

**SUBSTITUTE FOR  
HOUSE BILL NO. 5146**

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending section 20155 (MCL 333.20155), as amended by 2000 PA  
171.

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

1       Sec. 20155. (1) Except as otherwise provided in this sec-  
2 tion, the department of consumer and industry services shall make  
3 annual and other visits to each health facility or agency  
4 licensed under this article for the purposes of survey, evalu-  
5 ation, and consultation. A visit made pursuant to a complaint  
6 shall be unannounced. Except for a county medical care facility,  
7 a home for the aged, a nursing home, or a hospice residence, the  
8 department shall determine whether the visits that are not made  
9 pursuant to a complaint are announced or unannounced. Beginning  
10 ~~upon the expiration of 12 months after the effective date of the~~

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1 ~~amendatory act that added this sentence~~ JUNE 20, 2001, the  
2 department shall assure that each newly hired nursing home sur-  
3 veyor, as part of his or her basic training, is assigned  
4 full-time to a licensed nursing home for at least 10 days within  
5 a 14-day period to observe actual operations outside of the  
6 survey process before the trainee begins oversight  
7 responsibilities. A member of a survey team shall not be  
8 employed by a licensed nursing home or a nursing home management  
9 company doing business in this state at the time of conducting a  
10 survey under this section. The department shall not assign an  
11 individual to be a member of a survey team for purposes of a  
12 survey, evaluation, or consultation visit at a nursing home in  
13 which he or she was an employee within the preceding 5 years.

14 (2) The department of consumer and industry services shall  
15 make at least a biennial visit to each licensed clinical labora-  
16 tory, each nursing home, and each hospice residence for the pur-  
17 poses of survey, evaluation, and consultation. The department of  
18 consumer and industry services shall semiannually provide for  
19 joint training with nursing home surveyors and providers on at  
20 least 1 of the 10 most frequently issued federal citations in  
21 this state during the past calendar year. The department of con-  
22 sumer and industry services shall develop a protocol for the  
23 review of citation patterns compared to regional outcomes and  
24 standards and complaints regarding the nursing home survey  
25 process. The review will result in a report provided to the  
26 legislature. Except as otherwise provided in this subsection,  
27 beginning with his or her first full relicensure period after

1 ~~the effective date of the amendatory act that added this~~  
2 ~~sentence~~ JUNE 20, 2000, each member of a department of consumer  
3 and industry services nursing home survey team who is a health  
4 professional licensee under article 15 shall earn not less than  
5 50% of his or her required continuing education credits, if any,  
6 in geriatric care. If a member of a nursing home survey team is  
7 a pharmacist licensed under article 15, he or she shall earn not  
8 less than 30% of his or her required continuing education credits  
9 in geriatric care.

10 (3) The department of consumer and industry services shall  
11 make a biennial visit to each hospital for survey and evaluation  
12 for the purpose of licensure. Subject to subsection (6), the  
13 department may waive the biennial visit required by this subsec-  
14 tion if a hospital, as part of a timely application for license  
15 renewal, requests a waiver and submits both of the following and  
16 if all of the requirements of subsection (5) are met:

17 (a) Evidence that it is currently fully accredited by a body  
18 with expertise in hospital accreditation whose hospital accredit-  
19 ations are accepted by the United States department of health and  
20 human services for purposes of section 1865 of part C of title  
21 XVIII of the social security act, 42 U.S.C. 1395bb.

22 (b) A copy of the most recent accreditation report for the  
23 hospital issued by a body described in subdivision (a), and the  
24 hospital's responses to the accreditation report.

25 (4) Except as provided in subsection (8), accreditation  
26 information provided to the department of consumer and industry  
27 services under subsection (3) is confidential, is not a public

1 record, and is not subject to court subpoena. The department  
2 shall use the accreditation information only as provided in this  
3 section and shall return the accreditation information to the  
4 hospital within a reasonable time after a decision on the waiver  
5 request is made.

6 (5) The department of consumer and industry services shall  
7 grant a waiver under subsection (3) if the accreditation report  
8 submitted under subsection (3)(b) is less than 2 years old and  
9 there is no indication of substantial noncompliance with licen-  
10 sure standards or of deficiencies that represent a threat to  
11 public safety or patient care in the report, in complaints  
12 involving the hospital, or in any other information available to  
13 the department. If the accreditation report is 2 or more years  
14 old, the department may do 1 of the following:

15 (a) Grant an extension of the hospital's current license  
16 until the next accreditation survey is completed by the body  
17 described in subsection (3)(a).

