

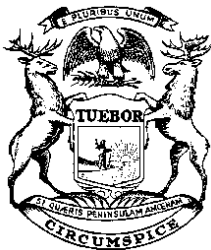
Biannual Inspection Report for Health Facilities and Agencies

Pursuant to Section 20158 of the Public Health Code,
1978 PA 368 as amended, MCL 333.20158

April 3, 2023

Prepared by

**Bureau of Community and Health Systems
and
Bureau of Survey and Certification**



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REPORT AUTHORITY

PUBLIC HEALTH CODE (EXCERPT)

Act 368 of 1978

333.20158 Biannual inspection reports for certain entities.

Sec. 20158.

The department shall submit biannual reports to the appropriation subcommittees for the department, the senate and house fiscal agencies, and the state budget director containing a summary of input from individuals who perform inspections for entities regulated by the bureau of community and health systems, or a successor agency within the department, under this article. The feedback and input must be regarding the adequacy of federal and state guidelines pertaining to the areas that the individual inspects for the entities described in this section. Summary must include details of feedback excluding information that identifies inspectors providing the feedback. Summary may be cumulative but must be understandable to the public.

History: Add. 2022, Act 117, Imd. Eff. June 24, 2022

Popular Name: Act 368

DEPARTMENT OVERVIEW

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 protect the health and safety of Michigan's citizens.

Bureau of Community and Health Systems

The Bureau of Community and Health Systems (BCHS) serves to protect and ensure safe, effective, efficient, and accessible community and health care services delivered by state licensed providers in Michigan. The bureau is responsible for state licensing of facilities, agencies, and programs under the following public acts:

- Adult Foster Care Facility Licensing Act, 1979 PA 218
- Mental Health Code, 1974 PA 258
- Public Health Code, 1978 PA 368

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 requirements; and investigating complaints against state licensed providers.

Bureau of Survey and Certification

The Bureau of Survey and Certification (BSC) was established in 2022 to provide sole oversight of the federal survey and certification process for multiple healthcare provider types. Functions of BSC include federal complaint investigations, routine surveys, and monitoring and enforcement of federal regulations that serve to protect the health, safety, and quality of care received by Michigan residents.

As the State Survey Agency for the federal Centers for Medicare and Medicaid Services, BSC administers Part 221 of the Public Health Code, which provides for this federal-state partnership.

Introduction

Public Act 117 of 2022 added section 20158 to the Public Health Code. This section took effect on June 24, 2022. It refers to “the bureau of community and health systems, or a successor agency within the department. . . .”

On June 28, 2022, the department reorganized the bureau of community and health systems. A new bureau was established, the bureau of survey and certification. All functions pertaining to the federal survey and certification of health facilities for Medicare and Medicaid Services were moved to the new bureau. Since section 20158 requires the reporting of information pertaining to federal and state guidelines, both bureaus are included in this report.

Methodology

Section 20158 requires “a summary of input from individuals who perform inspections for entities regulated by the bureau of community and health systems, or a successor agency within the department, under this article. The feedback and input must be regarding the adequacy of federal and state guidelines pertaining to the areas that the individual inspects. . . .”

Definitions

Section 20158 does not define “**individuals who perform inspections.**” Based on the context, this phrase is interpreted to mean: health care surveyors, state licensing consultants, and other personnel who inspect, survey, or visit health facilities and agencies for regulatory purposes.

In addition, section 20158 does not define “**federal and state guidelines.**” Based on the context in which these terms are used, they are interpreted to mean federal statutes, federal regulations, state statutes, and state administrative rules.

To gather the information for this report, a survey was conducted. A total of 162 personnel were surveyed (128 from the bureau of survey and certification and 34 from the bureau of community and health systems). Responses were received from 140 personnel (86% response ratio). The survey opened on February 24, 2023, and closed on March 8, 2023.

Section 20158 requires that the **identity (ID)** of inspectors (i.e., survey respondents) shall not be disclosed. The report is aggregated and does not identify respondents in compliance with this section. The survey included 4 questions.

Results

Question 1: What type of inspections do you perform, state or federal? (The term "inspections" includes surveys and investigations.)

