



# MI – ACTS & SPOTS/POC Update

# Agenda

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MI-ACTS Background and Architecture

MI-ACTS System Overview

SPOTS/POC Common Issues



# MI – ACTS Background and Architecture

# MI-ACTS Defined

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ASPEN Complaint Tracking System (ACTS) is the federal system for tracking complaints and FRI's.

MI-ACTS is the Michigan interface to the federal system.

# Background

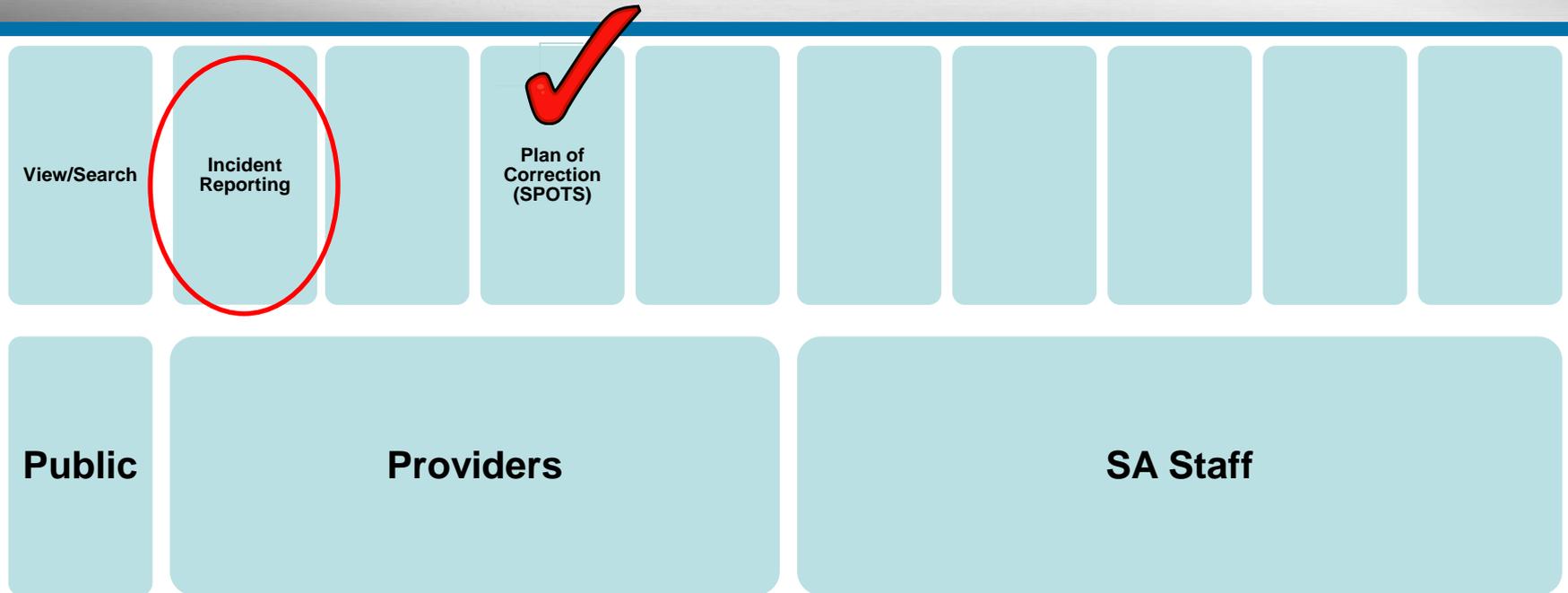
Centers for Medicare & Medicaid Services (CMS) provided funding to create a system to automate the process for submission of Facility Reported Incidents (FRI's) to the State Agency (SA).

Goals of the system include:

- Improve tracking of FRI's from creation through closure.
- Enable consistent data collection for systematic prioritization of FRI's
- Lead the facility down a path for proper reporting, root cause analysis, and self-corrective action.
- Provide search capabilities to enable online access to incident reports.
- Provide reporting to enable facility and SA assessment of trends in incident reporting.

This system will serve as a model for the country.

