

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)	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 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	441
	Standard revisits	474
	Complaint investigations	1,991
	Complaint revisits	605
	Total	3,511
(b)	The number requiring follow-up surveys.	
	Standard surveys	441
	Standard revisits	48
	Complaint investigations	1,897
	Complaint revisits	14
	Total	2,400
(c)	The average number of citations per nursing home for the most recent calendar year. (3,630 citations/ 458 facilities)	7.93
(d)	The number of night and weekend complaints filed.	
	Weeknight	80
	Weekend	123
	Total	203
(e)	The number of night and weekend responses to complaints conducted by the department.	44
(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)	22.73
(g)	The number and percentage of citations disputed through informal dispute resolution and independent informal dispute resolution. (300/3,630)	300
		8%

(h)	The number and percentage of citations overturned or modified, or both. (96/3,630)	96 3%
(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 [1,167/1,705]	68%
	Complaint [1,006/1,615]	62%
	Total	65%
(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 (310/424)	73%
	Complaint (497/587)	85%
	Total	79%
(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.	
	Recertification (19/50)	38%
	Complaint (5/18)	28%
	Total	33%

(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).	2-3¹

¹ These projects tend to be multi-year initiatives, usually lasting two to three years. During the course of calendar year 2016 there were 2-3 projects underway.

INFORMAL DISPUTE RESOLUTION (IDR)²
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.	Number	300
		Percent	8%
(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	168	56%
	Amended or Deleted	96	32%
	Pending	36	12%
(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.		
	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.		

² The data for this table came from a query of ASPEN Enforcement Manager (AEM) that occurred on Feb. 14, 2017. The query resulted in the IDR/IIDR Report for the State of Michigan for calendar year 2016.

IDR AND INDEPENDENT IDR CONDUCTED BY MPRO³
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)	312
	Independent Informal Dispute Resolution (IIDR)	2
	Total	314
(b)	Of those reviews, the number of citations that were overturned by the department	127

³ The data for this table came from two MPRO reports to LARA for calendar year 2016: The *Michigan IDR State Report Summary* and the *Michigan IIDR State Report Summary*.

APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS⁴

Tag #	Tag Description	# Citations	% Providers Cited ⁵	% Surveys Cited ⁶
F0441	Infection Control, Prevent Spread, Linens	247	54.6%	57.4%
F0371	Food Procure, Store/Prepare/Serve – Sanitary	232	51.5%	54.0%
F0323	Free of Accident Hazards/Supervision/Devices	196	43.4%	45.6%
F0431	Drug Records, Label/Store Drugs & Biologicals	150	33.5%	34.9%
F0309	Provide Care/Services for Highest Well Being	146	32.8%	34.0%
F0465	Safe/Functional/Sanitary/ Comfortable Environ	134	30.1%	31.2%
F0329	Drug Regimen is Free From Unnecessary Drugs	104	23.1%	24.2%
F0314	Treatment/Services to Prevent/ Heal Pressure Sores	102	22.5%	23.7%
F0226	Develop/Implement Abuse/Neglect, Etc. Policies	96	21.3%	22.3%
F0332	Free of Medication Error Rates of 5% or more	80	18.0%	18.6%

⁴ Source: CASPER (01/30/2017)

⁵ Michigan Active Providers = 445

⁶ Total Number of Surveys = 430

APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS⁷

Tag #	Tag Description	# Citations	% Providers Cited ⁸	% Surveys Cited ⁹
F0323	Free of Accident Hazards/Supervision/Devices	179	31.0%	8.7%
F0309	Provide Care/Services For Highest Well Being	115	20.0%	5.6%
F0226	Develop/Implement Abuse/Neglect, etc. Policies	86	16.2%	4.2%
F0225	Investigate/Report Allegations/Individuals	77	14.4%	3.7%
F0312	ADL Care Provided for Dependent Residents	40	7.4%	1.9%
F0241	Dignity and Respect of Individuality	40	8.8%	1.9%
F0223	Free From Abuse/Involuntary Seclusion	39	7.6%	1.9%
F0441	Infection Control, Prevent Spread, Linens	36	8.1%	1.7%
F0314	Treatment/SVCS to Prevent/Heal Pressure Sores	36	7.0%	1.7%
F0353	Sufficient 24-HR Nursing Staff Per Care Plans	35	5.8%	1.7%

⁷ Source: CASPER (01/30/2017)

