Nursing Homes Licensing Report

Pursuant to Public Act 368 of 1978, as amended,
Section 20155 (8), (20) and (21); and Section 20155a (9).

Calendar Year 2019

Prepared by

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TABLE OF CONTENTS

REPORT AUTHORITY 1

DEPARTMENT OVERVIEW 2

CITATION PATTERNS AND TRAINING 3

REPORTABLE DATA FROM NURSING HOME SURVEYS 4

INFORMAL DISPUTE RESOLUTION (IDR) 7

IDR AND INDEPENDENT IDR CONDUCTED BY MPRO 8

APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS 9

APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS 10

APPENDIX C: STANDARD SURVEY DEFICIENCIES BY SCOPE AND SEVERITY .. 11

APPENDIX D: COMPLAINT SURVEY DEFICIENCIES BY SCOPE AND SEVERITY. 12

APPENDIX E: ELECTRONIC SUPPORT STRUCTURE FOR NURSING HOMES LICENSING AND CERTIFICATION 13

APPENDIX F: SUMMARY OF QUARTERLY MEETINGS BETWEEN LARA AND LONG-TERM CARE STAKEHOLDERS 14

APPENDIX F: SUMMARY OF QUARTERLY MEETINGS BETWEEN LARA AND LONG-TERM CARE STAKEHOLDERS 14

REPORT AUTHORITY

Article 17 of the Public Health Code provides for the licensing and regulation of health facilities and agencies. Part 201 contains general provisions for all health facilities and agencies. Included in Part 201 are four legislative reporting requirements pertaining to nursing homes, along with a provision enabling the department to submit a single, consolidated report. Following are the statutory reporting requirements:

- Citation Patterns and Training
  MCL 333.20155 (8)

- Reportable Data from Nursing Home Surveys
  MCL 333.20155 (20)

- Informal Dispute Resolution (IDR) and Quality Assurance Review
  MCL 333.20155 (21)

- IDR and Independent IDR Conducted by Michigan Peer Review Organization
  MCL 333.20155a (9)

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.

The LARA Bureau of Community and Health Systems (BCHS) serves to protect and assure safe, effective, efficient and accessible community and health care services delivered by state licensed and federally certified providers in Michigan.

The bureau is responsible for state licensing of facilities, agencies and programs under the Public Health Code, Mental Health Code, Adult Foster Care Facility Licensing Act, and Child Care Organizations Act. The bureau also serves as the state agency 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.

In general, the majority of state licensing activities involve the issuance and renewal of licenses to qualified facilities, agencies, and programs; conducting initial, routine and revisit inspections to determine compliance with state and federal requirements; and investigating complaints against state licensed and federally certified providers.

CITATION PATTERNS AND TRAINING

Reporting Authority MCL 333.20155 (8)

Sec. 20155. (8) The department shall semiannually provide for joint training with nursing home surveyors and providers on at least 1 of the 10 most frequently issued federal citations in this state during the past calendar year. The department shall develop a protocol for the review of citation patterns compared to regional outcomes and standards and complaints regarding the nursing home survey process. The department shall include the review under this subsection in the report required under subsection (20). Except as otherwise provided in this subsection, each member of a department nursing home survey team who is a health professional licensee under article 15 shall earn not less than 50% of his or her required continuing education credits, if any, in geriatric care. If a member of a nursing home survey team is a pharmacist licensed under article 15, he or she shall earn not less than 30% of his or her required continuing education credits in geriatric care.

Protocol for Reviewing Citation Patterns:

State agencies that survey and certify health facilities for the Centers for Medicare and Medicaid Services (CMS), including the LARA Bureau of Community and Health Systems (BCHS), use the CMS relational database known as the Automated Survey Processing Environment (ASPEN). The ASPEN platform is comprised of modules, including:

- ASPEN Central Office (ACO)
- ASPEN Complaints and Incidents Tracking System (ACTS)
- ASPEN Enforcement Manager (AEM)
- ASPEN Scheduling and Tracking (AST)
- ASPEN Survey Explorer.