18 (b) Grant a waiver under subsection (3) based on the accred-  
19 itation report that is 2 or more years old, on condition that the  
20 hospital promptly submit the next accreditation report to the  
21 department.

22 (c) Deny the waiver request and conduct the visits required  
23 under subsection (3).

24 (6) This section does not prohibit the department from  
25 citing a violation of this part during a survey, conducting  
26 investigations or inspections pursuant to section 20156, or  
27 conducting surveys of health facilities or agencies for the

1 purpose of complaint investigations or federal certification.

2 This section does not prohibit the state fire marshal from con-  
3 ducting annual surveys of hospitals, nursing homes, and county  
4 medical care facilities.

5       (7) At the request of a health facility or agency, the  
6 department of consumer and industry services may conduct a con-  
7 sultation engineering survey of a health facility and provide  
8 professional advice and consultation regarding health facility  
9 construction and design. A health facility or agency may request  
10 a voluntary consultation survey under this subsection at any time  
11 between licensure surveys. The fees for a consultation engineer-  
12 ing survey are the same as the fees established for waivers under  
13 section 20161(10).

14       (8) If the department of consumer and industry services  
15 determines that substantial noncompliance with licensure stan-  
16 dards exists or that deficiencies that represent a threat to  
17 public safety or patient care exist based on a review of an  
18 accreditation report submitted pursuant to subsection (3)(b), the  
19 department shall prepare a written summary of the substantial  
20 noncompliance or deficiencies and the hospital's response to the  
21 department's determination. The department's written summary and  
22 the hospital's response are public documents.

23       (9) The department of consumer and industry services or a  
24 local health department shall conduct investigations or inspec-  
25 tions, other than inspections of financial records, of a county  
26 medical care facility, home for the aged, nursing home, or  
27 hospice residence without prior notice to the health facility or

1 agency. An employee of a state agency charged with investigating  
2 or inspecting the health facility or agency or an employee of a  
3 local health department who directly or indirectly gives prior  
4 notice regarding an investigation or an inspection, other than an  
5 inspection of the financial records, to the health facility or  
6 agency or to an employee of the health facility or agency, is  
7 guilty of a misdemeanor. Consultation visits that are not for  
8 the purpose of annual or follow-up inspection or survey may be  
9 announced.

10 (10) The department of consumer and industry services shall  
11 maintain a record indicating whether a visit and inspection is  
12 announced or unannounced. Information gathered at each visit and  
13 inspection, whether announced or unannounced, shall be taken into  
14 account in licensure decisions.

15 (11) The department of consumer and industry services shall  
16 require periodic reports and a health facility or agency shall  
17 give the department access to books, records, and other documents  
18 maintained by a health facility or agency to the extent necessary  
19 to carry out the purpose of this article and the rules promul-  
20 gated under this article. The department shall respect the con-  
21 fidentiality of a patient's clinical record and shall not divulge  
22 or disclose the contents of the records in a manner that identi-  
23 fies an individual except under court order. The department may  
24 copy health facility or agency records as required to document  
25 findings.

26 (12) The department of consumer and industry services may  
27 delegate survey, evaluation, or consultation functions to another

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

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

26 (14) The department of consumer and industry services shall  
27 report to the appropriations subcommittees, the senate and house

1 of representatives standing committees having jurisdiction over  
2 issues involving senior citizens, and the fiscal agencies on  
3 March 1 of each year on the initial and follow-up surveys con-  
4 ducted on all nursing homes in this state. The report shall  
5 include all of the following information:

- 6       (a) The number of surveys conducted.
- 7       (b) The number requiring follow-up surveys.
- 8       (c) The number referred to the Michigan public health insti-  
9       tute for remediation.
- 10       (d) The number of citations per nursing home.
- 11       (e) The number of night and weekend complaints filed.
- 12       (f) The number of night and weekend responses to complaints  
13       conducted by the department.
- 14       (g) The average length of time for the department to respond  
15       to a complaint filed against a nursing home.
- 16       (h) The number and percentage of citations appealed.
- 17       (i) The number and percentage of citations overturned or  
18       modified, or both.
- 19       (15) The department of consumer and industry services shall  
20       report annually to the standing committees on appropriations and  
21       the standing committees having jurisdiction over issues involving  
22       senior citizens in the senate and the house of representatives on  
23       the percentage of nursing home citations that are appealed and  
24       the percentage of nursing home citations that are appealed and  
25       amended through the informal deficiency dispute resolution  
26       process.



