

SUBSTITUTE FOR  
SENATE BILL NO. 938

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending sections 20155, 21703, and 21734 (MCL 333.20155,  
333.21703, and 333.21734), section 20155 as amended by 2012 PA 322  
and section 21734 as added by 2000 PA 437.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           Sec. 20155. (1) Except as otherwise provided in this section  
2 and section 20155a, the department shall make annual and other  
3 visits to each health facility or agency licensed under this  
4 article for the purposes of survey, evaluation, and consultation. A  
5 **THE DEPARTMENT SHALL MAKE A** visit ~~made~~ according to a complaint  
6 ~~shall be~~ unannounced. Except for a county medical care facility, a  
7 home for the aged, a nursing home, or a hospice residence, the  
8 department shall determine whether the visits that are not made

1 according to a complaint are announced or unannounced. ~~Beginning~~  
2 ~~June 20, 2001, the~~ **THE** department shall ensure that each newly  
3 hired nursing home surveyor, as part of his or her basic training,  
4 is assigned full-time to a licensed nursing home for at least 10  
5 days within a 14-day period to observe actual operations outside of  
6 the survey process before the trainee begins oversight  
7 responsibilities.

8 (2) The ~~state~~ **DEPARTMENT** shall establish a process that  
9 ensures both of the following:

10 (a) A newly hired nursing home surveyor ~~shall~~ **DOES** not make  
11 independent compliance decisions during his or her training period.

12 (b) A nursing home surveyor ~~shall~~ **IS** not ~~be~~ assigned as a  
13 member of a survey team for a nursing home in which he or she  
14 received training for 1 standard survey following the training  
15 received in that nursing home.

16 (3) ~~Beginning November 1, 2012, the~~ **THE** department shall  
17 perform a criminal history check on all nursing home surveyors in  
18 the manner provided for in section 20173a.

19 (4) A member of a survey team ~~shall~~ **MUST** not be employed by a  
20 licensed nursing home or a nursing home management company doing  
21 business in this state at the time of conducting a survey under  
22 this section. The department shall not assign an individual to be a  
23 member of a survey team for purposes of a survey, evaluation, or  
24 consultation visit at a nursing home in which he or she was an  
25 employee within the preceding 3 years.

26 (5) ~~Representatives~~ **THE DEPARTMENT SHALL INVITE**  
27 **REPRESENTATIVES** from all nursing home provider organizations and

1 the state long-term care ombudsman or his or her designee ~~shall be~~  
2 ~~invited~~ to participate in the planning process for the joint  
3 provider and surveyor training sessions. The department shall  
4 include at least 1 representative from nursing home provider  
5 organizations that do not own or operate a nursing home  
6 representing 30 or more nursing homes statewide in internal  
7 surveyor group quality assurance training provided for the purpose  
8 of general clarification and interpretation of existing or new  
9 regulatory requirements and expectations.

10 (6) The department shall make available online the general  
11 civil service position description related to the required  
12 qualifications for individual surveyors. The department shall use  
13 the required qualifications to hire, educate, develop, and evaluate  
14 surveyors.

15 (7) The department shall ensure that each annual survey team  
16 is composed of an interdisciplinary group of professionals, 1 of  
17 whom must be a registered nurse. Other members may include social  
18 workers, therapists, dietitians, pharmacists, administrators,  
19 physicians, sanitarians, and others who may have the expertise  
20 necessary to evaluate specific aspects of nursing home operation.

21 (8) Except as otherwise provided in this section and section  
22 20155a, the department shall make at least a biennial visit to each  
23 licensed clinical laboratory, each nursing home, and each hospice  
24 residence for the purposes of survey, evaluation, and consultation.  
25 The department shall semiannually provide for joint training with  
26 nursing home surveyors and providers on at least 1 of the 10 most  
27 frequently issued federal citations in this state during the past

1 calendar year. The department shall develop a protocol for the  
2 review of citation patterns compared to regional outcomes and  
3 standards and complaints regarding the nursing home survey process.  
4 The **DEPARTMENT SHALL INCLUDE THE** review ~~will be included UNDER THIS~~  
5 **SUBSECTION** in the report required under subsection (20). Except as  
6 otherwise provided in this subsection, ~~beginning with his or her~~  
7 ~~first full relicensure period after June 20, 2000,~~ each member of a  
8 department nursing home survey team who is a health professional  
9 licensee under article 15 shall earn not less than 50% of his or  
10 her required continuing education credits, if any, in geriatric  
11 care. If a member of a nursing home survey team is a pharmacist  
12 licensed under article 15, he or she shall earn not less than 30%  
13 of his or her required continuing education credits in geriatric  
14 care.

15 (9) The department shall make a biennial visit to each  
16 hospital for survey and evaluation for the purpose of licensure.  
17 Subject to subsection (12), the department may waive the biennial  
18 visit required by this subsection if a hospital, as part of a  
19 timely application for license renewal, requests a waiver and  
20 submits both of the following and if all of the requirements of  
21 subsection (11) are met:

22 (a) Evidence that it is currently fully accredited by a body  
23 with expertise in hospital accreditation whose hospital  
24 accreditations are accepted by the United States department of  
25 health and human services for purposes of section 1865 of ~~part C of~~  
26 ~~title XVIII of the social security act,~~ 42 USC 1395bb.

27 (b) A copy of the most recent accreditation report for the

1 hospital issued by a body described in subdivision (a), and the  
2 hospital's responses to the accreditation report.

3 (10) Except as **OTHERWISE** provided in subsection (14),  
4 accreditation information provided to the department under  
5 subsection (9) is confidential, is not a public record, and is not  
6 subject to court subpoena. The department shall use the  
7 accreditation information only as provided in this section and  
8 shall return the accreditation information to the hospital within a  
9 reasonable time after a decision on the waiver request is made.

10 (11) The department shall grant a waiver under subsection (9)  
11 if the accreditation report submitted under subsection (9)(b) is  
12 less than 2 years old and there is no indication of substantial  
13 noncompliance with licensure standards or of deficiencies that  
14 represent a threat to public safety or patient care in the report,  
15 in complaints involving the hospital, or in any other information  
16 available to the department. If the accreditation report is 2 or  
17 more years old, the department may do 1 of the following:

18 (a) Grant an extension of the hospital's current license until  
19 the next accreditation survey is completed by the body described in  
20 subsection (9)(a).

21 (b) Grant a waiver under subsection (9) based on the  
22 accreditation report that is 2 or more years old, on condition that  
23 the hospital promptly submit the next accreditation report to the  
24 department.

25 (c) Deny the waiver request and conduct the visits required  
26 under subsection (9).

27 (12) This section does not prohibit the department from citing

1 a violation of this part during a survey, conducting investigations  
2 or inspections according to section 20156, or conducting surveys of  
3 health facilities or agencies for the purpose of complaint  
4 investigations or federal certification. This section does not  
5 prohibit the bureau of fire services created in section 1b of the  
6 fire prevention code, 1941 PA 207, MCL 29.1b, from conducting  
7 annual surveys of hospitals, nursing homes, and county medical care  
8 facilities.

9 (13) At the request of a health facility or agency, the  
10 department may conduct a consultation engineering survey of a  
11 health facility and provide professional advice and consultation  
12 regarding health facility construction and design. A health  
13 facility or agency may request a voluntary consultation survey  
14 under this subsection at any time between licensure surveys. The  
15 fees for a consultation engineering survey are the same as the fees  
16 established for waivers under section 20161(10).

17 (14) If the department determines that substantial  
18 noncompliance with licensure standards exists or that deficiencies  
19 that represent a threat to public safety or patient care exist  
20 based on a review of an accreditation report submitted under  
21 subsection (9)(b), the department shall prepare a written summary  
22 of the substantial noncompliance or deficiencies and the hospital's  
23 response to the department's determination. The department's  
24 written summary and the hospital's response are public documents.

25 (15) The department or a local health department shall conduct  
26 investigations or inspections, other than inspections of financial  
27 records, of a county medical care facility, home for the aged,

1 nursing home, or hospice residence without prior notice to the  
2 health facility or agency. An employee of a state agency charged  
3 with investigating or inspecting the health facility or agency or  
4 an employee of a local health department who directly or indirectly  
5 gives prior notice regarding an investigation or an inspection,  
6 other than an inspection of the financial records, to the health  
7 facility or agency or to an employee of the health facility or  
8 agency, is guilty of a misdemeanor. Consultation visits that are  
9 not for the purpose of annual or follow-up inspection or survey may  
10 be announced.

11 (16) The department shall maintain a record indicating whether  
12 a visit and inspection is announced or unannounced. Survey findings  
13 gathered at each health facility or agency during each visit and  
14 inspection, whether announced or unannounced, shall be taken into  
15 account in licensure decisions.

16 (17) The department shall require periodic reports and a  
17 health facility or agency shall give the department access to  
18 books, records, and other documents maintained by a health facility  
19 or agency to the extent necessary to carry out the purpose of this  
20 article and the rules promulgated under this article. The  
21 department shall not divulge or disclose the contents of the  
22 patient's clinical records in a manner that identifies an  
23 individual except under court order. The department may copy health  
24 facility or agency records as required to document findings.  
25 Surveyors shall use electronic resident information, whenever  
26 available, as a source of survey-related data and shall request  
27 facility assistance to access the system to maximize data export.

1           (18) The department may delegate survey, evaluation, or  
2 consultation functions to another state agency or to a local health  
3 department qualified to perform those functions. However, the  
4 department shall not delegate survey, evaluation, or consultation  
5 functions to a local health department that owns or operates a  
6 hospice or hospice residence licensed under this article. The  
7 ~~delegation-DEPARTMENT shall be-DELEGATE UNDER THIS SUBSECTION~~ by  
8 cost reimbursement contract between the department and the state  
9 agency or local health department. ~~Survey, THE DEPARTMENT SHALL NOT~~  
10 **DELEGATE SURVEY**, evaluation, or consultation functions ~~shall not be~~  
11 ~~delegated~~ to nongovernmental agencies, except as provided in this  
12 section. The department may accept voluntary inspections performed  
13 by an accrediting body with expertise in clinical laboratory  
14 accreditation under part 205 if the accrediting body utilizes forms  
15 acceptable to the department, applies the same licensing standards  
16 as applied to other clinical laboratories, and provides the same  
17 information and data usually filed by the department's own  
18 employees when engaged in similar inspections or surveys. The  
19 voluntary inspection described in this subsection ~~shall~~ **MUST** be  
20 agreed upon by both the licensee and the department.

21           (19) If, upon investigation, the department or a state agency  
22 determines that an individual licensed to practice a profession in  
23 this state has violated the applicable licensure statute or the  
24 rules promulgated under that statute, the department, state agency,  
25 or local health department shall forward the evidence it has to the  
26 appropriate licensing agency.

27           (20) The department may consolidate all information provided



1 for any report required under this section and section 20155a into  
2 a single report. The department shall report to the appropriations  
3 subcommittees, the senate and house of representatives standing  
4 committees having jurisdiction over issues involving senior  
5 citizens, and the fiscal agencies on March 1 of each year on the  
6 initial and follow-up surveys conducted on all nursing homes in  
7 this state. The report shall include all of the following  
8 information:

9 (a) The number of surveys conducted.

10 (b) The number requiring follow-up surveys.

11 (c) The average number of citations per nursing home for the  
12 most recent calendar year.

13 (d) The number of night and weekend complaints filed.

14 (e) The number of night and weekend responses to complaints  
15 conducted by the department.

16 (f) The average length of time for the department to respond  
17 to a complaint filed against a nursing home.

18 (g) The number and percentage of citations disputed through  
19 informal dispute resolution and independent informal dispute  
20 resolution.

21 (h) The number and percentage of citations overturned or  
22 modified, or both.

23 (i) The review of citation patterns developed under subsection  
24 (8).

25 ~~——(j) Implementation of the clinical process guidelines and the~~  
26 ~~impact of the guidelines on resident care.~~

27 (J) ~~(k)~~ Information regarding the progress made on

1 implementing the administrative and electronic support structure to  
2 efficiently coordinate all nursing home licensing and certification  
3 functions.

4       **(K)** ~~(l)~~—The number of annual standard surveys of nursing homes  
5 that were conducted during a period of open survey or enforcement  
6 cycle.

7       **(l)** ~~(m)~~—The number of abbreviated complaint surveys that were  
8 not conducted on consecutive surveyor workdays.

9       **(M)** ~~(n)~~—The percent of all form CMS-2567 reports of findings  
10 that were released to the nursing home within the 10-working-day  
11 requirement.

12       **(N)** ~~(o)~~—The percent of provider notifications of acceptance or  
13 rejection of a plan of correction that were released to the nursing  
14 home within the 10-working-day requirement.

15       **(O)** ~~(p)~~—The percent of first revisits that were completed  
16 within 60 days from the date of survey completion.

17       **(P)** ~~(q)~~—The percent of second revisits that were completed  
18 within 85 days from the date of survey completion.

19       **(Q)** ~~(r)~~—The percent of letters of compliance notification to  
20 the nursing home that were released within 10 working days of the  
21 date of the completion of the revisit.