⁸ Active Providers: 445

⁹ Number of Surveys: 2,058

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	142	85	2,929	1,022	120	350	4	2	22	10	3	4,689
(II) New York	216	44	3,707	1,137	169	74	3	0	17	31	20	5,418
(III) Philadelphia	384	326	8,492	3,483	686	384	10	0	32	16	7	13,820
(IV) Atlanta	73	266	9,660	2,534	763	342	28	1	391	147	29	14,234
(V) Chicago	290	947	16,870	4,863	2,057	974	7	2	235	52	48	26,345
(VI) Dallas	215	361	2,145	8,688	2,580	265	193	6	71	477	131	15,132
(VII) Kansas	131	201	6,290	3,094	1,131	492	11	1	118	56	42	11,567
(VIII) Denver	40	69	2,756	1,646	283	196	23	2	22	23	1	5,061
(IX) San Francisco	470	136	9,892	4,062	669	313	27	2	34	30	24	15,659
(X) Seattle	45	75	3,424	1,056	198	417	46	0	45	29	18	5,353
National Total	2,006	2,510	66,165	31,585	8,656	3,807	352	16	987	871	323	117,278

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	103	405	3,952	1,195	523	198	1	0	14	12	13	6,416
Indiana	27	45	2,609	662	156	207	0	0	39	10	4	3,759
Michigan	89	95	2,689	980	544	212	5	2	44	8	4	4,672
Minnesota	20	91	1,787	392	160	77	0	0	9	0	0	2,536
Ohio	39	189	3,888	1,047	454	140	1	0	72	12	19	5,861
Wisconsin	12	122	1,945	587	220	140	0	0	57	10	8	3,101
Region V Total	290	947	16,870	4,863	2,057	974	7	2	235	52	48	26,345

¹⁰ Source: CASPER (02/13/2017)

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	36	12	652	178	8	184	4	2	19	6	2	1,103
(II) New York	8	1	487	153	13	38	0	0	14	3	4	721
(III) Philadelphia	156	79	2,236	805	103	175	5	0	12	4	5	3,580
(IV) Atlanta	13	47	2,430	535	69	195	4	0	282	74	15	3,664
(V) Chicago	49	140	5,423	1,095	328	598	4	1	163	31	29	7,861
(VI) Dallas	45	68	577	2,245	465	195	93	4	61	358	104	4,215
(VII) Kansas	25	51	2,240	778	357	328	6	1	104	47	31	3,968
(VIII) Denver	5	10	536	313	55	81	9	2	15	4	1	1,031
(IX) San Francisco	28	13	2,904	458	63	195	8	2	14	8	7	3,700
(X) Seattle	5	19	1,270	262	45	254	24	0	28	20	9	1,936
National Total	370	440	18,755	6,822	1,506	2,243	157	12	712	555	207	31,779

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	27	64	1,562	312	69	136	1	0	12	7	8	2,198
Indiana	2	3	893	167	38	139	0	0	25	7	2	1,276
Michigan	8	4	850	183	65	137	2	1	33	3	1	1,287
Minnesota	0	0	103	20	8	30	0	0	3	0	0	164
Ohio	11	49	1,449	288	117	86	1	0	57	8	14	2,080
Wisconsin	1	20	566	125	31	70	0	0	33	6	4	846
Region V Total	49	140	5,423	1,095	328	598	4	1	163	31	29	7,861

¹¹ Source: CASPER (02/13/2017)

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):

- February 9, 2016
- May 17, 2016
- October 18, 2016

The following long-term care stakeholders participated in these meetings:

- Health Care Association of Michigan
- LeadingAge
- Michigan County Medical Care Facilities Council
- Michigan Long-Term Care Ombudsman
- Michigan Peer Review Organization

Topics addressed during these meetings included, but were not limited to:

- Bureau updates
- Provider updates
- CMS updates
- Joint Provider Surveyor Training
- Informal Dispute Resolution/Independent Informal Dispute Resolution
- Involuntary Transfer/Discharge
- Nurse Aide Registry
- Nurse Aide Training Program
- Bed Changes
- Facility Reported Incidents
- Nursing Homes Data
- Alarm Free Facilities
- Survey Entrance List Update
- Medication Aide Program Concept
- State Agency Inspection Waiver Process
- 5 Star Rating Complete Forms (CMS 671 and CMS 672)
- Web Bed Inventory Update
- Nursing Home Administrator Requirement for Hospital Long Term Care Unit