

Nursing Home Complaint & Deficiencies Report

(Pursuant to Section 714 (1) (2) of PA 200 of 2012)

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Executive Summary:

Public Act 200 of 2012 requires the following:

Section 714 (1): *The department shall report by April 1 to the subcommittees, fiscal agencies, and state budget director on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. The report shall consist of the number of allegations filed by consumers and the number of facility reported incidents. The department shall make every effort to contact every complainant and the subject of a complaint during an investigation.*

Section 714 (2): *The department shall gather information on its most frequently cited complaint deficiencies for the prior 3 fiscal years and include that information in the report required under subsection (1). The department shall determine whether there is an increase in the number of citations from 1 year to the next and assess the cause of the increase, if any, and whether education and training of nursing facility staff or department staff is needed.*

Pursuant to this new law, this report has been prepared and issued electronically to the House and Senate appropriations subcommittees, House and Senate Fiscal Agencies, and the state budget director to meet the April 1 reporting requirement. In addition, this report may also be found online under the following locations:

- The Long-Term Care section of the Bureau of Health Care Services website at: www.michigan.gov/bhcs.
- The All About LARA section - Legislative Reports of the Department of Licensing and Regulatory Affairs website at: www.michigan.gov/lara.

The Bureau of Health Care Services (BHCS), where the Long Term Care (LTC) Division is located, is responsible for tracking this data. The mission of BHCS and its LTC Division is to assure that residents residing in Michigan's nursing homes receive the highest quality of care and quality of life in accordance to state and federal laws.

Specifically, the information provided is based on data from October 1, 2011 through September 30, 2012.

COMPLAINTS AND DEFICIENCIES

Background:

Public Act 200 of 2012 requires the following:

Section 714 (1): *The department shall report by April 1 to the subcommittees, fiscal agencies, and state budget director on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. The report shall consist of the number of allegations filed by consumers and the number of facility reported incidents. The department shall make every effort to contact every complainant and the subject of a complaint during an investigation.*

Section 714 (2): *The department shall gather information on its most frequently cited complaint deficiencies for the prior 3 fiscal years and include that information in the report required under subsection (1). The department shall determine whether there is an increase in the number of citations from 1 year to the next and assess the cause of the increase, if any, and whether education and training of nursing facility staff or department staff is needed.*

FY 2012 Data:

The following data was generated from the federal Centers for Medicare and Medicaid Services (CMS) ASPEN Complaints and Incidents Tracking System (ACTS):

1. The number of nursing facility complaint intakes filed 1,498.
 - Number of allegations 5,305
 - Substantiated allegations 1,332
 - Unsubstantiated allegations 3,898
 - Resolved without investigation 52
 - Pending investigation 23

2. The number of nursing facility reported incidents (FRI) filed 6,095.
 - Number of alleged incidents 6,308
 - Substantiated incidents 2,468
 - Unsubstantiated incidents 1,092
 - Resolved without investigation 1,629
 - Pending Investigation 1,119

3. The average length of time (includes weekend and holidays) for the department to enter a facility in response to a complaint filed against a nursing home:

a. Acknowledgment of receipt of complaint	1 day
b. Complaint investigation (only) conducted (average time by priority):	
• Immediate Jeopardy (IJ)*	2.14
• Non-IJ High**	22.43
• Non-IJ Medium*** and Non-IJ Low****	18.33
• All Non-IJ Complaints	22.35
c. Facility Reported Incidents (FRI) investigations conducted (average time by priority):	
• Immediate Jeopardy (IJ)*	2.30
• Non-IJ High**	22.09
• Non-IJ Medium*** and Non-IJ Low****	52.12
• All Non-IJ FRIs	26.26

*IJ (within 2 working days); Serious injury, impairment, or death

**Non-IJ High (within 10 working days); Harm other than serious injury or death

***Non-IJ Medium (within 15 working days); Potential for harm

****Non-IJ Low (within 30 calendar days); Minimal harm

Most Frequently Cited Complaint Deficiencies:

The data reflecting the most frequently cited complaint deficiencies for the prior 3 Fiscal Years is generated from the CMS PDQ database which was not operating at the time of issuing this report. Without this data, BHCS cannot determine if there has been an increase in the number of citations from one year to the next nor analyze the cause of such an increase or whether education and training of nursing facility staff is needed. BHCS has been in contact with CMS regarding its PDQ database system which may be up and running in the next few months.

Top 10 Most Frequently Cited Tags (Deficiencies) – Michigan FY 2012:

Despite the CMS PDQ system not currently operating, BHCS can provide the following:

TAG	CATEGORY	NUMBER OF CITATIONS
F323	FREE OF ACCIDENT HAZARDS, SUPERVISION, DEVICES	537
F309	PROVIDE CARE, SERVICES FOR HIGHEST WELL BEING	246
F441	INFECTION CONTROL, PREVENT SPREAD, LINENS	245

F225	INVESTIGATE, REPORT ALLEGATIONS, INDIVIDUALS	199
F371	FOOD PROCURE, STORE, PREPARE, SERVE (SANITARY)	194
F314	TREATMENT, SVCS TO PREVENT, HEAL PRESSURE SORES	158
F329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	147
F226	DEVELOP/IMPLEMENT ABUSE, NEGLECT, ETC. POLICIES	145
F241	DIGNITY AND RESPECT OF INDIVIDUALITY	138
F279	DEVELOP COMPREHENSIVE CARE PLANS	137

SUMMARY

The Bureau of Health Care Services (BHCS) executive and legislative charge is to fulfill health care licensing and regulatory responsibilities to the people of Michigan. BHCS continues to serve all consumers, including individuals, health professionals and providers in the health care industry. Through collaboration and with improved efficiencies to the Bureau, this is an opportunity to look forward as we all strive to achieve the highest level of customer service throughout the state of Michigan.