22       **(R)** ~~(s)~~—A summary of the discussions from the meetings  
23 required in subsection (24).

24       **(S)** ~~(t)~~—The number of nursing homes that participated in a  
25 recognized quality improvement program as described under section  
26 20155a(3).

27       (21) The department shall report March 1 of each year to the

1 standing committees on appropriations and the standing committees  
2 having jurisdiction over issues involving senior citizens in the  
3 senate and the house of representatives on all of the following:

4 (a) The percentage of nursing home citations that are appealed  
5 through the informal dispute resolution process.

6 (b) The number and percentage of nursing home citations that  
7 are appealed and supported, amended, or deleted through the  
8 informal dispute resolution process.

9 (c) A summary of the quality assurance review of the amended  
10 citations and related survey retraining efforts to improve  
11 consistency among surveyors and across the survey administrative  
12 unit that occurred in the year being reported.

13 (22) Subject to subsection (23), a clarification work group  
14 comprised of the department in consultation with a nursing home  
15 resident or a member of a nursing home resident's family, nursing  
16 home provider groups, the American medical directors association,  
17 the state long-term care ombudsman, and the federal centers for  
18 medicare and medicaid services shall clarify the following terms as  
19 those terms are used in title XVIII and title XIX and applied by  
20 the department to provide more consistent regulation of nursing  
21 homes in this state:

22 (a) Immediate jeopardy.

23 (b) Harm.

24 (c) Potential harm.

25 (d) Avoidable.

26 (e) Unavoidable.

27 (23) All of the following clarifications developed under

1 subsection (22) apply for purposes of subsection (22):

2 (a) Specifically, the term "immediate jeopardy" means a  
3 situation in which immediate corrective action is necessary because  
4 the nursing home's noncompliance with 1 or more requirements of  
5 participation has caused or is likely to cause serious injury,  
6 harm, impairment, or death to a resident receiving care in a  
7 nursing home.

8 (b) The likelihood of immediate jeopardy is reasonably higher  
9 if there is evidence of a flagrant failure by the nursing home to  
10 comply with a **NATIONALLY RECOGNIZED** clinical process guideline  
11 ~~adopted under subsection (25)~~ than if the nursing home has  
12 substantially and continuously complied with ~~these~~ **NATIONALLY**  
13 **RECOGNIZED CLINICAL PROCESS** guidelines. If federal regulations and  
14 guidelines are not clear, and if the clinical process guidelines  
15 have been recognized, a process failure giving rise to an immediate  
16 jeopardy may involve an egregious widespread or repeated process  
17 failure and the absence of reasonable efforts to detect and prevent  
18 the process failure.

19 (c) In determining whether or not there is immediate jeopardy,  
20 the survey agency should consider at least all of the following:

21 (i) Whether the nursing home could reasonably have been  
22 expected to know about the deficient practice and to stop it, but  
23 did not stop the deficient practice.

24 (ii) Whether the nursing home could reasonably have been  
25 expected to identify the deficient practice and to correct it, but  
26 did not correct the deficient practice.

27 (iii) Whether the nursing home could reasonably have been

1 expected to anticipate that serious injury, serious harm,  
2 impairment, or death might result from continuing the deficient  
3 practice, but did not so anticipate.

4 (iv) Whether the nursing home could reasonably have been  
5 expected to know that a widely accepted high-risk practice is or  
6 could be problematic, but did not know.

7 (v) Whether the nursing home could reasonably have been  
8 expected to detect the process problem in a more timely fashion,  
9 but did not so detect.

10 (d) The existence of 1 or more of the factors described in  
11 subdivision (c), and especially the existence of 3 or more of those  
12 factors simultaneously, may lead to a conclusion that the situation  
13 is one in which the nursing home's practice makes adverse events  
14 likely to occur if immediate intervention is not undertaken, and  
15 therefore constitutes immediate jeopardy. If none of the factors  
16 described in subdivision (c) is present, the situation may involve  
17 harm or potential harm that is not immediate jeopardy.

18 (e) Specifically, "actual harm" means a negative outcome to a  
19 resident that has compromised the resident's ability to maintain or  
20 reach, or both, his or her highest practicable physical, mental,  
21 and psychosocial well-being as defined by an accurate and  
22 comprehensive resident assessment, plan of care, and provision of  
23 services. Harm does not include a deficient practice that only may  
24 cause or has caused limited consequences to the resident.