# Architecture Vision



**Long Term Care Provider  
Portal (LTCPP)**

# Project Process

- The Project Plan was defined with the State Agency and CMS.
- Joint Application Design (JAD) sessions were conducted with the SA Team.
- A project overview was provided to the IT Workgroup.
- Kevin Evans, of LeadingAge Michigan, and Beth Bacon, of HCAM, were consulted to identify User Acceptance Testing (UAT) participants:
  - Michelle Darnold and Amy Fountain (Ingham County Medical Care Facility)
  - Fronnie Krystecki and Diane Byrd (Royalton Manor)
  - Matthew Baad (Regency at Whitmore Lake)
  - Chris Hamstra (Ciena Healthcare Management, INC)
- Training was recorded and posted on the Long Term Care Division website:  
[www.michigan.gov/longtermcare](http://www.michigan.gov/longtermcare)



# MI – ACTS System Overview



# Application Portal

**WELCOME Facility Worker,**

Your password will expire in 97 days.

You are currently subscribed to the following applications:

- 
- [LTCPP/Long Term Care Provider Portal](#)

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[Subscribe to Applications](#)

[Add new Roles to Existing Subscription](#)

[Account Maintenance](#)

[Sign Off](#)

Home

ADD

Incident

Investigation

Worker Profile

UPDATE/VIEW

Incident

Investigation

History

Reports

Roles

Task List

Worker Profile

DELETE

Incident

SETTINGS

SPOTS

Facility Home  
Screen

# WELCOME TO THE LONG TERM CARE PROVIDER PORTAL

Welcome to the Long Term Care Provider Portal - Home of

SPOTS and MI-ACTS.

SPOTS Tasks: 0

MI-ACTS

[Home](#)[ADD](#)[Incident](#)[Investigation](#)[Worker Profile](#)[UPDATE/VIEW](#)[Incident](#)[Investigation](#)[History](#)[Reports](#)[Roles](#)[Task List](#)[Worker Profile](#)[DELETE](#)[Incident](#)[SETTINGS](#)[SPOTS](#)[Facility Home](#)[Screen](#)

### INCIDENT SCREEN

Workflow Status MI-ACTS ID [Resident](#)[Alleged Perpetrator](#)[Incident Summary](#)[Incident Detail](#)[Submitted By](#)[Attachment](#)

Resident 1

\* Resident Last Name \* Resident First Name Resident Middle Name \* Date of Birth    \* Gender \* Resident Address \* City \* State \* ZIP Code Date of Death \* Diagnosis \* Ambulatory Status \* Cognitive Status

Home

ADD

Incident

Investigation

Worker Profile

UPDATE/VIEW

Incident

Investigation

History

Reports

Roles

Task List

Worker Profile

DELETE

Incident

SETTINGS

SPOTS

Facility Home

Screen

Save Submit Print Clear Logout

### INCIDENT SCREEN

Workflow Status

MI-ACTS ID

Resident Alleged Perpetrator Incident Summary Incident Detail Submitted By Attachment

Alleged Perpetrator is a  Resident  Visitor  Staff  Other  N/A

#### Alleged Perpetrator

Last Name

First Name

Middle Name

Position/Title

Address

City

State

ZIP Code

Date of Birth

State License Number / MI Registry No.

Telephone Number

Hours Available From

Hours Available To

- Home
- ADD
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- Screen

## INCIDENT SCREEN

Workflow Status:  MI-ACTS ID:

[Resident](#) | [Alleged Perpetrator](#) | **[Incident Summary](#)** | [Incident Detail](#) | [Submitted By](#) | [Attachment](#)

Provide a summary of the incident:

- What occurred
- Location of the Incident
- Names and titles of the involved staff members, and
- Names and contact information of witnesses.

\* Incident Summary

Incident Information Summary

- Home
- ADD
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- Investigation
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## INCIDENT SCREEN

Workflow Status

MI-ACTS ID

[Resident](#) |
 [Alleged Perpetrator](#) |
 [Incident Summary](#) |
 [Incident Detail](#) |
 [Submitted By](#) |
 [Attachment](#)

If multiple Residents are involved in this incident, report the details below for the resident who was most seriously harmed. Report the type of harm for the other Resident(s) in the Incident Summary information.

\* Type of Incident

\* Type of Injury/Harm

\* Resident's Activity at time of Incident

\* Resident's Current Location

\* Date the Incident Occurred

\* Time the Incident Occurred

\* Date the Incident Discovered or Reported

\* Time the Incident Discovered or Reported

Questions

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Save Submit

### INCIDENT SUMMARY

Workflow

Resident Alleged Operator Incident Summary Incident Detail Submitted By Attachment

X

## Confirm?

Did this Incident involve Resident to Resident Contact?

