

Number: BETP20260105-07709

Inspector: Derek Flory

Date: Jan 5, 2026



ENGLISH

Bureau of Emergency Preparedness, EMS and Systems of Care

Division of EMS and Systems of Care

P.O. Box 30207

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Website: www.michigan.gov/ems

(DEMO) Michigan Demo Service

Expiration Date:

Sep 29, 2024

LSA Inspection

Agency Information

*Name of Agency:

Test

Full Disclosure of Agency Ownership

No.	Item
1	<p>Administrative Rule 131(i): Documents related to the official types of legal organization of the service, stating whether it is an individual proprietorship, partnership, corporation, or subsidiary of any other corporation or unit of government. (Evidence includes: articles of business incorporation, city charter, township incorporation papers, township board meeting minutes for incorporation, etc.)</p>
	<input checked="" type="checkbox"/> C <input type="checkbox"/> NC
	<p>*Type of Legal Organization and Evidence Provided:</p>
	<p>Test</p>
2	<p>Administrative Rules 131 (f) (iii): Disclose any doing business as (DBA) or trade name(s) under which the organization operates, including but not limited to the name(s) by which said organization is known to the public (Evidence: Officially registered DBA documents from the County Clerks Office)</p>
	<input checked="" type="checkbox"/> C <input type="checkbox"/> NC
	<p>*DBA or Trade Name:</p>
	<p>Test</p>

3

Administrative Rules 131(f)(iii): Maintain official registration of the entity with the State of Michigan or other designated official in each state in which the agency is chartered, incorporated, or authorized to do business (Evidence: Tax Exempt Certificate, Business License)

C NC

***Business License Number:**

Test

4

Administrative Rules 131(f)(iv): Disclose all parent organizations and any person as defined in the code that have at least a 10% interest in the applicant operation. (Examples of Evidence: Inter-facility agreements and intercept agreements. Interlocal agreement required for government entities. Current agreement signed and dated by all parties and has been reviewed at least once every 5 years)

C NC

***Evidence Provided and Date of Agreement:**

Test

Management

No. Item

5

Administrative Rules 131(g): Organization has identified one individual (i.e. president, chief, director, or coordinator) who is responsible for overall day-to-day operations of the service and serves as the contact person (Examples of Evidence: position description, contract, meeting minutes showing appointment to position, etc.)

C NC

***Evidence Provided:**

Test

6

Administrative Rules 132(a): Written policy or procedure that explains the steps that occur when a complaint is received by the agency (Evidence: current and reviewed at least once every 3 years)

C NC

***Date of Policy/Procedure:**

Test

7

Administrative Rule 111(4)(5): Response capabilities are in place to ensure a response is provided to each request for emergency assistance originating within the bounds of your licensed service area (Evidence: current mutual aid agreement that has been reviewed at least once every 5 years)

C NC

***Date of Agreement:**

Test

8

Administrative Rules 132(b): Demonstrate inclusion in the county/regional disaster plan and response (Examples of Evidence: official plan, MCA protocols, or after action reports that specifically identify the agency as participating. Current plan that has been reviewed at least once every 5 years)

C NC

***Evidence Provided and Date:**

Test

Record Keeping

No.	Item
9	<p>Administrative Rules 132(k)(l): Written policy AND evidence that a record is created to document each request for service that the agency receives, including calls cancelled prior to arrival and incidents which result in no patient being transported (Evidence: current policy that has been reviewed at least once every 3 years. Other evidence: dispatch logs, run log from dispatch center, electronic access)</p>
<input checked="" type="checkbox"/> C <input type="checkbox"/> NC	
*Evidence Provided and Date of Policy:	
<input type="text" value="Test"/>	
10	<p>Administrative Rules 132(k)(l): Written policy AND evidence that a record is created to document all findings and treatment given, if any, whenever contact is made with a patient or one presumed to be a patient regardless of whether or not the patient is ultimately treated or transported (Evidence: current policy that has been reviewed at least once every 3 years and copy of PCR)</p>
<input checked="" type="checkbox"/> C <input type="checkbox"/> NC	
*Evidence Provided and Date of Policy:	
<input type="text" value="Test"/>	
11	<p>Public Health Code Section 20910(1)(i), State Protocol 8.13 II : Written policy and evidence that all patient care records are uploaded into the Michigan EMS Information System (MI-EMSIS) database on a monthly basis (by the 15th of the month) for the past year. Agencies performing invasive skills (including supraglottic airways) must transfer data at least daily. PCRs that include invasive skills will be available in MIEMSIS within 24 hours of incident completion.</p>
<input checked="" type="checkbox"/> C <input type="checkbox"/> NC	
*Date of Policy:	
<input type="text" value="Test"/>	
*Agency submitted data on a monthly basis for the past 12 months?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	

Communications

No.	Item
12	<p>Administrative Rules 132(a): Maintain a copy of the current State MedCom Plan at the agency (Evidence: hard copy, online, or electronic)</p>
<input checked="" type="checkbox"/> C <input type="checkbox"/> NC	

Safety Policies & Procedures

No.	Item
	<p>Administrative Rule 132(d): Maintain written policies and procedures that address safety and accident reduction and comply with all applicable state and federal health and safety laws. These policies and procedures shall be maintained by the operation and shall be available to the department at the time of inspection. (Evidence: policies and procedures must be reviewed on an annual basis and include the date of review; unless otherwise noted):</p>
13	<p>Bloodborne Pathogens Plan: must include the components as outlined in Part 554 Bloodborne Infectious Diseases Rules.</p>
<input checked="" type="checkbox"/> C <input type="checkbox"/> NC	
*Date of Policy or Procedure:	
<input type="text" value="Test"/>	

14

Disposal of Medical Waste Management Plan - Must include a list of the types of medical waste generated and methods of packaging, treatment, and disposal. Must also include training for employees.