25 (f) For purposes of subdivision (e), in determining whether a  
26 negative outcome is of limited consequence, if the "state  
27 operations manual" or "the guidance to surveyors" published by the

1 federal centers for medicare and medicaid services does not provide  
2 specific guidance, the department may consider whether most people  
3 in similar circumstances would feel that the damage was of such  
4 short duration or impact as to be inconsequential or trivial. In  
5 such a case, the consequence of a negative outcome may be  
6 considered more limited if it occurs in the context of overall  
7 procedural consistency with ~~an accepted~~ **A NATIONALLY RECOGNIZED**  
8 clinical process guideline, ~~adopted under subsection (25)~~, as  
9 compared to a substantial inconsistency with or variance from the  
10 guideline.

11 (g) For purposes of subdivision (e), if the publications  
12 described in subdivision (f) do not provide specific guidance, the  
13 department may consider the degree of a nursing home's adherence to  
14 a **NATIONALLY RECOGNIZED** clinical process guideline ~~adopted under~~  
15 ~~subsection (25)~~ in considering whether the degree of compromise and  
16 future risk to the resident constitutes actual harm. The risk of  
17 significant compromise to the resident may be considered greater in  
18 the context of substantial deviation from the guidelines than in  
19 the case of overall adherence.

20 (h) To improve consistency and to avoid disputes over  
21 avoidable and unavoidable negative outcomes, nursing homes and  
22 survey agencies must have a common understanding of accepted  
23 process guidelines and of the circumstances under which it can  
24 reasonably be said that certain actions or inactions will lead to  
25 avoidable negative outcomes. If the "state operations manual" or  
26 "the guidance to surveyors" published by the federal centers for  
27 medicare and medicaid services is not specific, a nursing home's

1 overall documentation of adherence to a **NATIONALLY RECOGNIZED**  
2 clinical process guideline with a process indicator ~~adopted under~~  
3 ~~subsection (25)~~ is relevant information in considering whether a  
4 negative outcome was avoidable or unavoidable and may be considered  
5 in the application of that term.

6 (24) The department shall conduct a quarterly meeting and  
7 invite appropriate stakeholders. ~~Appropriate stakeholders~~ **THE**  
8 **DEPARTMENT** shall ~~include~~ **INVITE AS APPROPRIATE STAKEHOLDERS UNDER**  
9 **THIS SUBSECTION** at least 1 representative from each nursing home  
10 provider organization that does not own or operate a nursing home  
11 representing 30 or more nursing homes statewide, the state long-  
12 term care ombudsman or his or her designee, and any other clinical  
13 experts. Individuals who participate in these quarterly meetings,  
14 ~~in conjunction~~ **JOINTLY** with the department, may designate advisory  
15 workgroups to develop recommendations on the discussion topics that  
16 should include, at a minimum, all of the following:

17 (a) Opportunities for enhanced promotion of nursing home  
18 performance, including, but not limited to, programs that encourage  
19 and reward providers that strive for excellence.

20 (b) Seeking quality improvement to the survey and enforcement  
21 process, including clarifications to process-related policies and  
22 protocols that include, but are not limited to, all of the  
23 following:

24 (i) Improving the surveyors' quality and preparedness.

25 (ii) Enhanced communication between regulators, surveyors,  
26 providers, and consumers.

27 (iii) Ensuring fair enforcement and dispute resolution by

1 identifying methods or strategies that may resolve identified  
2 problems or concerns.

3 (c) Promoting transparency across provider and surveyor  
4 communities, including, but not limited to, all of the following:

5 (i) Applying regulations in a consistent manner and evaluating  
6 changes that have been implemented to resolve identified problems  
7 and concerns.

8 (ii) Providing consumers with information regarding changes in  
9 policy and interpretation.

10 (iii) Identifying positive and negative trends and factors  
11 contributing to those trends in the areas of resident care,  
12 deficient practices, and enforcement.

13 (d) Clinical process guidelines.

14 (25) ~~Subject to subsection (27), the department~~ **A NURSING HOME**  
15 ~~shall develop and adopt clinical process guidelines. The department~~  
16 ~~shall establish and adopt~~ **USE EVIDENCE-BASED, NATIONALLY RECOGNIZED**  
17 **clinical process guidelines OR BEST-PRACTICE RESOURCES TO DEVELOP**  
18 **AND IMPLEMENT RESIDENT CARE POLICIES** and compliance protocols with  
19 ~~outcome measures for all of the following areas and for other~~  
20 ~~topics where the department determines that clarification will~~  
21 ~~benefit providers and consumers of long term care.~~ **MEASURABLE**  
22 **OUTCOMES SPECIFICALLY IN THE FOLLOWING CLINICAL PRACTICE AREAS:**

23 (a) ~~Bed~~ **USE OF BED** rails.