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1       (16) ~~The~~ SUBJECT TO SUBSECTION (17), A CLARIFICATION WORK  
2 GROUP COMPRISED OF THE department of consumer and industry  
3 services in consultation with nursing home provider groups, the  
4 American medical directors association, the department of commu-  
5 nity health, the state long-term care ombudsman, and the federal  
6 ~~health care finance administration~~ CENTERS FOR MEDICARE AND  
7 MEDICAID SERVICES shall clarify the following terms as those  
8 terms are used in title XVIII and title XIX and applied by the  
9 department to provide more consistent regulation of nursing homes  
10 in Michigan:

11       (a) Immediate jeopardy.

12       (b) Harm.

13       (c) Potential harm.

14       (d) Avoidable.

15       (e) Unavoidable.

16       (17) ALL OF THE FOLLOWING CLARIFICATIONS DEVELOPED UNDER  
17 SUBSECTION (16) APPLY FOR PURPOSES OF SUBSECTION (16):

18       (A) SPECIFICALLY, THE TERM "IMMEDIATE JEOPARDY" MEANS "A  
19 SITUATION IN WHICH IMMEDIATE CORRECTIVE ACTION IS NECESSARY  
20 BECAUSE THE NURSING HOME'S NONCOMPLIANCE WITH 1 OR MORE REQUIRE-  
21 MENTS OF PARTICIPATION HAS CAUSED OR IS LIKELY TO CAUSE SERIOUS  
22 INJURY, HARM, IMPAIRMENT, OR DEATH TO A RESIDENT RECEIVING CARE  
23 IN A NURSING HOME".

24       (B) THE LIKELIHOOD OF IMMEDIATE JEOPARDY IS REASONABLY  
25 HIGHER IF THERE IS EVIDENCE OF A FLAGRANT FAILURE BY THE NURSING  
26 HOME TO COMPLY WITH A CLINICAL PROCESS GUIDELINE ADOPTED UNDER  
27 SUBSECTION (18) THAN IF THE NURSING HOME HAS SUBSTANTIALLY AND

1 CONTINUOUSLY COMPLIED WITH THOSE GUIDELINES. IF FEDERAL  
2 REGULATIONS AND GUIDELINES ARE NOT CLEAR, AND IF THE CLINICAL  
3 PROCESS GUIDELINES HAVE BEEN RECOGNIZED, A PROCESS FAILURE GIVING  
4 RISE TO AN IMMEDIATE JEOPARDY MAY INVOLVE AN EGREGIOUS WIDESPREAD  
5 OR REPEATED PROCESS FAILURE AND THE ABSENCE OF REASONABLE EFFORTS  
6 TO DETECT AND PREVENT THE PROCESS FAILURE.

7 (C) IN DETERMINING WHETHER OR NOT THERE IS IMMEDIATE JEOPAR-  
8 DY, THE SURVEY AGENCY SHOULD CONSIDER AT LEAST ALL OF THE  
9 FOLLOWING:

10 (i) WHETHER THE NURSING HOME COULD REASONABLY HAVE BEEN  
11 EXPECTED TO KNOW ABOUT THE DEFICIENT PRACTICE AND TO STOP IT, BUT  
12 DID NOT STOP THE DEFICIENT PRACTICE.

13 (ii) WHETHER THE NURSING HOME COULD REASONABLY HAVE BEEN  
14 EXPECTED TO IDENTIFY THE DEFICIENT PRACTICE AND TO CORRECT IT,  
15 BUT DID NOT CORRECT THE DEFICIENT PRACTICE.

16 (iii) WHETHER THE NURSING HOME COULD REASONABLY HAVE BEEN  
17 EXPECTED TO ANTICIPATE THAT SERIOUS INJURY, SERIOUS HARM, IMPAIR-  
18 MENT, OR DEATH MIGHT RESULT FROM CONTINUING THE DEFICIENT PRAC-  
19 TICE, BUT DID NOT SO ANTICIPATE.