C NC

***Date of Policy or Procedure:**

Test

15 Equal Employment Opportunity Commission (EEOC) Poster (most current) and EEOC Agency Policy

C NC

16 General Safety Policy/Procedure (Ex: MiOSHA safety policies, MSDS data sheets)

C NC

***Date of Policy or Procedure:**

Test

17 Glucometer Calibration and/or Maintenance Records

C NC

18 Lab Draws - Blood and Blood Glucose - Policy/Procedure with CLIA Waiver

C NC

***Date of Policy or Procedure:**

Test

19 HAZMAT Response Policy/Procedure

C NC

***Date of Policy or Procedure:**

Test

20 Michigan Motor Vehicle Code Policy/Procedure & Copy of Michigan Public Act 300 - Section 257 for Emergency Vehicle Response (Evidence: Emergency Vehicle Driving Policy AND copy of Michigan Vehicle Code)

C NC

***Date of Policy or Procedure:**

Test

21 Respiratory Protection Plan: Must include all components of the OSHA Respiratory Protection Standards - respiratory selection, medical evaluation, fit testing, respiratory use, maintenance, care, and disposal, training, recordkeeping, storage, program evaluation, and who the responsible individual is.

C NC

***Date of Policy or Procedure:**

Test

Staffing

No. Item

22 Administrative Rules 132(p): Maintain documentation that each individual operating a licensed life support vehicle during an emergency or patient transport has completed a department approved vehicle operation education and competency assessment (Evidence: show emergency vehicle driver training certificates from MDHHS approved courses for employees) - CEVO II, CEVO III, CEVO IV, VFIS, MFFTC, and EVOC

C NC

23

Administrative Rules 132(e): Maintain a list and current license and certification documents of all EMS personnel licensed by MDHHS and employed with the life support agency (Evidence: agency roster with licensure level, number, and expiration date and employee certifications)

C NC

24

Administrative Rules 207(b): Assure that agencies are providing clinical competency assessments to EMS personnel before the individual provides EMS (Evidence: provide documentation of assessment, BLS or ACLS certification, and other ongoing education for staff)

C NC

25

Administrative Rules 132(i): Show evidence of an orientation for EMS personnel to familiarize them with the agency's policies and procedures. Orientation must include, at a minimum, a proper introduction to the duties to be performed, as well as MCA protocols (Evidence: orientation checklist. Review and update orientation program every 3 years)

C NC

26

Administrative Rules 132(i): Show evidence of and maintain documentation that demonstrates that EMS personnel are trained on equipment that is carried by the agency (Evidence: evidence of equipment checklist for each employee. Review and updated every 3 years)

C NC

Protocols/Quality

No. Item

27

Administrative Rules 132(j): Maintain a copy of all applicable protocols for all MCA's the agency operates in (Evidence: show current copies and where they are kept. This can include electronic versions on the computer and/or phones)

C NC

*Where are they kept?

Test

28

Administrative Rules 132(l): Show evidence of participation in an agency based and/or MCA quality improvement process (Evidence: internal QA/QI process or policy, MCA letter of compliance, MCA meeting minutes showing participation)

C NC

*Evidence Provided:

Test

29

Administrative Rule 132(h) : A policy or written procedure to ensure that each individual operating a licensed life support vehicle during an emergency or patient transport has access to all applicable protocols for each medical control authority they are operating under.

C NC

*Evidence Provided:

Test

Equipment & Vehicles

No. Item

Administrative Rules 132(m): Vehicles inspected are currently licensed and meet equipment requirements established by the department (Evidence: vehicle license with most current vehicle inspection report that is compliant)

C NC

31

Administrative Rule 119 : A life support agency shall have a written policy in place to ensure vehicles and equipment are operational and provide documentation of not less than a weekly inspection program for all vehicles, communication equipment, and mechanical and electronic medical equipment (Evidence: policy, vehicle checklists that are dated and signed by employees. Policy must be reviewed for updates at least once every 3 years)

C NC

***Evidence Provided:**

Test

***How often does inspection occur?**

Test

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns: _____

Inspection Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC (Non-Compliant)" indicate that the item was inadequate or missing at the time of this inspection, causing MDHHS to consider the agency to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended.

Other Licensure Issues

- MDHHS may order a life support agency out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with minimum requirements, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be emailed to MDHHS

Email: floryd@michigan.gov

Attestation & Signatures

By signing below, I confirm the following:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

Virtual Inspections for Transporting Agencies ONLY: I further understand the following two items on the MDHHS-Bureau of Emergency Preparedness, EMS and Systems of Care Vehicle Inspection Form, were not able to be visually inspected, and I attest that the items were fully functional at the time of the vehicle inspection:

- Patient Compartment: Climate and lighting must be maintained within vehicle standards;
- Drug package in climate-controlled area;
- Communication-State MEDCOM Compliant (HERN required for all vehicle except MFR);
- Suction portable and on-board

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed


Total: 0 deficiencies of 31 items

*Signature Type: Virtual

In Person

▼ Responsible Party Signoff

*

A rectangular box containing a handwritten signature in black ink. The signature is a stylized 'X' shape.

*First Name:

Test

*Last Name:

Test

Certification Number:
