

# Federal Certification of Nursing Homes Report

Pursuant to Public Act 368 of 1979, as  
amended, MCL 333.22119

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Prepared by:

**Bureau of Survey and  
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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 221 contains requirements for the federal certification of nursing homes. Included in Part 221 is legislative reporting requirements pertaining to nursing homes pursuant to the following statutory requirement:

- Annual Reports to Legislature  
MCL 333.22119

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.

Formerly housed in LARA's Bureau of Community and Health Systems (BCHS), the Bureau of Survey and Certification (BSC) was created in 2022 to separate state and federal functions. This clear distinction between regulated entities will allow each bureau increased capacity to improve program oversight, identify efficiencies, and promote synergy of goals and objectives. BSC's mission, *Ensuring Michiganders receive quality healthcare with federal regulations as our guide using a collaborative and respectful approach*, serves as a beacon governing our actions and provides a framework for bureau priorities.

The bureau serves as the State Survey Agency (SA) 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. BSC has oversight of the federal compliance of over 20 health provider and supplier types. This includes conducting initial, routine and revisit inspections to determine compliance with federal requirements; and investigating complaints against federally certified providers.

The remainder of this report addresses Long Term Care quality and efficiency metrics as required by state statute. Due to limitations with CMS' repositories, data for specific metrics is not currently available. BSC continues to collaborate with CMS and internal department resources to improve data collection methods which will support quality assurance and efficiency as well as increase transparency with stakeholders.

## REPORTABLE DATA FROM NURSING HOME SURVEYS

### MCL 333.22119

Sec. 22119. (a) The number and percentage of nursing home citations that are appealed through the informal dispute resolution (IDR) process and independent informal dispute resolution (IIDR) process.<sup>1</sup>

		<b>Number</b>	<b>217</b>
	217 citations appealed/7484 total citations	<b>Percent</b>	<b>2.9%</b>

Sec. 22119 (b) The number and percentage of nursing home citations that are appealed and supported, amended, or deleted through the informal dispute resolution process and an independent informal dispute resolution process.

	<b>Review Status</b>	<b>Number</b>	<b>Percent</b>
	Supported	<b>171</b>	<b>80%</b>
	Deleted	<b>31</b>	<b>14%</b>
	Amended	<b>14</b>	<b>6%</b>
	Total	<b>216</b>	<b>100%</b>

22119. (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 CMS using ASPEN Central Office (ACO). This data is also collected and reported by the Michigan Peer Review Organization, now known as iMPROve. 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. The information is also reported to the internal quality assurance/quality check workgroup comprised of managers and surveyors as well as the Quality Advisory Committee comprised of representatives from the long-term care trade associations, nursing home providers and ombudsman for identification of potential process improvement

<sup>1</sup> The data for citation total (a) and (b), was retrieved from CMS internet Quality Improvement and Evaluation System (iQIES) database (02/02/2024). Total citation volume includes both health and life safety citations. Life safety citations were not included in previous report submissions. The data pertaining to IDR and IIDR totals were obtained from iMPROve Health annual reports titled: "MI State Report Summary, from 1/1/2023 to 12/31/2023, For "Review Type IDR" and "MI State Report Summary, from 1/1/2023 to 12/31/2023, For Review Type IIDR." It is important to note that 35 of the citations (29 IDR + 6 IIDR) that were reviewed in CY23 resulted from survey exits in CY22.

recommendations.

Sec. 22119. (d) The number of nursing home complaints and facility reported incidents (FRI) received by the department, grouped by county. The information described in this subdivision must be shared as part of the quality assurance monitoring process and reviewed by the advisory workgroup established under section 22103.<sup>2</sup>

County Name	Complaint	FRI	Total
ALCONA	18	5	23
ALGER	29	8	37
ALLEGAN	21	54	75
ALPENA	20	10	30
ANTRIM	8	0	8
ARENAC	12	4	16
BARAGA	2	4	6
BARRY	3	12	15
BAY	45	42	87
BENZIE	15	2	17
BERRIEN	36	55	91
BRANCH	14	16	30
CALHOUN	42	98	140
CASS	4	14	18
CHARLEVOIX	20	4	24
CHEBOYGAN	7	5	12
CHIPPEWA	34	11	45
CLARE	16	11	27
CLINTON	11	16	27
CRAWFORD	3	1	4
DELTA	8	20	28
DICKINSON	29	6	35
EATON	44	56	100
EMMET	39	10	49
GENESEE	264	183	447
GLADWIN	28	12	40
GOGEBIC	15	6	21

