

Biannual Inspection Report for Health Facilities and Agencies

Fiscal Year – 2026

Pursuant to Section 20158 of the Public Health Code, MCL 333.20158

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Prepared by:

Bureau of Survey and Certification



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Executive Summary:

The Biannual Inspection Report for Health Facilities and Agencies for FY 2025 contains reporting requirements which are mandated pursuant to [Section 20158 of the Public Health Code, 1978 PA 368, MCL 333.20158](#).

Section 20158 of 1978 PA 368 requires the following:

The department shall submit biannual reports to the appropriations 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, 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 protect the health and safety of Michigan's citizens.

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 (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. Since section 20158 requires the reporting of information pertaining to federal and state guidelines, BSC will be submitting independent biannual inspection reports on behalf of the federal surveyors.

Bureau of Survey and Certification:

The 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 which serve to protect the health, safety, and quality of care received by Michigan residents.

LARA is the State Survey Agency (SA) for the federal Centers for Medicare and Medicaid Services (CMS). This bureau administers Part 221 of the Public Health Code, which provides for this federal-state partnership.

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 124 BSC personnel were surveyed. Responses were received from 76 personnel (61% response ratio). The survey opened on February 2, 2026, and closed on February 10, 2025.

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.

Results:

Question 1: 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	11
2.	Clinical Laboratory Services (CLIA)	3
3.	Dialysis Centers	15
4.	Home Health Agencies	5
5.	Hospice Agencies or Residences	5
6.	Hospitals	13
7.	Nursing Homes, County Medical Care Facilities, Hospital Long-Term Care Facilities	60
8.	Outpatient Physical Therapy and Speech Pathology Providers	4
9.	Portable X-Ray Providers	1
10.	Psychiatric Hospitals and Psychiatric Units	9
11.	Rural Health Clinics	3

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	0
Somewhat Inadequate	0
Adequate	61
More than Adequate	14
Excessive	1

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

Question 3: Briefly summarize your opinion of any 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, for example:

- For Federal Regulation: cite the federal tag number, subject, and reference. Example: F 880- Infection Prevention and Control; 42 CFR 483.80
- For State Law: cite Michigan Compiled Law (MCL) number and the subject. Example: MCL 400.726c, Medical orders provided on POST form; compliance required; failure to comply because of policy, religious belief, or moral conviction; referral or transfer to another foster care facility.
- For a State Administrative Rule: cite the rule number and the subject. Example: R 400.2413 Residents; personal care.

See table titled “Inspectors’ Feedback on Federal and State Guidelines” for responses to question 3.

Background on Federal Tags (F Tags):

CMS publishes a State Operations Manual (SOM) for SAs. LARA BSC is the SA for Michigan. The SOM provides guidance on how to conduct federal surveys 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
302	N/A	No concerns
308	42 CFR Part 493, Lab Requirements, Subpart M	The CLIA regulations are inadequate in addressing personnel qualifications in that they are difficult for laboratories to interpret. Personnel qualifications are deficiencies cited frequently, meaning personnel are performing patient diagnostic testing while unqualified prior to it being discovered via the normal survey process. Several states have state licensure for laboratory personnel, while Michigan does not. Implementing licensure could help laboratories during the hiring process by making it easier to determine which personnel are qualified or not, which would improve patient care. Here is a link to Subpart M: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493#subpart-M .
309	F658 Comprehensive Care Plans, 42 CFR §483.21(b)(3) F726 Nursing Services, 42 CFR §483.35	The federal regulations for 658, 726, and other nursing related citations refer to state guidelines. We have run into difficulty with the State guidelines being extremely vague for LPN and RN expectations. State guidelines PART 172 NURSING (333.17201...333.17242)
310	N/A	Adequate
311	N/A	There is nothing new to report.
312	F850 Social Worker, 42 CFR §483.70(p)	F850 - Social Worker; 42 CFR 483.70: The regulation states a facility must have greater than 120 beds before it has to employ a qualified Social Worker. Licensed Social Workers provide important services to residents, and to deny these beneficial services to residents in smaller Long Term Care Facility is a disservice to them. The 120-bed minimum should at the very least be cut in half.
313	N/A	I think we do our very best and try to do what's best for the health and safety of our community.
314	N/A	N/A
317	N/A	I believe the federal regulations that we have available to us are more than adequate. I use them a lot when I am seeking information pertaining to a citation.
321	N/A	N/A
322	N/A	None
325	N/A	I have no specific guideline to reference at this time.
328	N/A	N/A
329	N/A	Note exactly sure how to answer. NA. I investigate Federal Guidelines. Not STATE.

332	F550 Resident Rights, 42 CFR §483.10(a)	Please review the regs r/t restraints for justice involved residents. There is a current line of thinking that being hand cuffed is a restraint and violates the resident's rights.
335	N/A	N/A
337	N/A	N/A
339	N/A	None to provide
344	N/A	I feel the guidelines are such that allows us to be adequately prepared for our surveys.
345	N/A	N/A
348	N/A	N/A
349	N/A	NA
350	42 CFR Part 482 - Conditions of Participation for Hospitals	We are in desperate need of guidance regarding paramedics working in the hospital setting.
354	N/A	None at this time
355	N/A	N/A
357	N/A	I have no concerns about inadequate or excessive guidelines.
361	N/A	NA
364	N/A	N/A
367	N/A	None at this time
368	N/A	Nothing to add
374	N/A	N/A
375	N/A	N/A
377	N/A	I feel the regs are fine like they are.