24 (b) Adverse drug effects.

25 (c) ~~Falls~~ **PREVENTION OF FALLS.**

26 (d) ~~Pressure sores~~ **PREVENTION OF PRESSURE ULCERS.**

27 (e) Nutrition and hydration. ~~including, but not limited to,~~



1 ~~heat related stress.~~

2 (f) Pain management.

3 (g) Depression and depression pharmacotherapy.

4 (h) Heart failure.

5 (i) Urinary incontinence.

6 (j) Dementia **CARE**.

7 (k) Osteoporosis.

8 (l) Altered mental states.

9 (m) Physical and chemical restraints.

10 (n) ~~Culture change~~ **PERSON-CENTERED CARE** principles, ~~person-~~  
11 ~~centered caring, and self directed care.~~

12 (26) **IN AN AREA OF CLINICAL PRACTICE THAT IS NOT LISTED IN**  
13 **SUBSECTION (25), A NURSING HOME MAY USE EVIDENCE-BASED, NATIONALLY**  
14 **RECOGNIZED CLINICAL PROCESS GUIDELINES OR BEST-PRACTICE RESOURCES**  
15 **TO DEVELOP AND IMPLEMENT RESIDENT CARE POLICIES AND COMPLIANCE**  
16 **PROTOCOLS WITH MEASURABLE OUTCOMES TO PROMOTE PERFORMANCE**  
17 **EXCELLENCE.**

18 (27) ~~(26) The department shall biennially review and update~~  
19 ~~all clinical process guidelines as needed and shall continue to~~  
20 ~~develop and implement clinical process guidelines for topics that~~  
21 ~~have not been developed from the list in subsection (25) and other~~  
22 ~~topics identified as a result of the meetings required in~~  
23 ~~subsection (24). The department shall consider recommendations from~~  
24 ~~an advisory workgroup created under subsection (24). on clinical~~  
25 ~~process guidelines. The department shall~~ **MAY** include training on  
26 new and revised **EVIDENCE-BASED, NATIONALLY RECOGNIZED** clinical  
27 process guidelines **OR BEST-PRACTICE RESOURCES, WHICH CONTAIN**

1 **MEASURABLE OUTCOMES**, in the joint provider and surveyor training  
2 sessions ~~as those clinical process guidelines are developed and~~  
3 ~~revised.~~ **TO ASSIST PROVIDER EFFORTS TOWARD IMPROVED REGULATORY**  
4 **COMPLIANCE AND PERFORMANCE EXCELLENCE AND TO FOSTER A COMMON**  
5 **UNDERSTANDING OF ACCEPTED BEST-PRACTICE STANDARDS BETWEEN PROVIDERS**  
6 **AND THE SURVEY AGENCY. THE DEPARTMENT SHALL POST ON ITS WEBSITE ALL**  
7 **EVIDENCE-BASED, NATIONALLY RECOGNIZED CLINICAL PROCESS GUIDELINES**  
8 **AND BEST-PRACTICE RESOURCES USED IN A TRAINING SESSION UNDER THIS**  
9 **SUBSECTION FOR PROVIDER, SURVEYOR, AND PUBLIC REFERENCE.**

10 (28) ~~(27) Beginning November 1, 2012, representatives~~  
11 **REPRESENTATIVES** from each nursing home provider organization that  
12 does not own or operate a nursing home representing 30 or more  
13 nursing homes statewide and the state long-term care ombudsman or  
14 his or her designee ~~shall be~~ **ARE** permanent members of ~~any~~ **A**  
15 clinical advisory workgroup created under subsection (24). The  
16 department shall issue survey certification memorandums to  
17 providers to announce or clarify changes in the interpretation of  
18 regulations.

