Federal Certification of Nursing Homes Report

Calendar Year – 2025

Pursuant to Section 22119 of 1978 PA 368, as amended, MCL 333.22119

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Prepared by:

Bureau of Survey and Certification

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

Executive Summary:

The Federal Certification of Nursing Homes Report for 2025 contains reporting requirements which are mandated pursuant to Section 22119 of 1978 PA 368, MCL 333.22119.

Section 22119 of 1978 PA 368, MCL 333.22119 requires the following:

> ***The department shall report by 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 number and percentage of nursing home citations that are appealed through the informal dispute resolution process and an independent informal dispute resolution process.***
>
> ***(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.***
>
> ***(c) A summary of the quality assurance review of the amended citations and related nursing home survey retraining efforts to improve consistency among nursing home surveyors and across the survey administrative unit that occurred in the year being reported.***
>
> ***(d) The number of nursing home complaints and facility reported incidents 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.***
>
> ***(e) The number of surveys conducted.***
>
> ***(f) The number requiring follow-up surveys.***
>
> ***(g) The average number of citations per nursing home.***
>
> ***(h) The number of night and weekend responses to complaints conducted by the department.***
>
> ***(i) The review of citation patterns developed under section 20155(7).***
>
> ***(j) The number of standard surveys of nursing homes that were conducted during a period of open survey or enforcement cycle.***
>
> ***(k) The number of abbreviated complaint surveys that were not conducted on consecutive surveyor workdays.***
>
> ***(l) The percentage of all form CMS-2567 reports of findings that were released to the nursing home within the 10-working-day requirement.***
>
> ***(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.***
>
> ***(n) The percentage of first revisits that were completed within 60 days from the date of survey completion.***
>
> ***(o) The percentage of second revisits that were completed within 85 days from the date of survey completion.***

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

Pursuant to these requirements, this report has been prepared and issued electronically to the recipients listed in statute to meet the annual reporting requirements. In addition, this report is also posted online at www.michigan.gov/laralegreports, under *2025 LARA MCL Reports.*

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 (nursing home) quality and efficiency metrics as required by state statute. In July of 2025, long-term care survey and certification documents, inspection reports, and data transitioned to the CMS Internet Quality Improvement and Evaluation System (iQIES), a web-based software program. These documents were previously housed in the Automated Survey Process Environment (ASPEN), a suite of CMS software programs. iQIES was launched as a minimum viable product, and much of the data that was previously available in ASPEN is currently unavailable. CMS has not addressed limitations with the iQIES data repositories, nor have they communicated an intent to expand the iQIES report library at this time. BSC continues to collaborate with CMS to improve data collection methods which will provide the ability to monitor quality assurance and efficiency as well as increase transparency with stakeholders.

Additionally, as a result of the unprecedented 43-day federal shutdown (10/01-11/12/2025), CMS issued guidance to SA authorizing limited state survey and certification activities during the shutdown. The memo, QSO-26-01-ALL, restricted SA to completing only those functions that are deemed essential by CMS, which included complaint investigations that allege immediate jeopardy or harm to an individual and survey activities for facilities facing imminent termination. All remaining survey and certification activities were paused for the duration of the shutdown. During this time, all non-essential federal workers were furloughed, including the majority of CMS survey and certification staff and leadership. This disruption of routine survey and certification activities will be reflected in the following report data.

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 process and an independent informal dispute resolution process.[1]

143 citations appealed/5554 total citations	Number	143
	Percent	2.6%

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.

Review Status	Number	Percent
Supported	119	83%
Deleted	24	17%
Amended	0	0%
Total	143	100%

[1] The data for citation total (a) and (b), was retrieved from CMS iQIES Nursing Home Dashboard (02/10/2026) between 01/01-12/31/2025. Total citation volume includes both health and life safety citations.

Sec. 22119. (c) A summary of the quality assurance review of the amended citations and related nursing home survey retraining efforts to improve consistency among nursing home 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 iQIES. 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 (JPST) 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 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.[2]

CNTYNAME	FRI	Complaint	Total
TEST FRI	9	0	9
ALCONA	14	0	14
ALGER	20	23	43
ALLEGAN	41	20	61
ALPENA	25	5	30
ANTRIM	8	1	9
ARENAC	6	1	7
BARAGA	6	2	8
BARRY	11	3	14
BAY	33	27	60
BENZIE	11	1	12
BERRIEN	43	16	59
BRANCH	24	9	33
CALHOUN	82	43	125
CASS	10	8	18

[2] Complaint and FRI totals only include data prior to the transition to iQIES. iQIES does not currently have the capability to extract this data. Data was retrieved from ASPEN CMS federal database (01/26/2026), received between 01/01/2025 and 07/14/2025.