Responses:

State = 38
Federal = 102

Question 2: What types of health facilities and agencies do you inspect (select all that apply)?¹

	Type of Health Facility or Agency	Number of Inspectors
1.	Freestanding Surgical Outpatient Facilities or Ambulatory Surgical Centers	19
2.	Clinical Laboratory Services (CLIA)	4
3.	Dialysis Centers	28
4.	Home Health Agencies	14
5.	Homes for the Aged	15
6.	Hospice Agencies or Residences	20
7.	Hospitals	30
8.	Nursing Homes, County Medical Care Facilities, Hospital Long-Term Care Facilities	104
9.	Nurse Aide Training Programs	1
10.	Outpatient Physical Therapy and Speech Pathology Providers	11
11.	Portable X-Ray Providers	5
12.	Psychiatric Hospitals and Psychiatric Units	22
13.	Rural Health Clinics	1
14.	Substance Use Disorder Services Programs	5

¹ Note: An individual may inspect more than one type of health facility and agency.

Question 3: Rate the overall adequacy of federal and state guidelines pertaining to the areas that you inspect. This includes any federal statutes, federal regulations, state statutes, or state administrative rules for which you determine compliance.

Rating	Responses
Inadequate	0
Somewhat Inadequate	16
Adequate	102
More than Adequate	18
Excessive	4

4. Briefly summarize your opinion of any federal or state guidelines that you think are inadequate or excessive along with any recommendations you have for improving them. Cite the federal regulation or the state law or administrative rule along with the subject:

Background on F Tags

The Centers for Medicare and Medicaid Services (CMS) publishes a State Operations Manual (SOM) for State Survey Agencies. LARA Bureau of Survey and Certification is the State Survey Agency for Michigan. The SOM provides guidance on how to conduct federal survey and certification procedures. It includes a list of all federal regulations for covered health facilities. In addition, it provides guidance on how to interpret these regulations and examples of deficiencies.

Each federal regulation and for lengthy regulations each part of that regulation is given an identifier for purposes of citing deficiencies. These identifiers are called Tags. Each Tag is preceded by a letter which designates the type of health facility. For example, an F Tag refers to a long-term care facility. Each Tag is also assigned a number that corresponds with the federal regulation. For example, F604 refers to the resident's right to be free from physical restraints pursuant to 42 CFR 483.12. There are approximately 224 F Tags.

Inspectors' Feedback on Federal and State Guidelines

ID	Guidelines	Comments
2	F880 -- Infection Prevention and Control; 42 CFR 483.80	<p>I don't find the regulation inadequate, as it references a variety of infection prevention and control best practices and documents; however, most surveyors do not know what the best practices are or where to locate them. They use the guidance at F880 as the complete book of fact. It is a guide only.</p> <p>Infection prevention and control in nursing homes is still lacking. It was neglected and poor prior to COVID-19 and in some facilities continues to be so. It is being surveyed by each surveyor's interpretation of F880; for many they have no experience working in this area (infection prevention and control) and seem to make up their own guidance. There have been many instances where facilities have reported erroneous comments and at times citations from surveyors who are not founding their citations at F880 in supported fact. Infection prevention and control is based on research and science, not on supposition.</p>
3	<p>F639 – Maintain 15 months of resident assessments; 42 CFR 483.20(d)</p> <p>F640 – Encoding and transmitting resident assessments; 42 CFR 483.20(f)</p> <p>F700 – Bed Rails; 42 CFR 483.25(n)</p>	<p>F639 - Maintain 15 Months of Resident Assessments -- I am a fairly new surveyor and learning. I have been in the industry for a while on the provider end. I feel this tag is obsolete as providers use electronic medical records and all assessments are available as part of the clinical record.</p> <p>F640 - Encoding and transmitting resident assessments - I believe this is also a regulation that needs to be revisited with electronic medical records and electronic submissions to the Centers for Medicare and Medicaid Services (CMS) repository.</p> <p>F700 – Bedrails - Needs revision or update - Most bed manufacturers follow the U.S. Food and Drug Administration (FDA) guidelines for beds and rails. Most facilities do not use side rails. They use assist rails, not 1/2 or full side rails. I think measuring the beds, rails, and gaps is excessive, when facilities use assist rails for mobility in FDA approved beds manufactured after 2013</p>

ID	Guidelines	Comments
		or 2014. I believe the guidelines have not changed since it came out initially in 2012.
5	F600 – Free from abuse and neglect; 42 CFR 483.12	Regarding F600 of the federal regulations, I have found multiple instances of certified nurse aides (CNAs) working while waiting for an appeal decision after their certification was pulled. If a CNA was fired for substantiated abuse and under investigation, they should not be allowed to work elsewhere without the facility knowing they are awaiting an abuse appeal.
8	MCL 333.20175(1) -- A health facility or agency shall keep and maintain a record for each patient, including a full and complete record of tests and examinations performed, observations made, treatments provided, and in the case of a hospital, the purpose of hospitalization. . . .	333.20175(1) does not provide a detailed enough definition of what is meant by "observations made" making it difficult at times to hold facilities accountable for not keeping quality tracking records for observations on residents.
9	MCL 333.20165 -- Denying, limiting, suspending, or revoking license or certification; notice of intent; imposition of administrative fine. MCL 333.20166 -- Notice of intent to	The law for health facilities doesn't allow for unilateral closure of licensed hospitals, hospice, freestanding surgical outpatient facilities, etc., when the licensee has abandoned the license or quit responding or performing. Modification should be made to MCL 333.20165, MCL 333.20166, and R 325.45249 to allow, in the case of non-response or abandonment, a unilateral closure without delay of the license without hosting a hearing in which the licensee doesn't intend or will not attend.

ID	Guidelines	Comments
	<p>deny, limit, suspend, or revoke license or certification; service; contents; hearing; record; transcript; determination; powers of department; judicial order to appear and give testimony; contempt; failure to show need for health facility or agency.</p> <p>R 325.45249 -- Correction notice; opportunity to show compliance</p>	
10	<p>E Tags (emergency preparedness) – Refer to the CMS State Operations Manual Appendix Z Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance at the following link:</p> <p>https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Download</p>	<p>Overall, federal and state guidelines are adequate. I do think that the emergency preparedness E tags as applied to non-hospital facilities are excessive. Most are unnecessary.</p>

ID	Guidelines	Comments
	ads/som107ap_z_emergprep.pdf	
12	R 325.1931 – Homes for the Aged Rules, Employees; General Provisions	R 325.1931 – Homes for the Aged (HFAs) employees; general provisions. This rule is very vague. The rule states that a home for the aged shall have adequate and sufficient staff. When you look at this rule, it can be interpreted in different ways depending on who you are asking. My “sufficient” may be different than what someone else considers “sufficient.” I believe that there should be a ratio.
13	<p>Homes for the Aged Licensing Rules: R 325.1912(1)</p> <p>R 325.1921(2)</p> <p>R 325.1931(6)</p> <p>R 325.1931(5)</p> <p>R 325.1981</p> <p>R 325.1901(21)</p>	<p>R325.1912(1) Administrative rule does not address how home for the aged licensing determination of compliance is made. Be specific to the licensing process and requirements of a corrective action plan prior to license issuance/renewal of a license.</p> <p>R325.1921(2) Administrative rule has insufficient qualifications for a home for the aged administrator. Be specific with mandatory minimum requirements.</p> <p>R325.1931(6) Administrative rule has vague requirements of home for the aged staff training. Be specific with mandatory minimum training requirements.</p> <p>R325.1931(5) Administrative rule has non-quantifiable requirements of staff on duty. Be specific with mandatory minimum staff to resident ratios.</p> <p>R325.1981 Administrative rule has unspecified requirements of home for the aged disaster plan and procedures. Be specific with mandatory minimum requirements.</p> <p>R325.1901(21) Administrative rule has vague description of a service plan, which is the most important document in caring for a resident. Specify mandatory minimum requirements and/or provide a department issued service plan form to meet compliance.</p> <p><i>Editor’s Note:</i> <i>At the time of the survey, the Homes for the Aged Licensing Rules were being revised. The revised rules were adopted on March 21, 2023.</i></p>

