

# Biannual Inspection Report for Health Facilities and Agencies

**Fiscal Year 2026**

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

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Prepared by:

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## **Executive Summary:**

The Biannual Inspection Report for Health Facilities and Agencies for FY 2026 contains reporting requirements which are mandated pursuant to [Section 20158 of the Public Health Code, 1978 PA 368, MCL 333.20158](#):

Section 20158(8) of the Public Health Code, 1978 PA 368, MCL 333.20158 requires the following:

***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. The summary must include details of the feedback excluding information that identifies the inspectors providing the feedback. The summary may be cumulative in nature but must be understandable to the general public.***

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](http://www.michigan.gov/laralegreports), under 2026 LARA MCL Reports.

## **Department Overview:**

LARA is composed of agencies and commissions that promote business growth and job creation through streamlined, simple, fair, and efficient regulations, while at the same time protecting the health and safety of Michigan's citizens.

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, certified, and permitted providers in Michigan. It is responsible for state licensing of facilities, agencies, and programs as well as certification and permitting of nurse and medication aides, trainers, and training programs along with certification of qualified interpreters under all of the following public acts:

- Adult Foster Care Facility Licensing Act, Act 218 of 1979
- Mental Health Code, Act 258 of 1974
- Public Health Code, Act 368 of 1978
- Deaf Person's Interpreters Act, Act 204 of 1982

The majority of state licensing activities involve the issuance and renewal of licenses, certifications, and permits to qualified covered providers; conducting initial, routine and revisit inspections to determine compliance with state and federal requirements; and investigating complaints.

### **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 BCHS. A new bureau was established, the Bureau of Survey and Certification (BSC). All functions pertaining to the federal survey and certification of health facilities for Medicare and Medicaid Services were moved to the new bureau. Each bureau will be submitting their own 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.

### **Survey of Inspectors:**

To gather the information for this report, a survey was conducted. A total of 28 personnel were surveyed. Responses were received from 22 personnel (78% response ratio). The survey opened on January 14, 2026, and closed on January 21, 2026.

Section 20158 requires that the **identity (ID)** of inspectors (i.e., survey respondents) shall not be disclosed. Therefore, the survey was designed to ensure that all respondents are anonymous. Each respondent was assigned an ID number so written comments could be linked to an individual respondent. The survey included 3 questions.

**Reporting Requirements:**

**Question 1:** What types of health facilities and agencies do you inspect (select all that apply)?<sup>1</sup>

	Type of Health Facility or Agency	Number of Inspectors
1.	Freestanding Surgical Outpatient Facilities or Ambulatory Surgical Centers	4
2.	Homes for the Aged	12
6.	Hospice Agencies or Residences	2
7.	Hospitals	4
8.	Nursing Homes, County Medical Care Facilities, Hospital Long-Term Care Facilities	14
9.	Nurse Aide Training Programs	1
12.	Psychiatric Hospitals and Psychiatric Units	4
14.	Substance Use Disorder Services Programs	1

**Question 2:** 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	1
Somewhat Inadequate	3
Adequate	13
More than Adequate	5
Excessive	0

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

3. 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:

**Inspectors’ Feedback on Federal and State Guidelines:**

ID	Guidelines	Comments
2	Homes for the Aged  R 325.1924 Reporting of incidents, quality review program.	Incident reports are no longer required to be sent to health surveyors for review, and the rule is very vague and not clear.
5	MCL 333.20178 Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; “represents to the public” defined.  Homes for the Aged  R 325.1931 (2) & (6) Employees; general provisions.	Alzheimer's programming related to staff training. I have found that because training is not specified in HFA rules and regulations to the level/intensity/degree, programs/trainings to be recommended for use, or follow-up/additional training that training in facilities is sub-par at best. Staff are most often not trained appropriately or sometimes not at all in memory care interventions, communication techniques, or person-centered care; which results in escalation of behaviors, incidents, injury to staff and/or resident(s), inappropriate discharges, decline in function, health, and wellbeing, poor service plan planning and implementation etc. Ref. MCL 333.20178; HFA 325.1931 (6) & 325.1931 (2). These HFA rules/regulations should be reviewed and revised to be more specific related to the care, function, and communication for residents with impaired cognition due to related dementias/Alzheimer's disease or other contributing co-morbidities; and to address the sub-par training provided to staff that care for these residents. If the rules/regulations were stricter and more defined, then facilities could be held more accountable to provide better services.
6	Substance Use Disorder Programs  R 325.1301 – R 325.1399	We have frequently updated the SUD rules with good input from the providers across the state.
9	Nurse Aide, Trainer and Training Program Rules  R 400.301 – R 400.357	I feel the guidelines for Nurse aide training program & Medication Aide Program & trainer are adequate and effective.
12	Homes for the Aged	I think the home for the aged licensing rules are a bit outdated and have some ambiguous rules in the current ruleset.

ID	Guidelines	Comments
	R 325.1901 – R 325.1981	
17	<p>Michigan Do-Not-Resuscitate Procedure Act</p> <p>MCL 333.20202 – Responsibilities of patient or resident.</p>	<p>Lack/vagueness of state and federal guidelines regarding Michigan's Do-Not-Resuscitate Procedure Act, DNR's in long term care, marijuana use in long term care and PUBLIC HEALTH CODE (EXCERPT); Act 368 of 1978; 333.20202 Responsibilities of patient or resident, patient responsibilities regarding behaviors. Recommend updating these topics to meet current concerns in facilities.</p>
19	<p>Homes for the Aged</p> <p>R 325.1933 Personal care of residents.</p>	<p>For a state administrative rule, cite the rule number and the subject, such as R 325.1933 Personal care of residents. The rule does not clearly state how or when personal care assistance should be documented, making compliance harder to objectively measure. To address the lack of documentation expectations, the rule should be amended to require consistent and measurable documentation of personal care assistance.</p>
22	N/A	<p>Regulations do not address today's demographic in relation to cohorting residents when one individual identifies differently.</p>
23	<p>Code of Federal Regulations 42 CFR § 483.40 Behavioral Health Services</p> <p>F740</p>	N/A