States report their data to CMS through a standard reporting tool known as the Certification and Survey Provider Enhanced Reporting (CASPER) system. This system can be queried to generate a variety of reports, including reports for reviewing citation patterns. CASPER is queried to generate the following data, which is used to develop quality assurance training and development for providers and surveyors:

- Appendix A lists the top 10 standard survey citations for Michigan.
- Appendix B lists the top 10 complaint survey citations for Michigan.
- Appendix C lists the standard survey deficiencies by scope and severity for all CMS regions, with a break-down of Region V, which includes Michigan.
- Appendix D lists the complaint survey deficiencies by scope and severity for all CMS regions, with a break-down of Region V.

REPORTABLE DATA FROM NURSING HOME SURVEYS
MCL 333.20155 (20)

Sec. 20155. (20) The department may consolidate all information provided for any report required under this section and section 20155a into a single report. The department shall report to the appropriations subcommittees, the Senate and House of Representatives standing committees having jurisdiction over issues involving senior citizens, and the fiscal agencies on March 1 of each year on the initial and follow-up surveys conducted on all nursing homes in this state. The department shall include all the following information in the report:

(a)	The number of surveys conducted:		
		Standard surveys	351
		Standard revisits	464
		Complaint surveys	1,781
		Complaint revisits	770
		Total	**3,366**
(b)	The number requiring follow-up surveys:		
		Standard surveys	350
		Standard revisits	47
		Complaint surveys	1,724
		Complaint revisits	43
		Total	**2,164**
(c)	The average number of citations per nursing home for the most recent calendar year. (3,636 citations/ 445 facilities)		**8**
(d)	The number of night and weekend complaints filed.		
	Weeknight		175
	Weekend		235
	Total		**410**
(e)	The number of night and weekend responses to complaints conducted by the department.		**36**
(f)	The average length of time for the department to respond to a complaint filed against a nursing home. (Reported as days.)		**33**
(g)	The number and percentage of citations disputed		**445**

	through informal dispute resolution and independent informal dispute resolution.[1] (445/3,636)		**12%**
(h)	The number and percentage of citations overturned or modified, or both. (IDR=113, IIDR=6, Total=119; Total Citations=3,636; 119/3,636=3.		**119** **3%**
(i)	The review of citation patterns developed under subsection (8).		See Appendices A-D.
(j)	Information regarding the progress made on implementing the administrative and electronic support structure to efficiently coordinate all nursing home licensing and certification functions.		See Appendix E.
(k)	The number of annual standard surveys of nursing homes that were conducted during a period of open survey or enforcement cycle.		**0**
(l)	The number of abbreviated complaint surveys that were not conducted on consecutive surveyor workdays.		ASPEN does not track this information.
(m)	The percent of all form CMS-2567 reports of findings that were released to the nursing home within the 10-working-day requirement.		
		Recertification (976/1,645)	59%
		Complaint (1,427/2,565)	56%
		Total (2,403/4,210)	**57%**
(n)	The percent 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.		ASPEN does not track this information. Similar data could be provided if this metric could be revised.
(o)	The percent of first revisits that were completed within 60 days from the date of survey completion.		
		Recertification (295/417)	71%
		Complaint (616/733)	84%
		Total (911/1,150)	**79%**

[1] The data for (g) and (h) is from a query of ASPEN Enforcement Manager (AEM) that occurred on 02/18/2020.