✔ Yes
✘ No

If multiple Residents are involved in this incident, report the details below for the resident who was most seriously harmed. Report the type of harm for the other Resident(s) in the Incident Summary information.

\* Type of Incident

\* Type of Injury/Harm

\* Resident's Activity at time of Incident

\* Resident's Current Location

\* Date the Incident Occurred

\* Time the Incident Occurred

\* Date the Incident Discovered or Reported

\* Time the Incident Discovered or Reported

Questions

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Save Submit

### INCIDENT SUMMARY

Workflow

Resident Allegation

If multiple Residents are involved, list the other Resident(s) and their role(s) in the incident.

\* Type of Incident

\* Type of Injury

\* Resident's Activity of Daily Living

\* Resident's Current Location

Facility

Discovered or Reported

\* Time the Incident Discovered or Reported

08:00 am

Questions

## Confirm?

Summary of responses

1. The Incident involved Resident to Resident Contact.
2. The Incident resulted in harm, pain or mental anguish.
3. The Incident did not decrease the Resident's usual ability to eat, toilet themselves or ambulate.
4. An instrument or object capable of causing harm was not used during the Incident.
5. The Resident Perpetrator does not have a history of physical contact with other Residents.

Additional Incident Summary Information :

Save
Restart Questions

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Save Submit

INCIDENT SCREEN

Workflow Step

Resident Alleged

**Confirm ?** X

If the information you entered is true to the best of your knowledge, check the checkbox and then the OK below. The checkbox must be checked and the OK button must be pressed before the report will be submitted to the State Agency.

If you wish to return to the report, click Cancel below.

I hereby attest that the information provided is true to the best of my knowledge.

OK Cancel

If multiple Residents are involved in this incident, report the details below for the resident who was most seriously harmed. Report the type of harm for the other Resident(s) in the Incident Summary information.

\* Type of Incident Abuse-Physical Contact

\* Type of Injury/Harm Bruise/Hematoma

\* Resident's Activity at time of Incident Ambulating

\* Resident's Current Location Facility

\* Date the Incident Occurred 02/04/2014

\* Time the Incident Occurred 08:00 am

\* Date the Incident Discovered or Reported 02/04/2014

\* Time the Incident Discovered or Reported 08:00 am

Questions

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### FACILITY INFORMATION +

Facility Name <input type="text"/>	Facility Address <input type="text"/>
Facility ID <input type="text"/>	Facility City/State <input type="text"/>
Contact Name <input type="text"/>	Facility Telephone Number <input type="text"/>

### SELECTION FILTERS QFIND

MI-ACTS ID <input type="text" value="Search by ID"/>	Workflow Status <input type="text" value="-Select-"/>
Submitted By <input type="text" value="Search by Last"/> <input type="text" value="Search by First"/>	Incident From Date <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>
Resident Last/First Name <input type="text" value="Search by Last"/> <input type="text" value="Search by First"/>	Incident To Date <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>

### TASK LIST - FACILITY VIEW DASH BOARD

MI-ACTS ID	Workflow Status	Resident Last/First Name	Incident Date	Date Incident Submitted	Facility Investigation Due Date
00000093			02/04/2014	02/24/2014	03/01/2014 (5 days Due)

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### SELECTION FILTERS QFIND

MI-ACTS ID

Resident Last Name

Resident First Name

### INVESTIGATION SCREEN

Workflow Status

MI-ACTS ID

Resident	Law Enforcement	Alleged Perpetrator	Investigation Summary	Investigation Detail	Action Taken	Submitted By	Attachment

Please attach a copy of any agency/law enforcement incident report, if available

Police Agency Contacted

Contact Person

Agency/Police Precinct Number (City/Town)

Telephone Number

Case/Report Number

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**SELECTION FILTERS**

MI-ACTS ID

Resident Last Name

Resident First Name

**INVESTIGATION SCREEN**

Workflow Status

MI-ACTS ID

Resident	Law Enforcement	Alleged Perpetrator	Investigation Summary	Investigation Detail	Action Taken	Submitted By	Attachment
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Provide a summary of the incident found during the investigation:

- What occurred
- Location of the Incident
- Names and titles of the involved staff members, and
- Names and contact information of witnesses.

