**PUBLIC HEALTH CODE (EXCERPT)**
**Act 368 of 1978**

## 333.20155a Nursing home health survey tasks; electronic system; determination of open survey cycle; grants; reports of survey findings; nursing home's plan of correction; notifications of acceptance or rejection; revisit; evidence of substantial compliance; informal dispute resolution; citation levels.

Sec. 20155a. (1) Nursing home health survey tasks shall be facilitated by the licensing and regulatory affairs bureau of health systems to ensure consistent and efficient coordination of the nursing home licensing and certification functions for standard and abbreviated surveys. The department shall develop an electronic system to support the coordination of these activities. If funds are appropriated for the system, the department shall implement the system within 120 days of that appropriation.

(2) When preparing to conduct an annual standard survey, the department shall determine if there is an open survey cycle and make every reasonable effort to confirm that substantial compliance has been achieved by implementation of the nursing home's accepted plan of correction before initiating the annual standard survey while maintaining the federal requirement for standard annual survey interval and state survey average of 12 months.

(3) The department shall seek approval from the Centers for Medicare and Medicaid Services to develop a program to provide grants to nursing homes that have achieved a 5-star quality rating from the Centers for Medicare and Medicaid Services. The department shall seek approval from the Centers for Medicare and Medicaid Services for nursing homes to be eligible to receive a grant, up to $5,000.00 per nursing home from the civil monetary fund for nursing homes that meet the Centers for Medicare and Medicaid Services standards for the 5-star quality rating. Grants to nursing homes shall be used to implement evidence-based quality improvement programs within the nursing home. Each nursing home that receives a grant shall submit a report to the department that describes the final outcome from implementing the program.

(4) All abbreviated complaint surveys shall be conducted on consecutive days until complete. All form CMS-2567 reports of survey findings shall be released to the nursing home within 10 consecutive days after completion of the survey.

(5) Departmental notifications of acceptance or rejection of a nursing home's plan of correction shall be reviewed and released to the nursing home within 10 consecutive days of receipt of that plan of correction.

(6) A nursing-home-submitted plan of correction in response to any survey must have a completion date not to exceed 40 days from the exit date of survey. If a nursing home has not received additional citations before a revisit occurs, the department shall conduct the first revisit not more than 60 days from the exit date of the survey.

(7) Letters of compliance notification to nursing homes shall be released to the nursing home within 10 consecutive days of all survey revisit completion dates.

(8) The department may accept a nursing home's evidence of substantial compliance instead of requiring a post survey on-site first or second revisit as the department considers appropriate in accordance with the Centers for Medicare and Medicaid Services survey protocols. A nursing home requesting consideration of evidence of substantial compliance in lieu of an on-site revisit must include an affidavit that asserts the nursing home is in substantial compliance as shown by the submitted evidence for that specific survey event. There may be no deficiencies with a scope and severity originating higher than level F. Citations with a scope and severity of level F or below may go through a desk review by the department upon thorough review of the plan of correction. Citations with a scope and severity of level G or higher are not to be considered for a desk review. If there is no enforcement action, the nursing home's evidence of substantial compliance may be reviewed administratively and accepted as evidence of deficiency correction.

(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.

(10) Citation levels used in this section mean citation levels as defined by the Centers for Medicare and Medicaid Services' survey protocol grid defining scope and severity assessment of deficiency.

**History:** Add. 2012, Act 322, Imd. Eff. Oct. 9, 2012;—Am. 2015, Act 155, Eff. Jan. 18, 2016.

**Popular name:** Act 368


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