(p)	The percent of second revisits that were completed within 85 days from the date of survey completion.		
		Recertification (10/44)	23%
		Complaint (11/34)	32%
		Total (21/78)	**27%**
(q)	The percent 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.		ASPEN does not track this information. Similar data could be provided if this metric could be revised.
(r)	A summary of the discussions from the meetings required in subsection (24).		See Appendix F.
(s)	The number of nursing homes that participated in a recognized quality improvement program as described under section 20155a (3).		**0**

INFORMAL DISPUTE RESOLUTION (IDR)[2]
MCL 333.20155 (21)

Sec. 20155. (21) The department shall report 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 percentage of nursing home citations that are appealed through the informal dispute resolution process.[3] (445/3,636)	**Number**	**445**
		Percent	**12%**
(b)	The number and percentage of nursing home citations that are appealed and supported, amended, or deleted through the informal dispute resolution process.		
	Review Status	**Number**	**Percent**
	Supported	**293**	**66%**
	Amended or Deleted	**119**	**27%**
	Pending	**33**	**7%**
(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 using ASPEN Central Office (ACO). This information is used by managers and surveyors for several purposes, including training and continuous quality improvement. It is also used to inform planning of semi-annual Joint Provider Surveyor Training conferences and seminars.		

[2] The data for this table came from a query of ASPEN Enforcement Manager (AEM) that occurred on 02/18/2020. The query resulted in the IDR/IIDR Report for the State of Michigan for calendar year 2019.

[3] The total number of citations (i.e., deficiencies) issued in FY19 was 3,636.

IDR AND INDEPENDENT IDR CONDUCTED BY MPRO[4]
MCL 333.20155a (9)

Sec. 20144a. (9) Informal dispute resolution conducted by the Michigan peer review organization shall be given strong consideration upon final review by the department. In the annual report to the legislature, the department shall include the number of Michigan peer review organization-referred reviews and, of those reviews, the number of citations that were overturned by the department.

(a)	Number of reviews referred to the Michigan Peer Review Organization (MPRO):	**Reviews[5]**	**Citations**
	Informal Dispute Resolution (IDR)	**230**	**432**
	Independent Informal Dispute Resolution (IIDR)	**10**	**14**
	Total	**240**	**446**
(b)	Of those reviews, the number of citations that were overturned by the department:		**22**

[4] The data for this table came from two MPRO reports to LARA for calendar year 2019: The *Michigan IDR State Report Summary* and the *Michigan IIDR State Report Summary*.
[5] As used in this report the term "review" means an MPRO case in which a facility has requested an IDR for one or multiple citations from a survey.

APPENDIX A: TOP 10 CITATIONS MICHIGAN STANDARD SURVEYS[6]

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 443	Total # of Surveys = 438
F812	Food Procurement, Store/Prepare/Serve Sanitary	252	54.9%	57.5%
F880	Infection Prevention & Control	242	52.4%	55.3%
F761	Label/Store Drugs and Biologicals	213	46.3%	48.6%
F689	Free of Accident Hazards/Supervision/Devices	174	38.8%	39.7%
F656	Develop/Implement Comprehensive Care Plan	147	32.3%	33.6%
F684	Quality of Care	146	31.6%	33.3%
F550	Resident Rights/Exercise of Rights	120	27.1%	27.4%
F677	ADL Care Provided for Dependent Residents	113	24.2%	25.8%
F686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	107	23.7%	24.4%
F657	Care Plan Timing and Revision	104	23.3%	23.7%

[6] Source: CASPER (02/09/2020), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

APPENDIX B: TOP 10 CITATIONS MICHIGAN COMPLAINT SURVEYS[7]

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
			Michigan Active Providers = 443	Total # of Surveys = 1,919
F689	Free of Accident Hazards/Supervision/Devices	223	37.2%	11.6%
F600	Free from Abuse and Neglect	132	22.8%	6.9%
F609	Reporting of Alleged Violations	128	24.2%	6.7%
F684	Quality of Care	119	19.9%	6.2%
F725	Sufficient Nursing Staff	104	18.5%	5.4%
F610	Investigate/Prevent/Correct Alleged Violation	88	16.9%	4.6%
F686	Treatment/Services to Prevent/Heal Pressure Ulcer	76	15.6%	4.0%
F677	ADL Care Provided for Dependent Residents	66	12.2%	3.4%
F607	Develop/Implement Abuse/Neglect Policies	63	12.4%	3.3%
F656	Develop/Implement Comprehensive Care Plan	49	10.2%	2.6%

[7] Source: CASPER (02/09/2020), QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

APPENDIX C: STANDARD SURVEY DEFICIENCIES BY SCOPE AND SEVERITY[8]

Deficiencies by Scope and Severity Grades												
Region	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**Total**
(I) Boston	291	81	3,230	805	143	117	3	0	8	5	0	4,683
(II) New York	189	41	2,628	672	102	12	0	0	3	1	3	3,651
(III) Philadelphia	188	296	7,149	2,580	457	136	0	0	33	12	4	10,855
(IV) Atlanta	135	178	7,113	1,450	587	200	5	0	129	47	0	9,844
(V) Chicago	236	815	14,954	3,767	2,223	470	14	0	79	23	12	22,593
(VI) Dallas	184	197	4,241	5,600	1,096	89	46	0	56	41	12	11,562
(VII) Kansas City	240	231	5,364	2,536	739	141	1	0	24	10	4	9,290
(VIII) Denver	14	43	2,293	1,043	319	123	15	0	7	6	0	3,863
(IX) San Francisco	627	49	8,649	3,391	541	107	12	4	9	18	16	13,423
(X) Seattle	21	37	2,792	1,126	302	133	10	2	19	3	2	4,447
National Total	**2,125**	**1,968**	**58,413**	**22,970**	**6,509**	**1,528**	**106**	**6**	**367**	**166**	**53**	**94,211**

States in Region V Chicago

Deficiencies by Scope and Severity Grades												
State	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**Total**
Illinois	73	231	2,650	994	594	66	1	0	3	3	1	4,616
Indiana	22	78	2,639	566	134	74	1	0	6	3	1	3,524
Michigan	18	65	2,662	820	514	128	8	0	20	8	8	4,251
Minnesota	43	233	1,782	325	217	69	0	0	17	5	2	2,693
Ohio	32	148	4,086	790	612	84	1	0	15	2	0	5,770
Wisconsin	48	60	1,135	272	152	49	3	0	18	2	0	1,739
Region V Total	**236**	**815**	**14,954**	**3,767**	**2,223**	**470**	**14**	**0**	**79**	**23**	**12**	**22,593**

[8] Source: CASPER (02/09/2020) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS) federal database.

APPENDIX D: COMPLAINT SURVEY DEFICIENCIES BY SCOPE AND SEVERITY[9]

Deficiencies by Scope and Severity Grades												
Region	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**Total**
(I) Boston	61	15	855	158	22	169	7	0	49	6	0	1,342
(II) New York	15	4	525	93	11	44	0	0	14	4	0	710
(III) Philadelphia	107	39	2,312	715	55	179	0	0	45	13	5	3,470
(IV) Atlanta	25	29	2,075	408	74	221	13	0	359	59	16	3,279
(V) Chicago	36	204	7,237	1,454	664	864	7	0	270	45	26	10,807
(VI) Dallas	46	36	1,867	1,712	230	236	64	0	168	95	31	4,485
(VII) Kansas City	13	15	1,615	485	191	186	0	0	94	7	12	2,618
(VIII) Denver	3	4	554	219	69	98	7	0	7	2	1	964
(IX) San Francisco	64	7	3,551	529	59	209	11	6	16	32	7	4,491
(X) Seattle	4	8	1,538	314	78	234	9	0	29	9	7	2,230
National Total	**374**	**361**	**22,129**	**6,087**	**1,453**	**2,440**	**118**	**6**	**1,051**	**272**	**105**	**34,396**