<sup>2</sup> Complaint Intake data was retrieved from CMS internet Quality Improvement and Evaluation System (iQIES) Database (02/19/2024). Facility Information received between January 1, 2023 and December 31, 2023, MiFRI data was retrieved from LARA Long Term Care Provider Portal-MiFRI (2/20/24) received between January 1, 2023-December 31, 2023. MiFRI totals do not include entries that were closed out due to no investigation required.

GRAND TRAVERSE	88	51	139
GRATIOT	82	40	122
HOUGHTON	49	21	70
HURON	13	13	26
INGHAM	54	124	178
IONIA	38	9	47
IOSCO	30	14	44
IRON	14	7	21
ISABELLA	54	19	73
JACKSON	19	62	81
KALAMAZOO	31	96	127
KALKASKA	20	0	20
KENT	145	235	380
LAKE	14	5	19
LAPEER	38	39	77
LEELANAU	21	15	36
LENAWEE	28	30	58
LIVINGSTON	36	72	108
LUCE	3	3	6
MACKINAC	3	2	5
MACOMB	233	617	850
MANISTEE	4	0	4
MARQUETTE	30	21	51
MASON	32	20	52
MECOSTA	50	22	72
MENOMINEE	10	12	22
MIDLAND	34	17	51
MISSAUKEE	3	10	13
MONROE	19	49	68
MONTCALM	37	33	70
MONTMORENCY	1	3	4
MUSKEGON	131	49	180
NEWAYGO	13	11	24
OAKLAND	252	666	918
OCEANA	19	1	20
OGEMAW	49	21	70
OSCEOLA	7	1	8
OSCODA	2	1	3
OTSEGO	10	8	18

OTTAWA	156	64	220
PRESQUE ISLE	18	2	20
ROSCOMMON	3	5	8
SAGINAW	110	92	202
SAINT CLAIR	13	21	34
SAINT JOSEPH	36	24	60
SANILAC	32	11	43
SCHOOLCRAFT	14	4	18
SHIAWASSEE	11	11	22
TUSCOLA	15	12	27
VAN BUREN	21	14	35
WASHTENAW	48	114	162
WAYNE	381	1236	1617
WEXFORD	15	4	19

22119. (e) The number of surveys conducted<sup>3</sup>

<b>Total Surveys Conducted</b>	<b>2960</b>
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22119. (f) The number requiring follow-up surveys<sup>4</sup>

<b>Total</b>	<b>1280</b>
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22119. (g) The average number of citations per nursing home<sup>5</sup>

7484 total citations/428 nursing homes	<b>17.49</b>
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<sup>3</sup> Survey volume data was retrieved from Aspen CMS federal database (02/13/2024), received between January 1, 2023 and December 31, 2023.

<sup>4</sup> Survey Follow-up data was retrieved from ASPEN CMS federal database (02/13/2024), received between January 1, 2023 and December 31, 2023.

<sup>5</sup> The data for avg. number of citations was retrieved from CMS internet Quality Improvement and Evaluation System (iQIES) database (02/02/2024).



22119. (h) The number of night and weekend responses to complaints conducted by the department.<sup>6</sup>

		<b>44</b>

22119. (i) The review of citation patterns developed under section 21055 (7)

**Response:** This information is used by managers and surveyors for several purposes, including training and continuous quality improvement. It is also used in the planning of semi-annual Joint Provider Surveyor Training conferences and seminars. Please refer to Appendix A for citation patterns.

22119. (j) The number of standard surveys of nursing homes that were conducted during a period of open survey

**Response:** CMS databases do not track this information. Due to the complexity of this metric, manual tracking would not produce accurate data.

22119. (k) The number of abbreviated complaint surveys that were not conducted on consecutive surveyor workdays.

**Response:** CMS databases do not track this information. Due to the complexity of this metric, manual tracking would not produce accurate data.