19 (29) ~~(28) The department shall maintain the process by which~~  
20 the director of the **LONG-TERM CARE** division ~~of nursing home~~  
21 ~~monitoring~~ or his or her designee ~~or the director of the division~~  
22 ~~of operations~~ or his or her designee reviews and authorizes the  
23 issuance of a citation for immediate jeopardy or substandard  
24 quality of care before the statement of deficiencies is made final.  
25 The review ~~shall be to~~ **MUST** assure that the applicable concepts,  
26 ~~clinical process guidelines, and other tools contained in~~  
27 ~~subsections (25) to (27) are being used consistently, accurately,~~

1 ~~and effectively.~~ **THE CONSISTENT AND ACCURATE APPLICATION OF FEDERAL**  
2 **AND STATE SURVEY PROTOCOLS AND DEFINED REGULATORY STANDARDS.** As  
3 used in this subsection, "immediate jeopardy" and "substandard  
4 quality of care" mean those terms as defined by the federal centers  
5 for medicare and medicaid services.

6 (30) ~~(29)~~ Upon availability of funds, the department shall  
7 give grants, awards, or other recognition to nursing homes to  
8 encourage the rapid **DEVELOPMENT AND** implementation ~~or maintenance~~  
9 of ~~the~~ **RESIDENT CARE POLICIES AND COMPLIANCE PROTOCOLS THAT ARE**  
10 **CREATED FROM EVIDENCE-BASED, NATIONALLY RECOGNIZED** clinical process  
11 guidelines ~~adopted under subsection (25).~~ **OR BEST-PRACTICE RESOURCES**  
12 **WITH MEASURABLE OUTCOMES TO PROMOTE PERFORMANCE EXCELLENCE.**

13 (31) ~~(30)~~ The department shall instruct and train the  
14 surveyors ~~in the~~ **SURVEYORS SHALL CONSIDER EVIDENCE-BASED,**  
15 **NATIONALLY RECOGNIZED** clinical process guidelines ~~adopted under~~  
16 ~~subsection (25) in citing deficiencies.~~ **OR BEST-PRACTICE RESOURCES**  
17 **WITH MEASURABLE OUTCOMES THAT ARE USED BY A NURSING HOME TO DEVELOP**  
18 **AND IMPLEMENT RESIDENT CARE POLICIES AND COMPLIANCE PROTOCOLS WHEN**  
19 **MAKING COMPLIANCE DECISIONS UNDER THIS SECTION.**

20 (32) ~~(31)~~ A nursing home shall post the nursing home's survey  
21 report in a conspicuous place within the nursing home for public  
22 review.

23 (33) ~~(32)~~ Nothing in this amendatory act shall be construed to  
24 **2001 PA 218 DOES NOT** limit the requirements of related state and  
25 federal law.

26 (34) ~~(33)~~ As used in this section:

27 (a) "Consecutive days" means calendar days, but does not

1 include Saturday, Sunday, or state- or federally-recognized  
2 holidays.

3 (b) "Form CMS-2567" means the federal centers for medicare and  
4 medicaid services' form for the statement of deficiencies and plan  
5 of correction or a successor form serving the same purpose.

6 (c) "Title XVIII" means title XVIII of the social security  
7 act, 42 USC 1395 to 1395kkk.

8 (d) "Title XIX" means title XIX of the social security act, 42  
9 USC 1396 to 1396w-5.

10 Sec. 21703. (1) "Patient" means a ~~person who receives care or~~  
11 ~~services at a nursing home.~~**RESIDENT.**

12 (2) "Patient's representative" OR "**RESIDENT'S REPRESENTATIVE**"  
13 means a person, other than the licensee or an employee or person  
14 having a direct or indirect ownership interest in the nursing home,  
15 designated in writing by a ~~patient~~**RESIDENT** or a ~~patient's~~  
16 **RESIDENT'S** guardian for a specific, limited purpose or for general  
17 purposes, or, if a written designation of a representative is not  
18 made, the guardian of the ~~patient.~~**RESIDENT.**

19 (3) "Relocation" means the movement of a ~~patient~~**RESIDENT** from  
20 1 bed to another or from 1 room to another within the same nursing  
21 home or within a certified distinct part of a nursing home.

22 (4) "**RESIDENT**" **MEANS AN INDIVIDUAL WHO RECEIVES CARE OR**  
23 **SERVICES AT A NURSING HOME.**

24 (5) ~~(4)~~"Transfer" means the movement of a ~~patient~~**RESIDENT**  
25 from 1 nursing home to another nursing home or from 1 certified  
26 distinct part of a nursing home to another certified distinct part  
27 of the same nursing home.

1           (6) ~~(5)~~ "Welfare" means, with reference to a ~~patient,~~  
2 **RESIDENT**, the physical, emotional, or social well-being of a  
3 ~~patient~~**RESIDENT** in a nursing home, including a ~~patient~~**RESIDENT**  
4 awaiting transfer or discharge, as documented in the ~~patient's~~  
5 **RESIDENT'S** clinical record by a licensed or certified health care  
6 professional.