[Incident Summary +](#)

\* Investigation Summary

Investigation Information Summary

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### SELECTION FILTERS

MI-ACTS ID

Resident Last Name

Resident First Name

### INVESTIGATION SCREEN

Workflow Status

MI-ACTS ID

- Resident
- Law Enforcement
- Alleged Perpetrator
- Investigation Summary
- Investigation Detail**
- Action Taken
- Submitted By
- Attachment

If multiple Residents are involved in this incident, report the details below for the Resident who was most seriously harmed. Report the type of harm for the other Resident(s) in the Incident Summary information.

\* Type of Incident

\* Date the Incident Occurred

\* Type of Injury/Harm

\* Time the Incident Occurred

\* Resident's Activity at time of Incident

\* Date the Incident Discovered or Reported

\* Resident's Current Location

\* Time Incident Discovered or Reported

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**SELECTION FILTERS**

MI-ACTS ID

Resident Last Name

Resident First Name

**INVESTIGATION SCREEN**

Workflow Status

MI-ACTS ID

[Resident](#)
[Law Enforcement](#)
[Alleged Perpetrator](#)
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[Investigation Detail](#)
[Action Taken](#)
[Submitted By](#)
[Attachment](#)

Was the Family/Guardian contacted

Was a Physician contacted

- Provide the action taken following the incident:
- What occurred
  - Location of the Incident
  - Names and titles of the involved staff members, and
  - Names and contact information of witnesses.

\* Action Taken Summary :

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## MI-ACTS REPORTS

- Incident Summary**
- Incidents by Category
- Timeliness Report
- Deleted Records Report

Incident ID

**INCIDENT DETAIL**

MI-ACTS INCIDENT ID:

**RESIDENT INFORMATION**

Name:	DOB:	Gender:	Type of Injury/Harm:
Last Known Address: (including room number)			
Diagnosis:			
Was the resident injured in the incident?			
Resident's current location:			

**When did it occur?**

Date:	Time:	Date Discovered:	Date Entered into MI-ACTS:
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Incident Summary

**Information About Alleged Perpetrator/Involved Staff Person**

Name:	Date of Birth (Mo/Day/Yr):	State License Number/Michigan Registry Number:
Position/Title (at time of incident):	Daytime Telephone Number and Hours Available:	
Mailing Address:		

**Agency/Law Enforcement Involvement**

Agency contacted about this matter:

Agency/Police Precinct Number (City/Town):	Case Number:
Contact Person:	Telephone Number:

**Facility Investigation Summary**

**Action Taken by Facility**

**Question and Responses**

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## MI-ACTS REPORTS

- Incident Summary
- Incidents by Category**
- Timeliness Report
- Deleted Records Report

Category

Start Date

End Date

Time of Day

Resident Last Name

Resident First Name



## Incidents by Category Report

Category	Incident Date	Resident Name	Report Date	Injury	Injury Category	Death
<b>Abuse-Physical Contact (3 Total)</b>				<b>Total Injuries: 3</b>		<b>Total Deaths: 0</b>
	2/12/2014 5:00:00 AM		2/18/2014 1:21:28 PM	Yes	Bruise/Hemato ma	No
	2/18/2014 5:00:00 AM		2/20/2014 4:19:00 PM	Yes	Burn	No
	2/11/2014 5:00:00 AM		2/21/2014 2:32:26 PM	Yes	Bruise/Hemato ma	No
<b>Abuse-Sexual (1 Total)</b>				<b>Total Injuries: 0</b>		<b>Total Deaths: 0</b>
	2/10/2014 5:00:00 AM		2/13/2014 7:22:50 PM	No	Emotional Harm/Upset	No
<b>Elopement (2 Total)</b>				<b>Total Injuries: 0</b>		<b>Total Deaths: 0</b>
	2/10/2014 5:00:00 AM		2/13/2014 7:15:15 PM	No	Other	No
	2/10/2014 5:00:00 AM		2/13/2014 5:33:00 PM	No	Other	No
<b>Fall (2 Total)</b>				<b>Total Injuries: 2</b>		<b>Total Deaths: 0</b>
	2/18/2014 5:00:00 AM		2/21/2014 4:17:04 PM	Yes	Fracture	No
	2/11/2014 5:00:00 AM		2/19/2014 8:57:15 PM	Yes	Bruise/Hemato ma	No
<b>Misappropriation of Resident Property (1 Total)</b>				<b>Total Injuries: 0</b>		<b>Total Deaths: 0</b>
	2/13/2014 5:00:00 AM		2/13/2014 7:20:08 PM	No	Property	No