2219. (l) The percent of all form CMS-2567 reports of findings that were released to the nursing home within the 10-working-day requirement.<sup>7</sup>

	1557 CMS-2567 forms were submitted in 2023 53 were posted after the 10-day requirement	<b>97%</b>

<sup>6</sup> Data in (h) includes bureau data that is maintained in spreadsheets titled for all 8 regional survey teams. It is available on the bureau’s shared drive in the “LTC Teams” folder. It was accessed on Feb. 23, 2024.

<sup>7</sup> Data in (i) includes bureau data that is maintained in a spreadsheet titled “Late 2567”. It is available on the bureau’s shared drive in the “Enforcement” folder. It was accessed on 02/02/2024.

22119. (m) The percentage 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<sup>8</sup>

Less Than 10 Days	6717
Greater Than 10 Days	844
Total POC Approved	7561
<b>% POC within 10 days</b>	<b>89%</b>

22119. (n) The percentage of first revisits that were completed within 60 days from the date of survey completion<sup>9</sup>

Less Than 60 Days	1120
Greater Than 60 Days	34
Total first revisits	1154
<b>% Revisits within 60 days</b>	<b>97%</b>

22119. (o) The percentage of second revisits that were completed within 85 days from the date of survey completion

Less Than 85 Days	79
Greater Than 85 Days	9
Total second revisits	88
<b>% Revisits within 85 days</b>	<b>90%</b>

22119. (p) The percentage 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

**Response:** CMS databases do not track this information. Due to the complexity of this metric, manual tracking would not produce accurate data.

22119. (q) A summary of the discussions from the meetings required in section 20155(18)

**Response:** Please refer to Appendix B

<sup>8</sup> Provider notification data was retrieved from CMS internet Quality Improvement and Evaluation System (iQIES) database (02/23/2024), received between January 1, 2023 and December 31, 2023.

<sup>9</sup> Revisit timeline data in (n) and (o) was retrieved from CMS internet Quality Improvement and Evaluation System (iQIES) database (02/21/2024), between January 1, 2023 and December 31, 2023.

**APPENDIX A: TOP 10 CITATIONS MICHIGAN ALL SURVEY TYPES<sup>10</sup>**

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
	Totals represent the # of providers and surveys that meet the selection criteria specified above.		Total Number of Surveys = 2081	
F0884	Reporting - National Health Safety Network	457	38.40%	22.00%
F0689	Free of Accident Hazards/Supervision/Devices	364	53.50%	17.50%
F0684	Quality of Care	275	40.70%	13.20%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	221	44.00%	10.60%
F0880	Infection Prevention & Control	215	38.10%	10.30%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	201	34.20%	9.70%
F0677	ADL Care Provided for Dependent Residents	182	25.80%	8.70%
F0761	Label/Store Drugs and Biologicals	175	34.70%	8.40%
F0550	Resident Rights/Exercise of Rights	158	25.80%	7.60%
F0656	Develop/Implement Comprehensive Care Plan	142	26.70%	6.80%

<sup>10</sup> The citation pattern data was accessed on 2/23/2024 from CASPER Quality, Certification, and Oversight Reports (QCOR). This database is managed by the Centers for Medicare and Medicaid Services federal database.

## **APPENDIX B: SUMMARY OF QUARTERLY MEETINGS BETWEEN LARA AND LONG-TERM CARE STAKEHOLDERS**

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):

01/12/2023  
04/13/2023

On May 1<sup>st</sup>, oversight of the Quality Assurance Advisory Committee transitioned to Bureau of Survey and Certification. On the following dates, Bureau of Survey and Certification convened meetings with long-term care stakeholders:

05/10/2023  
09/21/2023  
11/29/2023

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

Topics included but were not limited to the following:

- Stakeholder Updates on their Agency's Trainings, Conferences, and Care and Services Initiatives
- Committee transition to Bureau of Survey and Certification oversight
- Federal Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) Quarterly Data Review
- Federal Informal Dispute Resolution (IDR) Review Process Enhancements
- Identification and Development of Quality Metrics
- Bureau Quality Assurance Initiatives
- Review of Citation Patterns
- Complaint Intake Unit Transition and Process Changes
- MI-Facility Reported Incident Database and Process
- Joint Provider Surveyor Training (JPST) Updates, Topics, and Speakers
- State Certified Nurse Aide Program Administrative Rules
- Federal Non-Past Compliance Tool Development and Use

