

Nursing Homes Licensing Report

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

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Prepared by

Bureau of Community and Health Systems



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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) AND	7
INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR).....	7
IDR AND 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 (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 composed of five 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 the following information in the report:¹²

(a)	The number of surveys conducted:	
	Standard surveys	127
	Standard revisits	221
	Complaint surveys	1,231
	Complaint revisits	616
	Total	2,195
(b)	The number requiring follow-up surveys:	
	Standard surveys	126
	Standard revisits	15
	Complaint surveys	1,178
	Complaint revisits	21
	Total	1,340
(c)	The average number of citations per nursing home for the most recent calendar year. (1,300 citations/ 442 facilities)	2.94
(d)	The number of night and weekend complaints filed.	
	Weeknight	79
	Weekend	193
	Total	272

¹ The data for items (a) through (f) and (i) through (o) come from “Legislative SQL-Server Reporting Services” located here: <https://ssrs.lara.state.mi.us/Reports/browse/Legislative>. This database is managed by the department of technology, management, and budget. The data for items (g) and (h) come from two Michigan Peer Review Organization (MPRO) annual reports titled: “MI State Report Summary, From 1/1/2020 to 12/31/2020, For Review Type IDR” and “MI State Report Summary, From 1/1/2020 to 12/31/2020, For Review Type IIDR.”

² CY 2020 was an unusual year. The Covid-19 Pandemic hit Michigan in March 2020 and continued throughout the year. As a result, the number of standard surveys declined as the department’s resources were shifted to surveys that focused on infection prevention and control.

(e)	The number of night and weekend responses to complaints conducted by the department.	11
(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)	65.94
(g)	The number and percentage of citations disputed through informal dispute resolution and independent informal dispute resolution. ³ (294/1,300 total citations)	294
		23%
(h)	The number and percentage of citations overturned or modified, or both. (Deleted=33, Amended=67, Total=100) (100/1,300 total citations)	100
		7.7%
(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 (351/680)	51.62%
	Complaint (855/1,845)	46.34%
	Total (1,206/2,525)	47.76%

³ This data is taken from the MPRO CY 2020 Annual Summary. During CY 2020, MPRO reviewed 275 citations under Informal Dispute Resolution (IDR) plus 19 citations under Independent Informal Dispute Resolution (IIDR). In total, MPRO reviewed 294 citations.

(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 (102/203)	50.25%
	Complaint (369/593)	62.23%
	Total (471/796)	59.17%
(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.	
	Recertification (2/18)	11.11%
	Complaint (5/22)	22.73%
	Total (7/40)	17.5%
(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).	0

**INFORMAL DISPUTE RESOLUTION (IDR) AND
INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)
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:⁴

(a)	The percentage of nursing home citations that are appealed through the informal dispute resolution process. ⁵ (294 citations appealed/1,300 total citations)	Number	294
		Percent	23%
(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	194	66%
	Deleted	33	11%
	Amended	67	23%
	Total	294	100%
(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 to the Centers for Medicare and Medicaid Services (CMS) using ASPEN Central Office (ACO). This data is also collected and reported by the Michigan Peer Review Organization (MPRO). This information is used by managers and surveyors for several purposes, including training and continuous quality improvement. It is also used to inform the planning of semi-annual Joint Provider Surveyor Training conferences and seminars.		

⁴ The data for this table is from two annual reports provided by the Michigan Peer Review Organization (MPRO) titled: "MI State Report Summary, From 1/1/2020 to 12/31/2020, For Review Type IDR" and "MI State Report Summary, From 1/1/2020 to 12/31/2020, For Review Type IIDR."

⁵ The total number of citations (also known as deficiencies or tags) issued in CY 2020 was 1,300. The total number of citations appealed (i.e., disputed) was 294, including 275 IDRs and 19 IIDRs.

IDR AND INDEPENDENT IDR CONDUCTED BY MPRO
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) ⁶	Number of reviews referred to the Michigan Peer Review Organization (MPRO):	Reviews ⁷	Citations
	Informal Dispute Resolution (IDR)	160	275
	Independent Informal Dispute Resolution (IIDR)	9	19
	Total	169	294
(b) ⁸	Of those reviews, the number of citations that were overturned by the department:		10 (3.4%)

⁶ The data for (a) came from two MPRO annual reports titled: “MI State Report Summary from 1/1/2020 to 12/31/2020 For Review Type IDR” and “MI State Report Summary from 1/1/2020 to 12/21/2020 For Review Type IIDR.”

⁷ 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.

⁸ This data for (b) came from a spreadsheet that is maintained by the bureau titled: “Updated IDR-IIDR Processing Log 2020.” It is available on the bureau’s shared drive in the “Enforcement” folder, LOGS subfolder. It was accessed on March 5, 2021. In CY2020, the bureau disagreed with MPRO’s IDR recommendation 9 times and IIDR recommendation 1 time.

APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS⁹

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 441	Total # of Surveys = 155
F880	Infection Prevention & Control	98	22.0%	63.2%
F812	Food Procurement, Store/Prepare/Serve Sanitary	71	16.1%	45.8%
F761	Label/Store Drugs and Biologicals	70	15.9%	45.2%
F689	Free of Accident Hazards/Supervision/Devices	61	13.8%	39.4%
F656	Develop/Implement Comprehensive Care Plan	50	11.3%	32.3%
F684	Quality of Care	46	10.4%	29.7%
F578	Request/Refuse/Discontinue Treatment; Formulate Advance Directive	37	8.4%	23.9%
F677	ADL Care Provided for Dependent Residents	35	7.9%	22.6%
F686	Treatment/Services to Prevent/Heal Pressure Ulcer	35	7.9%	22.6%
F550	Resident Rights/Exercise of Rights	32	7.3%	20.6%

⁹ Source: CASPER (02/14/2021), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS¹⁰

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 441	Total # of Surveys = 1,117
F689	Free of Accident Hazards/Supervision/Devices	157	27.0%	14.1%
F880	Infection Prevention & Control	115	22.2%	10.3%
F684	Quality of Care	108	20.2%	9.7%
F609	Reporting of Alleged Violations	89	18.1%	8.0%
F600	Free from Abuse and Neglect	85	17.7%	7.6%
F686	Treatment/Services to Prevent/Heal Pressure Ulcer	82	15.9%	7.3%
F677	ADL Care Provided for Dependent Residents	62	11.3%	5.6%
F610	Investigate/Prevent/Correct Alleged Violation	60	12.5%	5.4%
F725	Sufficient Nursing Staff	53	10.0%	4.7%
F607	Develop/Implement Abuse/Neglect Policies	42	8.4%	3.8%

¹⁰ Source: CASPER (02/14/2021), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

APPENDIX C: STANDARD 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	49	4	590	161	23	12	2	0	0	0	1	842
(II) New York	33	19	677	167	54	2	0	0	0	0	0	952
(III) Philadelphia	40	48	1,658	573	124	31	0	0	3	2	0	2,479
(IV) Atlanta	39	53	2,067	458	218	39	10	0	48	12	7	2,951
(V) Chicago	58	152	3,620	967	521	159	1	0	26	8	5	5,517
(VI) Dallas	91	69	1,557	2,032	364	19	10	0	14	9	0	4,165
(VII) Kansas City	56	60	1,726	881	289	54	0	1	5	6	1	3,079
(VIII) Denver	8	2	490	228	81	48	1	0	0	0	0	858
(IX) San Francisco	107	8	1,862	810	108	19	1	0	3	6	3	2,927
(X) Seattle	4	16	580	249	93	26	3	0	4	5	0	980
National Total	485	431	14,827	6,526	1,875	409	28	1	103	48	17	24,750

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	23	601	268	107	36	0	0	2	0	0	1,051
Indiana	10	20	703	142	24	12	0	0	4	0	0	915
Michigan	14	18	861	277	177	66	0	0	6	5	1	1,425
Minnesota	5	50	367	65	63	16	0	0	5	1	2	574
Ohio	7	30	812	153	114	13	1	0	2	0	2	1,134
Wisconsin	8	11	276	62	36	16	0	0	7	2	0	418
Region V Total	58	152	3,620	967	521	159	1	0	26	8	5	5,517

¹¹ Source: CASPER (02/14/2021) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS) federal database.

APPENDIX D: COMPLAINT SURVEY DEFICIENCIES BY SCOPE AND SEVERITY¹²

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	15	3	319	71	12	68	3	0	17	4	1	513
(II) New York	15	0	359	73	8	11	0	0	7	3	2	478
(III) Philadelphia	31	18	893	287	53	40	0	0	19	7	5	1,353
(IV) Atlanta	20	21	1,381	331	80	117	7	0	228	78	26	2,289
(V) Chicago	7	67	4,313	1,080	653	596	6	1	206	48	65	7,042
(VI) Dallas	33	30	1,286	1,247	151	122	26	1	108	71	36	3,111
(VII) Kansas City	5	11	844	266	121	96	2	0	56	24	9	1,434
(VIII) Denver	1	0	394	186	82	108	7	0	16	12	2	808
(IX) San Francisco	24	7	2,464	485	62	127	9	2	28	53	27	3,288
(X) Seattle	2	1	442	159	58	70	5	0	8	10	15	770
National Total	153	158	12,695	4,185	1,280	1,355	65	4	693	310	188	21,086

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	2	12	1,190	303	128	208	1	0	19	9	17	1,889
Indiana	0	2	579	139	33	45	0	0	19	11	0	828
Michigan	3	3	874	220	127	194	5	1	40	7	23	1,497
Minnesota	0	13	359	56	60	65	0	0	49	8	6	616
Ohio	2	35	987	283	266	49	0	0	46	6	18	1,692
Wisconsin	0	2	324	79	39	35	0	0	33	7	1	520
Region V Total	7	67	4,313	1,080	653	596	6	1	206	48	65	7,042

¹² Source: CASPER (02/14/2021) 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):

- 10/22/2019
- 01/23/2020
- 04/21/2020
- 07/21/2020

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:

- Stakeholder Updates on their Agency's Trainings, Conferences, and Initiatives
- Federal Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) Quarterly Data Review
- Federal Informal Dispute Resolution (IDR) Review Process Enhancements
- Marijuana Regulation Agency (MRA) Update and Impact on Nursing Homes
- Review and Discussion on Federal Directed Plan of Correction Requirements
- Review and Discussion on New State Licensing Infection Control Survey Process and Consultative Support Effort
- Review of Revised Involuntary Transfer and Discharge Process and Forms after Stakeholder Feedback
- Joint Provider Surveyor Training (JPST) Updates and Planning Review of Topics and Speakers
- Discussion on Developing a Nursing Home Administrator Leadership Training Program
- Review and Discussion on State Licensing Health Facility and Agency Proposed Administrative Rules
- Review and Discussion of Federal Discretionary Denial of Payment for New Admissions (DDPNA) Revisions and Schedule
- Review of 2019 Federal Recertification and Complaint Survey Data
- Discussion on State Certified Nurse Aide Program Administrative Rules Development
- Review and Discussion on State and Federal Infection Prevention and Control Survey Processes