ID	Guidelines	Comments
14	42 USC 1395i-3(g)(1)(D)(ii) -- Requirements for, and assuring quality of care in, skilled nursing facilities; nurse aide registry.	<p>According to federal code 42 USC subsection 1395i-3(g)(1)(D)(ii), a nurse aide essentially must be prohibited from long-term care (LTC) facility employment for a minimum of one year upon a finding of neglect of a resident. It's my understanding that this also applies to any LTC staff member found to have neglected a resident. Resident injury does not have to result for the situation to be considered neglect.</p> <p>For example, nursing home management may determine that a resident who is physically weak cannot safely be moved from a bed to a wheelchair by one staff member alone, and that two staff members would therefore be required to do this to prevent the resident from being injured. If one staff member moves this resident from a bed to a wheelchair without another staff member present to assist, that would technically be neglect in accordance with the federal code, even if the lone staff member in this scenario accomplished the move without any problems or injury to the resident. If this was a first-time occurrence for the staff member, the 1-year ban would be excessive for this.</p> <p>Some type of sanction much less than this would be far more appropriate. Therefore, a wider range of sanctions should be offered to give options that would allow for the punishment to fit the circumstances of neglect infractions.</p>
16	F600 – Free from Abuse and Neglect; 42 CFR 483.12.	F600 -- This tag can be excessive in a situation where it has been determined that some level of abuse has occurred, yet the facility has done nothing wrong, and had no way to anticipate and or prevent the abuse situation; however, based on the definition of abuse in the regulatory guidelines, the surveyor is required to cite the facility for abuse. This situation seems excessive to me.
18	N/A	Guidelines are oftentimes too subjective, can be interpreted in different ways, which can lead to inconsistencies.
19	N/A	In general, if the federal regulations were more prescriptive, I feel inconsistencies between surveyors would be reduced. As a new surveyor, I find some of the regulations vague and broad, and the compliance to them open to individual interpretation by both the facility and the survey team.

ID	Guidelines	Comments
		Closing this gap would guide everyone toward safer patient care.
20	N/A	Staffing, we need concrete staffing ratios to enforce.
22	The Infection Control Task pertains to F880 through F888; 42 CFR 483.80.	The Infection Control Task seems excessive, requirements for Covid have changed and it seems we are completing items that no longer apply. Somehow the accountability for providers need to increase. Residents are being taken care of properly.
23	Substance Use Disorder (SUD) Services Programs Licensing Rules, R 325.1301 to R 325.1399	I believe the SUD rules are very accurate and appropriate. <i>Editor's note: The SUD rules are currently under revision.</i>
26	Homes for the Aged (HFA) Licensing Rules: R 325.1921(2) R 325.1931(6) R 325.1931(5) R 325.1901 (21)	R325.1921(2) - This rule has insufficient qualifications for an HFA administrator. This rule should contain very specific requirements to qualify as an administrator and require specific certifications and level(s) of education with training. R325.1931(6) - This rule contains very vague requirements for HFA staff training. It should contain very specific training requirements, required certifications, and/or level(s) of approved and documented training. (i.e., memory care training/support and how to interact appropriately with memory care residents as not to escalate an incident or cause harm). R325.1931(5) - This rule contains very vague requirements of staff on duty. Minimum of staff to resident ratios should be required. R325.1901(21) Service plan description is vague and open to interpretation. There needs to be specific requirements for all HFA resident service plans. (Possibly a standardized form?)

ID	Guidelines	Comments
27	N/A	Lack of state regulations regarding private duty home health/personal care services. I investigate many complaints each year that appear to be related to the provision of poor-quality home health care. Upon investigation it is often found to be poor care provided by private duty care. The complainants are distressed to learn that the state has no regulations regarding the provision of private duty health care services. Please protect the public and act now to protect our vulnerable citizens of Michigan.
32	<p data-bbox="267 646 537 751">Clinical Laboratory Improvement Act (CLIA) Tags</p> <p data-bbox="267 905 537 1157">D5421 – Establishment and verification of performance specifications; 42 CFR 493.1253(b)(1).</p> <p data-bbox="267 1199 537 1451">D5423 – Establishment and verification of performance specifications; 42 CFR 493.1253(b)(2).</p> <p data-bbox="267 1629 537 1818">D6171 – Testing personnel qualifications; 42 CFR 493.1489(b)(1).</p>	<p data-bbox="560 646 1406 863">The items I think are inadequate would be the requirements for establishment and verification of test systems (D5421, D5423), the testing personnel qualifications for high complexity testing personnel (D6171), and the evaluation of proficiency testing performance (D5217). I also believe the initial survey scheduling process has issues as well.</p> <p data-bbox="560 905 1406 1598">D5421 and D5423 are in place to ensure laboratories verify their test systems they introduce are producing quality results prior to using them on patient specimens. The regulatory requirements are extremely vague. While they require the laboratory verify or establish accuracy, precision, reportable range, and reference intervals, it does not give a minimum requirement for how to do so. Some laboratories do follow good laboratory practice and test at least 20 different samples during their verification studies, however, I see many that simply test their quality control materials (2-3 samples with differing concentrations) 10 times each, put the raw data in a book and start testing. I would like to see a minimum put into place for the number of specimens needed to verify a test system and I would also like the requirement for the laboratory to make a summary of their studies comparing their results to those of the manufacturer (if it is an FDA approved system) or a summary of their test system's performance for each study for test systems not FDA approved.</p> <p data-bbox="560 1629 1406 1845">D6171 is in place to ensure qualified testing personnel are performing high complexity testing. However, the requirements are vague and allow for the potential of personnel with little knowledge to perform highly complex testing on patients. Currently, the regulation requires a minimum of 60 credit hours with 24 of them being science</p>