20 (iv) WHETHER THE NURSING HOME COULD REASONABLY HAVE BEEN  
21 EXPECTED TO KNOW THAT A WIDELY ACCEPTED HIGH-RISK PRACTICE IS OR  
22 COULD BE PROBLEMATIC, BUT DID NOT KNOW.

23 (v) WHETHER THE NURSING HOME COULD REASONABLY HAVE BEEN  
24 EXPECTED TO DETECT THE PROCESS PROBLEM IN A MORE TIMELY FASHION,  
25 BUT DID NOT SO DETECT.

26 (D) THE EXISTENCE OF 1 OR MORE OF THE FACTORS DESCRIBED IN  
27 SUBDIVISION (C), AND ESPECIALLY THE EXISTENCE OF 3 OR MORE OF

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1 THOSE FACTORS SIMULTANEOUSLY, MAY LEAD TO A CONCLUSION THAT THE  
2 SITUATION IS ONE IN WHICH THE NURSING HOME'S PRACTICE MAKES  
3 ADVERSE EVENTS LIKELY TO OCCUR IF IMMEDIATE INTERVENTION IS NOT  
4 UNDERTAKEN, AND THEREFORE CONSTITUTES IMMEDIATE JEOPARDY. IF  
5 NONE OF THE FACTORS DESCRIBED IN SUBDIVISION (C) IS PRESENT, THE  
6 SITUATION MAY INVOLVE HARM OR POTENTIAL HARM THAT IS NOT IMMEDI-  
7 ATE JEOPARDY.

8 (E) SPECIFICALLY, "ACTUAL HARM" MEANS "A NEGATIVE OUTCOME TO  
9 A RESIDENT THAT HAS COMPROMISED THE RESIDENT'S ABILITY TO MAIN-  
10 TAIN OR REACH, OR BOTH, HIS OR HER HIGHEST PRACTICABLE PHYSICAL,  
11 MENTAL, AND PSYCHOSOCIAL WELL-BEING AS DEFINED BY AN ACCURATE AND  
12 COMPREHENSIVE RESIDENT ASSESSMENT, PLAN OF CARE, AND PROVISION OF  
13 SERVICES". HARM DOES NOT INCLUDE A DEFICIENT PRACTICE THAT ONLY  
14 MAY CAUSE OR HAS CAUSED LIMITED CONSEQUENCES TO THE RESIDENT.

15 (F) FOR PURPOSES OF SUBDIVISION (E), IN DETERMINING WHETHER  
16 A NEGATIVE OUTCOME IS OF LIMITED CONSEQUENCE, IF THE "STATE OPER-  
17 ATIONS MANUAL" OR "THE GUIDANCE TO SURVEYORS" PUBLISHED BY THE  
18 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES DOES NOT PRO-  
19 VIDE SPECIFIC GUIDANCE, THE DEPARTMENT MAY CONSIDER WHETHER MOST  
20 PEOPLE IN SIMILAR CIRCUMSTANCES WOULD FEEL THAT THE DAMAGE WAS OF  
21 SUCH SHORT DURATION OR IMPACT AS TO BE INCONSEQUENTIAL OR  
22 TRIVIAL. IN SUCH A CASE, THE CONSEQUENCE OF A NEGATIVE OUTCOME  
23 MAY BE CONSIDERED MORE LIMITED IF IT OCCURS IN THE CONTEXT OF  
24 OVERALL PROCEDURAL CONSISTENCY WITH AN ACCEPTED CLINICAL PROCESS  
25 GUIDELINE ADOPTED PURSUANT TO SUBSECTION (18), AS COMPARED TO A  
26 SUBSTANTIAL INCONSISTENCY WITH OR VARIANCE FROM THE GUIDELINE.

