

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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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, and Adult Foster Care Facility Licensing 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:¹

(a)	The number of surveys conducted:	
	Standard surveys	210
	Standard revisits	262
	Complaint surveys	1,312
	Complaint revisits	697
	Total	2,481
(b)	The number requiring follow-up surveys:	
	Standard surveys	210
	Standard revisits	27
	Complaint surveys	1,254
	Complaint revisits	39
	Total	1,530
(c)	The average number of citations per nursing home for the most recent calendar year. (2,191 citations/ 443 facilities)	4.95
(d)	The number of night and weekend complaints filed.	
	Weeknight	88
	Weekend	269
	Total	357
(e)	The number of night and weekend responses to complaints conducted by the department.	34

¹ The data for items (a) through (f) and (i) through (o) come from "Legislative SQL-Server Reporting Services", was accessed on 2/22/2022. 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 1/1/2021 to 12/31/2021, For Review Type IDR" and "MI State Report Summary, From 1/1/2021 to 12/31/2021, For Review Type IIDR."

(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)	44.50
(g)	The number and percentage of citations disputed through informal dispute resolution and independent informal dispute resolution. ² (276/2,191 total citations)	276 12.60%
(h)	The number and percentage of citations overturned or modified, or both. (Deleted=35, Amended=77, Total=112) (2,191 total citations)	112 5.11%
(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 (530/981)	54.03%
	Complaint (1040/2020)	51.49%
	Total (1,570/3,001)	52.32%

² This data is taken from the MPRO CY 2021 Annual Summaries. During CY 2021, MPRO reviewed 204 citations under Informal Dispute Resolution (IDR) plus 47 citations under Independent Informal Dispute Resolution (IIDR). In total, MPRO reviewed 251 citations. In addition, beginning July 1, 2021, providers were given a new option to have low-level citations (scope and severity levels B-F) reviewed by the bureau at no charge or have MPRO review them at cost. From July 1 through December 31, 2021, the bureau reviewed 25 citations. So, the total number of citations reviewed during CY21 was 276.

(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 (152/238)	63.87%
	Complaint (492/664)	74.10%
	Total (644/902)	71.40%
(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.	
	Recertification (7/24)	29.17%
	Complaint (14/33)	42.42%
	Total (21/57)	36.84%
(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:³

(a)	The percentage of nursing home citations that are appealed through the informal dispute resolution process. ⁴ (276 citations appealed/2,191 total citations)	Number	276
		Percent	12.60%
(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	164	59.42%
	Deleted	35	12.68%
	Amended	77	27.90%
	Total	276	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.		

³ The data for this table is from two annual reports provided by the Michigan Peer Review Organization (MPRO) titled: "MI State Report Summary, From 1/1/2021 to 12/31/2021, For Review Type IDR" and "MI State Report Summary, From 1/1/2021 to 12/31/2021, For Review Type IIDR."

⁴ The total number of citations (also known as deficiencies or tags) issued in CY 2021 was 2,191. The total number of citations appealed (i.e., disputed) was 276, including 229 IDRs and 47 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) ⁵	Number of reviews referred to the Michigan Peer Review Organization (MPRO):	Reviews ⁶	Citations
	MPRO reviewed Informal Dispute Resolutions (IDR)	138	204
	MPRO reviewed Independent Informal Dispute Resolution (IIDR)	31	47
	LARA-BCHS reviewed IDR	19	25
	Total	188	276
(b) ⁷	Of those reviews, the number of citations that were overturned by the department:		15

⁵ The data for (a) came from two MPRO annual reports titled: "MI State Report Summary from 1/1/2021 to 12/31/2021 For Review Type IDR" and "MI State Report Summary from 1/1/2021 to 12/21/2021 For Review Type IIDR."

⁶ 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.

⁷ This data for (b) came from a spreadsheet that is maintained by the bureau titled: "Updated IDR-IIDR Processing Log 2021." It is available on the bureau's shared drive in the "Enforcement" folder, LOGS subfolder. It was accessed on Feb. 23, 2022. In CY2021, the bureau disagreed with MPRO's IDR recommendation 15 times (4 of these were decided in favor of the facility).

APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS⁸

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 438	Total # of Surveys = 270
F880	Infection Prevention & Control	159	36.3%	58.9%
F761	Label/Store Drugs & Biologicals	145	32.9%	53.7%
F812	Food Procurement, Store/Prepare/Serve Sanitary	140	31.7%	51.9%
F689	Free of Accident Hazards/Supervision/Devices	96	21.9%	35.6%
F684	Quality of Care	91	20.5%	33.7%
F677	ADL Care Provided for Dependent Residents	86	19.6%	31.9%
F656	Develop/Implement Comprehensive Care Plan	78	17.8%	28.9%
F686	Treatment/Services to Prevent/Heal Pressure Ulcer	78	17.8%	28.9%
F692	Nutrition/Hydration Status Maintenance	60	13.7%	22.2%
F695	Respiratory/Tracheostomy Care and Suctioning	55	12.3%	20.4%

⁸ Source: CASPER (01/30/2022) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS⁹