ID	Guidelines	Comments
	D5217 – Evaluation of proficiency testing; 42 CFR 493.1236(c)(1).	<p>courses that include at least 6 hours of biology and 6 hours of chemistry. The regulation is vague enough to allow for biology and chemistry courses that do not pertain to the testing of human biological specimens. I would like to see more specific requirements to ensure staff are qualified to perform human testing.</p> <p>D5217 is a regulation to ensure analytes that are not verified under the proficiency testing requirement are verified at least twice annually. There is no minimum requirement for how many specimens or cases a laboratory needs to verify its accuracy. Proficiency testing programs tend to use 5 specimens 3 times annually, while, under this regulation, I have seen laboratories perform their verification of accuracy testing using one specimen twice annually. They still technically meet the regulation, however the likelihood of this laboratory finding errors in their testing based off of one result twice annually is slim. I would like to see a minimum specimen requirement for each twice annual event.</p>
35	Homes for Aged Licensing Rules R 325.1901 to R 325.1981.	<p>For homes for the aged, the licensing rules have not been updated since 2004. I think there are inadequacies in the rules for ventilation requirements, (R325.1964) such as in resident rooms, as well as a lack of a rule set for more specialized care in a home for the aged, memory care sections of the facility. These memory care sections are included in almost every home for the aged that I have surveyed in 3 years and there has been difficulties enforcing rules in these memory care sections because there is nothing in the licensing rules talking about these areas.</p> <p><i>Note: At the time of the survey, the Homes for the Aged Licensing Rules were being revised. The revised rules were adopted on March 21, 2023.</i></p>
39	MCL 333.20173a – Covered facilities; applicants for employment and employees; criminal history checks.	MCL 333.20173a subsection (14) -- The department shall maintain a web-based system -- The statute is inadequate. When trying to grant an initial temporary state license to a hospice agency their employees are supposed to have LARA approved background checks. But they can't get an account with our state background check program until after they get accredited, which requires a state license. So, it isn't possible for them to have LARA background checks

ID	Guidelines	Comments
	<p>R 325.45175 – Freestanding Surgical Outpatient Facility (FSOF); Director of Nursing.</p> <p>R 325.45243 – FSOFs; Complaints</p>	<p>when we grant the temporary license. We have to rely on the Internet Criminal History Access Tool (ICHAT) and/or the Office of Inspector General (OIG).</p> <p>R 325.45175 Director of Nursing -- The administrative rule is excessive. In FSOFs that provide abortion services, staffing with registered nurses can sometimes prove difficult. Due to possible ethical issues, harassment from protestors, or general nursing shortages, some FSOFs might only have 1 nurse on staff. So, if that nurse is sick, then what are they supposed to do? Shut down services for the day? There should be at least a provision in this rule for a physician to take over this role. Medical Assistants (MA's) in these centers are often trained to perform tasks with physician oversight that RN's might perform in larger centers. It seems ridiculous to have to require a Director of Nursing in any FSOF, especially in small centers, whether or not they provide abortion services or other surgery. This rule needs modification so it doesn't place undue burden on these facilities.</p> <p>R 325.45243 Complaint filed with the department, subrules (3) and (6). This rule is inadequate. Multiple complaints are being filed against FSOFs that provide abortions by persons or parties with obvious underlying agendas. Many of these complaints list no allegations but send ambulance run sheets, articles from publications, lists of old rule sets, and court cases. These 3rd party complainants should not be allowed to consume time and resources from the State. They consume time and resources to review, investigate, and respond even though they aren't really valid complaints (i.e., they do not allege any violation of statute or administrative rule). Possibly a modification related to 3rd party complainants could be helpful.</p>
40	F850 – Qualifications of Social Worker > 120 Beds; 42 CFR 483.70	F850 -- I feel this is inadequate. Most long-term care facilities are 120 beds or less in Michigan. Why would this be dependent on census of beds? You wouldn't have a non-nurse perform nursing duties if less than a certain number of beds. With the focus on mental health needs, the use of psychotropic medications, and a higher number of