CHARLEVOIX	29	7	36
CHEBOYGAN	9	2	11
CHIPPEWA	39	7	46
CLARE	10	6	16
CLINTON	23	7	30
CRAWFORD	8	2	10
DELTA	20	1	21
DICKINSON	24	14	38
EATON	43	33	76
EMMET	37	7	44
GENESEE	232	103	335
GLADWIN	25	6	31
GOGEBIC	15	2	17
GRAND TRAVERSE	114	17	131
GRATIOT	55	18	73
HILLSDALE	1	0	1
HOUGHTON	51	6	57
HURON	8	3	11
INGHAM	89	99	188
IONIA	27	1	28
IOSCO	27	7	34
IRON	9	3	12
ISABELLA	42	13	55
JACKSON	26	26	52
KALAMAZOO	71	40	111
KALKASKA	24	1	25
KENT	192	102	294
LAKE	21	2	23
LAPEER	33	11	44
LEELANAU	21	6	27
LENAWEE	30	13	43
LIVINGSTON	39	38	77
LUCE	3	0	3
MACKINAC	6	1	7
MACOMB	268	300	568
MANISTEE	3	0	3
MARQUETTE	34	4	38
MASON	30	7	37
MECOSTA	51	7	58
MENOMINEE	11	2	13

MIDLAND	29	4	33
MISSAUKEE	2	5	7
MONROE	27	17	44
MONTCALM	33	10	43
MONTMORENCY	2	1	3
MUSKEGON	93	30	123
NEWAYGO	10	5	15
OAKLAND	332	306	638
OCEANA	21	1	22
OGEMAW	37	3	40
OSCEOLA	6	0	6
OSCODA	0	2	2
OTSEGO	5	3	8
OTTAWA	136	34	170
PRESQUE ISLE	35	5	40
ROSCOMMON	4	8	12
SAGINAW	85	67	152
SAINT CLAIR	14	14	28
SAINT JOSEPH	40	17	57
SANILAC	24	5	29
SCHOOLCRAFT	18	0	18
SHIAWASSEE	16	6	22
TUSCOLA	11	6	17
VAN BUREN	20	2	22
WASHTENAW	77	48	125
WAYNE	522	597	1119
WEXFORD	15	2	17

Sec. 22119. (e) The number of surveys conducted.[3]

Total Surveys Conducted	3582

[3] Data for (e), (f), and (g) was retrieved from CMS iQIES database (02/09/2026), received between 01/01/2025 and 12/31/2025.

Sec. 22119. (f) The number requiring follow-up surveys.

Total Follow-up Surveys Conducted	1300

Sec. 22119. (g) The average number of citations per nursing home.

5554 Total Citations/425 Nursing Homes	13.07

Sec. 22119. (h) The number of night and weekend responses to complaints conducted by the department.[4]

Total Responses	45

Sec. 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 JPST conferences and seminars. Please refer to Appendix A for citation patterns.

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

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

Sec. 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.

[4] 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 2/11/2026.

Sec. 22119. (l) The percentage of all form CMS-2567 reports of findings that were released to the nursing home within the 10-working-day requirement.[5]

897* CMS-2567 forms were submitted in 2025 26 were posted after the 10-day requirement	97%

Sec. 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.[6]

Less Than 10 Days	3512
Greater Than 10 Days	149
Total Notifications	3661
% POC within 10 days	96%

Sec. 22119. (n) The percentage of first revisits that were completed within 60 days from the date of survey completion.[7]

Less Than 60 Days	626
Greater Than 60 Days	10
Total first revisits	636
% Revisits within 60 days	98%

[5] 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 01/27/2026.
[6] Provider notification data in (m) only reflects data prior to the transition to iQIES. iQIES does not currently have the capability to extract this data. Data was retrieved from ASPEN CMS federal database (01/26/2026), received between 01/01/2025 and 07/14/2025.
[7] Revisit timeline data in (n) and (o) only reflects data prior to the transition to iQIES. iQIES does not currently have the capability to extract this data. Data was retrieved from ASPEN CMS federal database (01/26/2026), received between 01/01/2025 and 07/14/2025.

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

Less Than 85 Days	38
Greater Than 85 Days	2
Total second revisits	40
% Revisits within 85 days	95%

Sec. 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.

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

Response: Please refer to Appendix B.

APPENDIX A: CITATION PATTERNS[8]

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
		Michigan Active Providers = 425		
F0684	Quality of Care	253	42.10%	13.60%
F0689	Free of Accident Hazards/Supervision/Devices	247	43.10%	13.30%
F0880	Infection Prevention & Control	209	43.50%	11.20%

[8] Citation pattern data was retrieved from CMS Quality, Certification, and Oversight Reports (QCOR) website (S&C QCOR (0)) on 01/26/2026.

F0812	Food Procurement, Store/Prepare/Serve Sanitary	147	33.90%	7.90%
F0761	Label/Store Drugs and Biologicals	131	29.20%	7.00%
F0550	Resident Rights/Exercise of Rights	128	27.50%	6.90%
F0677	ADL Care Provided for Dependent Residents	119	23.80%	6.40%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	119	24.20%	6.40%
F0600	Free from Abuse and Neglect	103	19.50%	5.50%
F0658	Services Provided Meet Professional Standards	102	20.90%	5.50%

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

On the following dates, LARA BSC convened meetings with long-term care stakeholders, as required by MCL 333.20155(24):

2/13/2025

5/22/2025

8/20/2025

11/19/2025

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 training, conferences, and care and service initiatives
- Annual legislative report review

- Federal Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) volume, outcomes, and quarterly reports
- Ongoing long term care quality assurance and quality control metrics
- Regulatory updates and clarification regarding survey and certification activities
- Bureau quality assurance initiatives
- Citation patterns
- JPST updates
- LTC survey and certification timeliness and productivity metrics
- Status of mandatory surveyor training plans and assessments
- Provider satisfaction survey results