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1 (G) FOR PURPOSES OF SUBDIVISION (E), IF THE PUBLICATIONS  
2 DESCRIBED IN SUBDIVISION (F) DO NOT PROVIDE SPECIFIC GUIDANCE,  
3 THE DEPARTMENT MAY CONSIDER THE DEGREE OF A NURSING HOME'S ADHER-  
4 ENCE TO A CLINICAL PROCESS GUIDELINE ADOPTED PURSUANT TO SUBSEC-  
5 TION (18) IN CONSIDERING WHETHER THE DEGREE OF COMPROMISE AND  
6 FUTURE RISK TO THE RESIDENT CONSTITUTES ACTUAL HARM. THE RISK OF  
7 SIGNIFICANT COMPROMISE TO THE RESIDENT MAY BE CONSIDERED GREATER  
8 IN THE CONTEXT OF SUBSTANTIAL DEVIATION FROM THE GUIDELINES THAN  
9 IN THE CASE OF OVERALL ADHERENCE.

10 (H) TO IMPROVE CONSISTENCY AND TO AVOID DISPUTES OVER  
11 "AVOIDABLE" AND "UNAVOIDABLE" NEGATIVE OUTCOMES, NURSING HOMES  
12 AND SURVEY AGENCIES MUST HAVE A COMMON UNDERSTANDING OF ACCEPTED  
13 PROCESS GUIDELINES AND OF THE CIRCUMSTANCES UNDER WHICH IT CAN  
14 REASONABLY BE SAID THAT CERTAIN ACTIONS OR INACTIONS WILL LEAD TO  
15 AVOIDABLE NEGATIVE OUTCOMES. IF THE "STATE OPERATIONS MANUAL" OR  
16 "THE GUIDANCE TO SURVEYORS" PUBLISHED BY THE FEDERAL CENTERS FOR  
17 MEDICARE AND MEDICAID SERVICES IS NOT SPECIFIC, A NURSING HOME'S  
18 OVERALL DOCUMENTATION OF ADHERENCE TO A CLINICAL PROCESS GUIDE-  
19 LINE WITH A PROCESS INDICATOR ADOPTED PURSUANT TO SUBSECTION (18)  
20 IS RELEVANT INFORMATION IN CONSIDERING WHETHER A NEGATIVE OUTCOME  
21 WAS "AVOIDABLE" OR "UNAVOIDABLE" AND MAY BE CONSIDERED IN THE  
22 APPLICATION OF THAT TERM.

23 (18) SUBJECT TO SUBSECTION (19), THE DEPARTMENT, IN CONSUL-  
24 TATION WITH THE CLARIFICATION WORK GROUP APPOINTED UNDER SUBSEC-  
25 TION (16), SHALL DEVELOP AND ADOPT CLINICAL PROCESS GUIDELINES  
26 THAT SHALL BE USED IN APPLYING THE TERMS SET FORTH IN SUBSECTION  
27 (16). THE DEPARTMENT SHALL ESTABLISH AND ADOPT CLINICAL PROCESS

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1 GUIDELINES AND COMPLIANCE PROTOCOLS WITH OUTCOME MEASURES FOR ALL  
2 OF THE FOLLOWING AREAS AND FOR OTHER TOPICS WHERE THE DEPARTMENT  
3 DETERMINES THAT CLARIFICATION WILL BENEFIT PROVIDERS AND CONSUM-  
4 ERS OF LONG-TERM CARE:

5 (A) BED RAILS.

6 (B) ADVERSE DRUG EFFECTS.

7 (C) FALLS.

8 (D) PRESSURE SORES.

9 (E) NUTRITION AND HYDRATION.

10 (F) PAIN MANAGEMENT.

11 (G) DEPRESSION AND DEPRESSION PHARMACOTHERAPY.

12 (H) HEART FAILURE.

13 (I) URINARY INCONTINENCE.

14 (J) DEMENTIA.

15 (K) OSTEOPOROSIS.

16 (L) ALTERED MENTAL STATES.

