4	2	3,934
Minnesota	30	129	1,575	308	183	40	0	0	10	9	1	2,285
Ohio	19	110	2,666	623	379	69	1	0	21	2	8	3,898
Wisconsin	7	42	1,077	309	129	71	0	0	27	2	3	1,667
<b>Region V Total</b>	<b>204</b>	<b>715</b>	<b>12,294</b>	<b>3,665</b>	<b>1,872</b>	<b>443</b>	<b>1</b>	<b>0</b>	<b>76</b>	<b>29</b>	<b>16</b>	<b>19,320</b>

<sup>6</sup> Source: CASPER (08/12/2018) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS) federal database.

## APPENDIX D: COMPLAINT 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	47	10	731	192	40	205	7	0	27	14	3	1,276
(II) New York	5	4	418	113	13	24	0	0	13	6	2	598
(III) Philadelphia	123	55	2,357	848	96	174	3	0	31	19	12	3,718
(IV) Atlanta	33	40	2,414	506	77	231	12	0	297	66	10	3,686
(V) Chicago	35	110	6,477	1,243	390	708	11	1	192	34	20	9,221
(VI) Dallas	47	129	729	2,491	586	283	128	1	81	334	80	4,889
(VII) Kansas	11	24	1,735	560	282	248	6	0	110	42	22	3,040
(VIII) Denver	6	8	555	364	77	63	12	0	7	25	19	1,136
(IX) San Francisco	35	9	3,016	451	57	197	6	0	15	17	15	3,818
(X) Seattle	6	5	1,212	284	50	283	12	9	32	25	3	1,934
<b>National Total</b>	<b>348</b>	<b>394</b>	<b>19,644</b>	<b>7,052</b>	<b>1,668</b>	<b>2,416</b>	<b>210</b>	<b>11</b>	<b>805</b>	<b>582</b>	<b>186</b>	<b>33,316</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	14	44	2,000	359	91	223	1	0	19	12	4	2,767
Indiana	6	7	1,211	219	36	91	1	1	22	7	9	1,610
Michigan	13	10	1,166	274	108	214	6	0	60	4	1	1,856
Minnesota	0	2	86	13	2	29	2	0	2	1	0	137
Ohio	1	40	1,570	286	119	103	1	0	55	6	5	2,186
Wisconsin	1	7	444	92	34	48	0	0	34	4	1	665
<b>Region V Total</b>	<b>35</b>	<b>110</b>	<b>6,477</b>	<b>1,243</b>	<b>390</b>	<b>708</b>	<b>11</b>	<b>1</b>	<b>192</b>	<b>34</b>	<b>20</b>	<b>9,221</b>

<sup>7</sup> Source: CASPER (02/12/2018) 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):

- January 24, 2017
- April 20, 2017
- July 25, 2017

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:

- Certified Nurse Aide Training and Registration Program and Enactment of Part 219 in the Public Health Code
- Medication Aide Assist Program Concept and Development
- Federal Requirements for Facility Reported Incidents Reporting Improvements
- State Licensing Inspection Waiver Process
- 5 Star Rating System and Process Changes
- Biannual Joint Provider Surveyor Training Conferences
- New Federal Regulations and Survey Process
- Enhancement and Use of Desk Reviews by State Agency
- New Federal Emergency Reporting Requirements and Processes
- Improvements to Provider Post Survey Tool to Provide Feedback to State Agency