## MI-ACTS REPORTS

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- Incident Summary
- Incidents by Category
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Worker

Start Date

End Date

## Facility Timeliness Report

MI-ACTS ID	Resident Name	Staff Name	Date Incident Discovered	24HR Rpt Submitted	Invest. Rpt Submitted	Days to Report	Days to Investigate
00000019			2/11/2014 5:00:00 AM	2/13/2014 1:17:03 PM		2	
00000020			2/11/2014 5:00:00 AM	2/13/2014 1:12:19 PM		2	
00000028			2/11/2014 5:00:00 AM	2/13/2014 5:33:00 PM		2	
00000029			2/12/2014 5:00:00 AM	2/18/2014 1:21:28 PM		6	
00000032			2/10/2014 5:00:00 AM	2/13/2014 7:09:45 PM		3	
00000033			2/11/2014 5:00:00 AM	2/13/2014 7:13:04 PM		2	
00000034			2/10/2014 5:00:00 AM	2/13/2014 7:15:15 PM		3	
00000035			2/12/2014 5:00:00 AM	2/13/2014 7:17:09 PM		1	
00000036			2/13/2014 5:00:00 AM	2/13/2014 7:20:08 PM		0	
00000037			2/12/2014 5:00:00 AM	2/13/2014 7:22:50 PM		1	
00000038			2/11/2014 5:00:00 AM	2/13/2014 7:24:35 PM		2	
00000039			2/13/2014 5:00:00 AM	2/13/2014 7:26:18 PM		0	
00000040			2/11/2014 5:00:00 AM	2/13/2014 7:28:43 PM		2	
00000041			2/12/2014 5:00:00 AM	2/13/2014 7:30:38 PM		1	
00000042			2/10/2014 5:00:00 AM	2/13/2014 7:32:34 PM		3	
00000043			2/12/2014 5:00:00 AM	2/13/2014 7:35:01 PM		1	
00000051			2/12/2014 5:00:00 AM	2/19/2014 6:17:06 PM		7	
00000054			2/11/2014 5:00:00 AM	2/19/2014 8:57:15 PM	2/19/2014 8:59:50 PM	8	0
00000060			2/18/2014 5:00:00 AM	2/20/2014 4:40:30 PM		2	
00000073			2/18/2014 5:00:00 AM	2/20/2014 4:19:00 PM	2/20/2014 4:24:12 PM	2	0

## MI-ACTS REPORTS

- Incident Summary
- Incidents by Category
- Timeliness Report
- Deleted Records Report**

Start Date

End Date

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## Deleted Incidents

Incident Date	Date Deleted	Deleted By	Category	MI-ACTS Incident ID	Comments
2/18/2014 1:18:59 PM	2/19/2014 2:22:32 PM		Fall	00000050	Duplicate of 00000049



# SPOTS/POC Common Issues

# Single Sign On Registration

- ◆ Registration required for Access to SPOTS or MiACTS
- ◆ For SPOTS, currently provide access to facility administrator plus one additional user
- ◆ Authorization form and SSO registration both required for the additional user



Please Login or Sign-Up to use Single Sign-On

---

### Login

User ID:

Password:

**Forgot Password?**

If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.

### Sign-Up

If you are a new user to Single Sign-On, click Register to create your User ID and Password.

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[Michigan.gov Home](#) | [Help/FAQs](#) | [Contact Us](#)



# State of Michigan Single Sign On



## REGISTRATION- Step 1

\* Indicates required field

First Name \*

Middle Initial

Last Name \*

Email Address \*

**NOTE:** Users who have been assigned a State of Michigan email address must use this address to register.



## REGISTRATION- Step 2

Please Enter a four digit number to create a unique UserID : **doej**  [Why should I enter this number?](#)

(OR)

Please generate a random four digit number for me :  Yes  No

Enter the number as it is shown in the box below \* :