17 (19) THE DEPARTMENT SHALL CREATE A CLINICAL ADVISORY COMMIT-  
18 TEE TO REVIEW AND MAKE RECOMMENDATIONS REGARDING THE CLINICAL  
19 PROCESS GUIDELINES WITH OUTCOME MEASURES ADOPTED UNDER SUBSECTION  
20 (18). THE DEPARTMENT SHALL APPOINT PHYSICIANS, REGISTERED PRO-  
21 FESSIONAL NURSES, AND LICENSED PRACTICAL NURSES TO THE CLINICAL  
22 ADVISORY COMMITTEE, AT LEAST SOME OF WHOM ARE EMPLOYED BY NURSING  
23 HOMES IN THIS STATE AT THE TIME OF APPOINTMENT. THE CLARIFICA-  
24 TION WORK GROUP CREATED UNDER SUBSECTION (16) SHALL REVIEW THE  
25 CLINICAL PROCESS GUIDELINES AND OUTCOME MEASURES AFTER THE CLINI-  
26 CAL ADVISORY COMMITTEE AND SHALL MAKE THE FINAL RECOMMENDATIONS

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1 TO THE DEPARTMENT BEFORE THE CLINICAL PROCESS GUIDELINES ARE  
2 ADOPTED.

3       (20) THE DEPARTMENT SHALL CREATE A PROCESS BY WHICH THE  
4 DIRECTOR OF THE DIVISION OF NURSING HOME MONITORING OR HIS OR HER  
5 DESIGNEE OR THE DIRECTOR OF THE DIVISION OF OPERATIONS OR HIS OR  
6 HER DESIGNEE REVIEWS AND AUTHORIZES THE ISSUANCE OF A CITATION  
7 FOR IMMEDIATE JEOPARDY OR SUBSTANDARD QUALITY OF CARE BEFORE THE  
8 STATEMENT OF DEFICIENCIES IS MADE FINAL. THE REVIEW SHALL BE TO  
9 ASSURE THAT THE APPLICABLE CONCEPTS, CLINICAL PROCESS GUIDELINES,  
10 AND OTHER TOOLS CONTAINED IN SUBSECTIONS (17) TO (19) ARE BEING  
11 USED CONSISTENTLY, ACCURATELY, AND EFFECTIVELY. AS USED IN THIS  
12 SUBSECTION, "IMMEDIATE JEOPARDY" AND "SUBSTANDARD QUALITY OF  
13 CARE" MEAN THOSE TERMS AS DEFINED BY THE FEDERAL CENTERS FOR  
14 MEDICARE AND MEDICAID SERVICES.

15       (21) THE DEPARTMENT MAY GIVE GRANTS, AWARDS, OR OTHER RECOG-  
16 NITION TO NURSING HOMES TO ENCOURAGE THE RAPID IMPLEMENTATION OF  
17 THE CLINICAL PROCESS GUIDELINES ADOPTED UNDER SUBSECTION (18).

18       (22) THE DEPARTMENT SHALL ASSESS THE EFFECTIVENESS OF THE  
19 AMENDATORY ACT THAT ADDED THIS SUBSECTION. THE DEPARTMENT SHALL  
20 FILE AN ANNUAL REPORT ON THE IMPLEMENTATION OF THE CLINICAL PRO-  
21 CESS GUIDELINES WITH THE STANDING COMMITTEE IN THE LEGISLATURE  
22 WITH JURISDICTION OVER MATTERS PERTAINING TO NURSING HOMES. THE  
23 FIRST REPORT SHALL BE FILED ON JULY 1 OF THE YEAR FOLLOWING THE  
24 YEAR IN WHICH THE AMENDATORY ACT THAT ADDED THIS SUBSECTION TAKES  
25 EFFECT.

26       (23) ~~—(17)—~~ The department of consumer and industry services  
27 shall instruct and train the surveyors in the use of the

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1 clarifications described in subsection ~~—(16)—~~ (17) AND THE  
2 CLINICAL PROCESS GUIDELINES ADOPTED UNDER SUBSECTION (18) in  
3 citing deficiencies.

4       (24) ~~—(18)—~~ A nursing home shall post the nursing home's  
5 survey report in a conspicuous place within the nursing home for  
6 public review.

7       (25) ~~—(19)—~~ As used in this section:

8       (a) "Title XVIII" means title XVIII of the social security  
9 act, chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2,  
10 1395b-6 to 1395b-7, 1395c to 1395i, 1395i-2 to 1395i-5, 1395j to  
11 1395t, 1395u to 1395w, 1395w-2 to 1395w-4, 1395w-21 to 1395w-28,  
12 1395x to 1395yy, and 1395bbb to 1395ggg.

13       (b) "Title XIX" means title XIX of the social security act,  
14 chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396f, 1396g-1 to  
15 1396r-6, and 1396r-8 to 1396v.