7           Sec. 21734. (1) Notwithstanding section 20201(2) (1), a nursing  
8 home shall give each resident who uses a hospital-type bed or the  
9 resident's legal guardian, patient advocate, or other legal  
10 representative the option of having bed rails. A nursing home shall  
11 offer the option to new residents upon admission and to other  
12 residents upon request. Upon receipt of a request for bed rails,  
13 the nursing home shall inform the resident or the resident's legal  
14 guardian, patient advocate, or other legal representative of  
15 alternatives to and the risks involved in using bed rails. A  
16 resident or the resident's legal guardian, patient advocate, or  
17 other legal representative has the right to request and consent to  
18 bed rails for the resident. A nursing home shall provide bed rails  
19 to a resident only upon receipt of a signed consent form  
20 authorizing bed rail use and a written order from the resident's  
21 attending physician that contains statements and determinations  
22 regarding medical symptoms and that specifies the circumstances  
23 under which bed rails are to be used. For purposes of this  
24 subsection, "medical symptoms" includes the following:

- 25           (a) A concern for the physical safety of the resident.  
26           (b) Physical or psychological need expressed by a resident. A  
27 resident's fear of falling may be the basis of a medical symptom.

1 (2) A nursing home that provides bed rails under subsection  
2 (1) shall do all of the following:

3 (a) Document that the requirements of subsection (1) have been  
4 met.

5 (b) Monitor the resident's use of the bed rails.

6 (c) In consultation with the resident, resident's family,  
7 resident's attending physician, and individual who consented to the  
8 bed rails, periodically reevaluate the resident's need for the bed  
9 rails.

10 (3) The department ~~of consumer and industry services~~ shall  
11 ~~develop~~ **MAINTAIN** clear and uniform ~~guidelines~~ **BEST-PRACTICE**  
12 **PROTOCOLS** to be used in determining what constitutes each of the  
13 following:

14 (a) Acceptable bed rails for use in a nursing home in this  
15 state. The department shall consider the recommendations of the  
16 hospital bed safety work group established by the United States  
17 food and drug administration, if those are available, in  
18 determining what constitutes an acceptable bed rail.

19 (b) Proper maintenance of bed rails.

20 (c) Properly fitted mattresses.

21 (d) Other hazards created by improperly positioned bed rails,  
22 mattresses, or beds.

23 (4) The department ~~of consumer and industry services~~ shall  
24 ~~develop the guidelines~~ **MAINTAIN THE BEST-PRACTICE PROTOCOLS** under  
25 subsection (3) in consultation with the long-term care **STAKEHOLDERS**  
26 work group **ESTABLISHED UNDER SECTION 20155(24)**. ~~An individual~~  
27 ~~representing manufacturers of bed rails, 2 residents or family~~

~~1 members, and an individual with expertise in bed rail installation  
2 and use shall be added to the long term care work group for  
3 purposes of this subsection. The department shall consider as part  
4 of its report to the legislature the recommendations of the  
5 hospital bed safety work group established by the United States  
6 food and drug administration, if those recommendations are  
7 available at the time of the submission of the report. Not later  
8 than 6 months after the effective date of the amendatory act that  
9 added this section, the department of consumer and industry  
10 services shall submit its report to the legislature. The department  
11 may delay submission of its report by up to 3 months so that its  
12 report may reflect the recommendations of the hospital bed safety  
13 work group established by the United States food and drug  
14 administration.~~

15 (5) A nursing home that complies with subsections (1) and (2)  
16 and the ~~guidelines developed~~ **PROTOCOLS MAINTAINED** under this  
17 section in providing bed rails to a resident is not subject to  
18 administrative penalties imposed by the department based solely on  
19 providing the bed rails. ~~Nothing in this~~ **THIS** subsection ~~precludes~~  
20 **DOES NOT PRECLUDE** the department from citing specific state or  
21 federal deficiencies for improperly maintained bed rails,  
22 improperly fitted mattresses, or other hazards created by  
23 improperly positioned bed rails, mattresses, or beds.

24 ~~— (6) The department of consumer and industry services shall~~  
25 ~~consult with representatives of the nursing home industry to~~  
26 ~~expeditiously develop interim guidelines on bed rail usage that are~~  
27 ~~to be used until the department develops the guidelines required~~

1 ~~under subsection (4).~~