ID	Guidelines	Comments
		behavioral health care needs, all facilities need a qualified social worker, not just if they are over 120 beds.
42	<p>MCL 333.20173a – Covered facility; employees and applicants for employment; prohibitions; criminal history checks.</p> <p>MCL 333.21734 – Nursing homes; bed rails; provisions; peer-reviewed, evidence-based, best-practice resources; liability.</p>	<p>333.20173a Criminal background check -- Very confusing to the public.</p> <p>333.21734 Nursing home bed side rails -- Remove this statute as it contradicts Federal regulation.</p>
45	<p>F686 – Treatment and Services to Prevent and Heal Pressure Ulcers; 42 CFR 483.25(b)(1).</p> <p>F880 – Infection Prevention and Control; 42 CFR 483.80</p> <p>F755 – Pharmacy Services,</p>	<p>F686 -- Surveyors could use more clarity and education regarding avoidable and unavoidable pressure ulcers, per National Pressure Ulcer Advisory Panel (NPUAP) guidelines.</p> <p>F880 -- Surveyors would benefit from additional training and education regarding the many requirements of this tag. For both of these clinical areas (infection prevention and control, and wound care), I believe surveyors should have additional training to the level of certification, as we are expecting wound care nurses to be certified, and infection control nurses to have specific additional training, yet we are not held to the same standards. This can be a concern in litigation, which already arose once for me when one of my citations was subjected to informal dispute resolution. We are not all nurses, and as such some of us need more specialized training.</p> <p>Similarly, some teams expect non-nurses to survey medication tags such as F755, which includes the</p>

ID	Guidelines	Comments
	Procedures, Pharmacist, Records.	medication administration task, narcotic concerns, medication errors, etc. We should have a specific training program and certification here as well, so our citations and clinical decisions hold-up in litigation.
48	N/A	Mandating the COVID 19 vaccine. Knowing what we know now, this vaccine doesn't protect anyone from passing COVID or getting COVID. Remove the mandated requirement and make it voluntary. Remove all mandated testing for non-vaccinated individuals that have medical or religious exemptions. Testing shall only be required if you're symptomatic.
49	N/A	The entire Infection Control Task is excessive. It takes at least 6 hours to complete the task.
51	N/A	State regulations (mental health code) and Federal regulations for dialysis centers are in desperate need of updating.
57	<p>F567-571 – These five tags pertain to Resident Rights; 42 CFR 483.10</p> <p>The following seven tags pertain to Administration; 42 CFR 483.70.</p> <p>F835 -- Administration</p> <p>F837 – Governing body</p> <p>F838 – Facility assessment</p> <p>F844 – Disclosure of ownership requirements</p>	<p>Tags F567-571 could use more information in general especially when it comes their trusts. Several of the Administration tags would be helpful too like F835, 837, 838, 844, 847, 848, and 851.</p>

ID	Guidelines	Comments
	<p>F847 – Enter into binding arbitration</p> <p>F848 – Select arbitrator, venue, retention of agreements</p> <p>F851 – Payroll Based Journal</p>	
59	<p>R 325.1931(6)</p> <p>R 325.1931(5)</p>	<p>R325.1931(6): This rule has vague requirements of home for the aged staff training. Requesting it be more specific with mandatory minimum training requirements.</p> <p>R325.1931(5): This rule has non-quantifiable requirements of staff on duty. Requesting it be more specific with mandatory minimum of staff to resident ratios.</p>
62	N/A	<p>I do not think any of the F tags are inadequate or excessive. I believe they are all very important and necessary and are in place to ensure our MI residents receive the Quality of Care they deserve when residing in Long Term Care Facilities.</p>