States in Region V Chicago

Deficiencies by Scope and Severity Grades												
State	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**Total**
Illinois	12	39	2,084	487	143	270	1	0	22	6	4	3,068
Indiana	7	17	990	145	36	91	1	0	45	4	0	1,336
Michigan	6	19	1,235	253	95	242	5	0	51	8	4	1,918
Minnesota	8	47	583	115	40	85	0	0	39	9	2	928
Ohio	1	69	1,644	291	311	107	0	0	55	8	16	2,502
Wisconsin	2	13	701	163	39	69	0	0	58	10	0	1,055
Region V Total	**36**	**204**	**7,237**	**1,454**	**664**	**864**	**7**	**0**	**270**	**45**	**26**	**10,807**

[9] Source: CASPER (02/09/2020) QCOR Quality, Certification & Oversight Reports, Centers for Medicare and Medicaid Services (CMS), federal database.

APPENDIX E: ELECTRONIC SUPPORT STRUCTURE FOR NURSING HOMES LICENSING AND CERTIFICATION

Pursuant to MCL 333.20155 (20) (j)

This statutory reporting requirement was established in 2012. It pertains to the development of an electronic system to manage the survey and certification process for nursing homes. At that time CMS was in the process of replacing its administrative database known as the Online Survey Certification and Reporting (OSCAR) system. In July 2012, the OSCAR system was replaced by the Certification and Survey Provider Enhanced Reporting (CASPER) system and the Quality Improvement Evaluation System (QIES). CASPER/QIES are part of a large relational database operating within CMS' Automated Survey Processing Environment (ASPEN).

During fiscal years 2012 and 2013, state licensing agencies and health service providers converted their operations to use ASPEN. Michigan converted to ASPEN in August 2013. That required investments in IT, including:

- Purchasing user accounts so surveyors can access ASPEN while in the field conducting surveys. This is accomplished through the Michigan Department of Technology Management and Budget (DTMB) managed virtual Citrix servers.

- Development of a software program that maintains historical team assignment information when scheduling surveys, to ensure that surveyors are scheduled on a rotating basis, which is a CMS requirement.

- Developing a GPS mapping program to efficiently schedule onsite visits. This is especially useful when the bureau responds to a potential immediate jeopardy complaint.

- Replacing old, out-of-warranty equipment with new computers and laptops to enable surveyors to fully utilize ASPEN and to assure the security and privacy of information.

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

Pursuant to MCL 333.20155 (20) (r) and (24).

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

Pursuant to MCL 333.20155 (20) (r) and (24).

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):

- 10/24/2018
- 01/15/2019
- 04/16/2019
- 07/16/2019

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
- Michigan Peer Review Organization (MPRO)

Topics addressed during these meetings included, but were not limited to:

- Facility Reported Incident (FRI) Definitions and Determinations
- Federal Informal Dispute Resolution (IDR) Review Process Enhancements
- Federal Survey Process and New Electronic Documents Submission Process
- Review of 2017 and 2018 Federal Recertification Survey Data
- Annual Joint Provider Surveyor Training (JPST) Events and Session Topics
- State Licensing Administrative Rules Revisions
- Federal Desk Review Process Enhancements
- State Certified Nurse Aide Program Administrative Rules Development
- State and Federal Certified Nurse Aide Program Neglect and Flagging Process
- State Licensing Workforce Background Checks Update
- State Licensing Bed Rails Discussion
- Actions Against Professional Licenses / Board Disciplinary Actions & Criminal Charges (Criminal Neglect/Criminal Intent)
- Review of 2018 and 2019 Immediate Jeopardy Citations
- Infection Prevention and Control Training
- Antibiotic Stewardship Update
- Resident Harm Prevention

- 2018 and 2019 IDR and Independent IDR Data Review
- FRI 2015-2018 Study
- Federal Provider Survey Questionnaire Results
- Marijuana Use/Storage in State Licensed/Federally Certified Nursing Homes
- Medication Assistance Program Development
- FRI 2-HR Reporting System and Requirements
- Federal Strict Liability on Abuse
- Federal Immediate Jeopardy Guidance
- State and Federal Involuntary Discharge and Transfer Form Review and Enhancements