**29685**

- ◆ Confirmation email within 24 hours
- ◆ Login to create your own password



The screenshot shows a web browser window with the address bar displaying <https://sso.state.mi.us/>. The browser has two tabs open: "SkillPower™ - Login Remi..." and "State of Michigan-Login X". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The address bar shows "Application Portal" and "Internal Sites" as bookmarks. The page title is "State of Michigan Single Sign On" with a logo of the state of Michigan. Below the title is a banner image of a suspension bridge over water. The main content area contains a login form with the following fields and buttons:

User ID

Password

\* If you do not have a User ID, please click

[I forgot my Password](#)

# ACCOUNT SET UP AND PASSWORD RESETS

- ◆ Be sure to complete the challenge questions when setting up account - Allows you to reset your own password if needed at a later time
- ◆ Call DTMB Client Service Center at 517-241-9700, 1-800-968-2644 for PW assistance
- ◆ Notify BHCS when Administrator changes
- ◆ Change email address in SSO account and notify BHCS if moving to a new facility

# Subscribe to Applications to access SPOTS and or MiACTS

## State of Michigan Single Sign On



### SUBSCRIPTION

Please Select from the list

Dept of Licensing and Regulatory Affairs



LTCPP/Long Term Care Provider Portal



Next

Back

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# Common SPOTS Issues

- ◆ Facility Administrator's SSO account email address does not match email address provided to Licensing Officer
- ◆ Not all citations have POC text entered including S0000 – SAVE RESPONSE button. Enter “No POC required” or address State rule issues identified
- ◆ Not all citations have a completion date (including S0000)
- ◆ Signature page not completed and submitted

# POC Entry Page

**LARA** Department of Licensing and Regulatory Affairs

Michigan.gov Michigan's Official Web Site

Michigan.gov Home Bureau of Health Care Services

Long Term Care Provider Home | BHCS Home Long Term

Screen EVENT ID: 02E612 EXIT DATE: 07/25/2013

THIS PLAN OF CORRECTION HAS A RESPONSE TO ALL DEFICIENCIES. IF READY TO FINALIZE, CLICK [HERE](#) OR SELECT A DEFICIENCY NUMBER BELOW TO EDIT/UPDATE A RESPONSE.

[Click to toggle instructions for use.](#)

[Click to show plan of corrections guidelines.](#)

CLICK ON DEFICIENCY BELOW TO VIEW OR BEGIN PLAN OF CORRECTION ENTRY

S0000 UPDATING DEFICIENCY: 0000 DATE THIS CORRECTIVE ACTION WILL BE COMPLETED: 10/31/2013

F0000

+ Add files...     Check box if an IDR will be submitted for this deficiency

TO VIEW ENTIRE DEFICIENCY STATEMENT FOR THIS DEFICIENCY CLICK TEXT BELOW: [INITIAL COMMENTS STAT...](#)

Optional POC entered



# Signature Page

- Home
- SPOTS
- Facility Home Screen

## PLAN OF CORRECTION REVIEW & SUBMIT

EVENT ID: O8UR11

**INSTRUCTIONS**  
Click the "View Plan of Correction pdf" link below to view the pdf version of your finalized plan. If you are satisfied with the plan, check the electronic signature checkbox and then click "Submit Plan of Correction". After that point you will no longer be able to edit your plan of correction and it will be sent to the state for review.

[View Plan of Correction pdf](#)

Please enter your full name

I certify that the information provided for the Plan of Correction meet the requirements as defined in 42 CFR 488.402(d) of the Centers for Medicare and Medicaid Services (CMS) and Public Act 368 of 1978 as amended.

I further understand that the information submitted to the State Agency (Bureau of Health Care Services, Department of Licensing and Regulatory Affairs) is subject to review by the State of Michigan and the Centers for Medicare and Medicaid Services (CMS). I realize falsification of data, reports, and information provided or fraudulent alterations of these materials may result in civil or criminal prosecution.

Check this box if you request Administrative Review in lieu of revisit survey to determine compliance.

This is only applicable when a facility with deficiencies at levels D, E or F (without substandard quality of care) wishes to participate as a Medicare skilled nursing facility.

- Submit Plan of Correction
-

- ◆ For assistance with issues within SPOTS or MiACTS contact Cindy Landis 517-241-2505 or [landisc@michigan.gov](mailto:landisc@michigan.gov)

Public Viewing Web page

<http://spots.lara.state.mi.us/>