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 438	Total # of Surveys = 1,288
F689	Free of Accident Hazards/Supervision/Devices	172	31.3%	13.4%
F684	Quality of Care	142	23.7%	11.0%
F686	Treatment/Services to Prevent/Heal Pressure Ulcer	137	26.5%	10.6%
F677	ADL Care Provided for Dependent Residents	102	19.4%	7.9%
F880	Infection Prevention & Control	98	18.9%	7.6%
F600	Free from Abuse and Neglect	95	18.9%	7.4%
F609	Reporting of Alleged Violations	79	15.5%	6.1%
F610	Investigate/Prevent/Correct Alleged Violation	74	15.8%	5.7%
F725	Sufficient Nursing Staff	63	12.6%	4.9%
F580	Notify of Changes (Injury, Decline, Room, etc.)	57	11.9%	4.4%

⁹ Source: CASPER (01/30/2022), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

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	127	52	1,827	729	187	70	5	0	11	3	2	3,013
(II) New York	50	17	1,034	318	70	8	0	0	4	1	6	1,508
(III) Philadelphia	95	123	4,031	1,575	243	122	0	0	10	12	2	6,213
(IV) Atlanta	49	60	3,649	972	385	92	8	0	67	24	17	5,323
(V) Chicago	140	415	7,852	2,402	1,432	361	14	6	61	20	28	12,731
(VI) Dallas	96	77	2,601	2,779	639	26	11	0	19	18	3	6,269
(VII) Kansas City	58	90	2,771	1,296	380	64	1	0	28	12	3	4,703
(VIII) Denver	10	15	1,216	765	281	148	18	0	8	4	11	2,476
(IX) San Francisco	127	14	3,437	1,694	326	46	1	0	12	19	16	5,692
(X) Seattle	8	18	602	318	66	20	1	0	6	4	2	1,045
National Total	760	881	29,020	12,848	4,009	957	59	6	226	117	90	48,973

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	63	113	2,248	861	568	100	3	0	6	7	18	3,987
Indiana	22	23	1,297	338	43	42	1	0	4	0	0	1,770
Michigan	17	32	1,482	487	340	112	7	6	15	6	4	2,508
Minnesota	12	157	800	185	134	15	0	0	16	5	2	1,326
Ohio	7	50	1,278	336	196	37	1	0	5	0	2	1,912
Wisconsin	19	40	747	195	151	55	2	0	15	2	2	1,228
Region V Total	140	415	7,852	2,402	1,432	361	14	6	61	20	28	12,731

¹⁰ 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 SEVERITY¹¹

Deficiencies by Scope and Severity Grades												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	22	5	814	175	29	130	7	0	26	4	3	1,215
(II) New York	2	3	528	123	20	34	1	0	14	1	4	730
(III) Philadelphia	17	26	847	287	33	35	1	0	14	3	1	1,264
(IV) Atlanta	18	22	1,909	522	114	148	9	0	311	104	55	3,212
(V) Chicago	27	139	7,558	1,738	909	972	13	8	314	52	47	11,777
(VI) Dallas	24	20	1,864	1,308	202	110	26	0	110	68	8	3,740
(VII) Kansas City	8	12	1,483	527	137	120	1	0	131	31	9	2,459
(VIII) Denver	2	1	351	209	57	114	6	0	11	8	7	766
(IX) San Francisco	41	9	3,449	751	93	203	4	3	34	62	27	4,676
(X) Seattle	1	7	863	299	84	166	3	1	13	10	11	1,458
National Total	162	244	19,666	5,939	1,678	2,032	71	12	978	343	172	31,297

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	9	40	2,049	507	264	407	4	0	68	23	12	3,383
Indiana	5	9	1,050	217	29	97	1	0	50	1	2	1,461
Michigan	9	8	1,224	295	118	225	7	8	55	6	4	1,959
Minnesota	0	17	360	50	28	27	0	0	33	7	2	524
Ohio	3	48	2,242	539	432	143	0	0	59	11	18	3,495
Wisconsin	1	17	633	130	38	73	1	0	49	4	9	955
Region V Total	27	139	7,558	1,738	909	972	13	8	314	52	47	11,777

¹¹ 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 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):

11/10/2020
02/09/2021
05/11/2021
07/13/2021

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 included but were not limited to the following:

:

- Stakeholder Updates on their Agency's Trainings, Conferences, and Care and Services Initiatives
- Federal Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) Quarterly Data Review
- Federal Informal Dispute Resolution (IDR) Review Process Enhancements
- State Infection Prevention and Control Initiative
- MI-Facility Reported Incident Database and Process
- Federal Directed Plan of Correction Requirements
- Joint Provider Surveyor Training (JPST) Updates, Topics, and Speakers
- Nursing Home Administrator Leadership Training Program
- Federal Discretionary Denial of Payment for New Admissions (DDPNA) Revisions and Schedule
- State Certified Nurse Aide Program Administrative Rules
- Certified Nurse Aide Investigation Process
- Certified Nurse Aide Training and Testing Programs
- CMS 1135 Waivers including Nurse Aides
- CMS Vaccination Requirement
- CMS Desk Review Process and Requirements
- Nursing Home Administrator Directory
- MI Physician Orders for Scope of Treatment and Do-Not-Resuscitate Forms, Process, and Requirements.