

SUBSTITUTE FOR  
SENATE BILL NO. 64

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

1 department shall determine whether the visits that are not made  
2 according to a complaint are announced or unannounced. ~~Beginning~~  
3 ~~June 20, 2001, the~~ **THE** department shall ensure that each newly  
4 hired nursing home surveyor, as part of his or her basic training,  
5 is assigned full-time to a licensed nursing home for at least 10  
6 days within a 14-day period to observe actual operations outside of  
7 the survey process before the trainee begins oversight  
8 responsibilities.

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

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

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

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

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

27 (5) ~~Representatives~~ **THE DEPARTMENT SHALL INVITE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26           (15) The department or a local health department shall conduct  
27 investigations or inspections, other than inspections of financial

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

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

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

1 facility assistance to access the system to maximize data export.

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

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



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

10           (a) The number of surveys conducted.

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

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

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

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

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

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

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

24           (i) The review of citation patterns developed under subsection  
25 (8).

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

1       (J) ~~(k)~~—Information regarding the progress made on  
2 implementing the administrative and electronic support structure to  
3 efficiently coordinate all nursing home licensing and certification  
4 functions.

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

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

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

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

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

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

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

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

25       (S) ~~(t)~~—The number of nursing homes that participated in a  
26 recognized quality improvement program as described under section  
27 20155a(3).

1 (21) The department shall report March 1 of each year to the  
2 standing committees on appropriations and the standing committees  
3 having jurisdiction over issues involving senior citizens in the  
4 senate and the house of representatives on all of the following:

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

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

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

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

23 (a) Immediate jeopardy.

24 (b) Harm.

25 (c) Potential harm.

26 (d) Avoidable.

27 (e) Unavoidable.

1 (23) All of the following clarifications developed under  
2 subsection (22) apply for purposes of subsection (22):

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

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

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

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

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

1           (iii) Whether the nursing home could reasonably have been  
2 expected to anticipate that serious injury, serious harm,  
3 impairment, or death might result from continuing the deficient  
4 practice, but did not so anticipate.

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

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

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

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

26          (f) For purposes of subdivision (e), in determining whether a  
27 negative outcome is of limited consequence, if the "state

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

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

22 (h) To improve consistency and to avoid disputes over  
23 avoidable and unavoidable negative outcomes, nursing homes and  
24 survey agencies must have a common understanding of accepted  
25 process guidelines and of the circumstances under which it can  
26 reasonably be said that certain actions or inactions will lead to  
27 avoidable negative outcomes. If the "state operations manual" or

1 "the guidance to surveyors" published by the federal centers for  
2 ~~medicare~~**MEDICARE** and ~~medicaid~~**MEDICAID** services is not specific, a  
3 nursing home's overall documentation of adherence to a **PEER-**  
4 **REVIEWED, EVIDENCE-BASED, NATIONALLY RECOGNIZED** clinical process  
5 guideline with a process indicator ~~adopted under subsection (25)~~ is  
6 relevant information in considering whether a negative outcome was  
7 avoidable or unavoidable and may be considered in the application  
8 of that term.

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

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

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

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

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

(iii) Ensuring fair enforcement and dispute resolution by identifying methods or strategies that may resolve identified problems or concerns.

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

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

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

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

(d) Clinical process guidelines.

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

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



(b) Adverse drug effects.

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

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

(e) Nutrition and hydration. ~~including, but not limited to, heat-related stress.~~

(f) Pain management.

(g) Depression and depression pharmacotherapy.

(h) Heart failure.

(i) Urinary incontinence.

(j) Dementia **CARE.**

(k) Osteoporosis.

(l) Altered mental states.

(m) Physical and chemical restraints.

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

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

~~(27) (26) The department shall biennially review and update all clinical process guidelines as needed and shall continue to develop and implement clinical process guidelines for topics that have not been developed from the list in subsection (25) and other topics identified as a result of the meetings required in subsection (24). The department shall consider recommendations from~~

1 an advisory workgroup created under subsection (24). ~~on clinical~~  
 2 ~~process guidelines.~~ The department ~~shall~~ **MAY** include training on  
 3 new and revised **PEER-REVIEWED, EVIDENCE-BASED, NATIONALLY**  
 4 **RECOGNIZED** clinical process guidelines **OR PEER-REVIEWED, EVIDENCE-**  
 5 **BASED, BEST-PRACTICE RESOURCES, WHICH CONTAIN MEASURABLE OUTCOMES,**  
 6 in the joint provider and surveyor training sessions ~~as these~~  
 7 ~~clinical process guidelines are developed and revised.~~ **TO ASSIST**  
 8 **PROVIDER EFFORTS TOWARD IMPROVED REGULATORY COMPLIANCE AND**  
 9 **PERFORMANCE EXCELLENCE AND TO FOSTER A COMMON UNDERSTANDING OF**  
 10 **ACCEPTED PEER-REVIEWED, EVIDENCE-BASED, BEST-PRACTICE RESOURCES**  
 11 **BETWEEN PROVIDERS AND THE SURVEY AGENCY. THE DEPARTMENT SHALL POST**  
 12 **ON ITS WEBSITE ALL PEER-REVIEWED, EVIDENCE-BASED, NATIONALLY**  
 13 **RECOGNIZED CLINICAL PROCESS GUIDELINES AND PEER-REVIEWED, EVIDENCE-**  
 14 **BASED, BEST-PRACTICE RESOURCES USED IN A TRAINING SESSION UNDER**  
 15 **THIS SUBSECTION FOR PROVIDER, SURVEYOR, AND PUBLIC REFERENCE.**

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

25 (29) ~~(28)~~ The department shall maintain the process by which  
 26 the director of the **LONG-TERM CARE** division ~~of nursing home~~  
 27 ~~monitoring~~ or his or her designee ~~or the director of the division~~

~~of operations or his or her designee~~ reviews and authorizes the  
 issuance of a citation for immediate jeopardy or substandard  
 quality of care before the statement of deficiencies is made final.  
 The review ~~shall be to~~ **MUST** assure ~~that the applicable concepts,~~  
~~clinical process guidelines, and other tools contained in~~  
~~subsections (25) to (27) are being used consistently, accurately,~~  
~~and effectively.~~ **THE CONSISTENT AND ACCURATE APPLICATION OF FEDERAL**  
**AND STATE SURVEY PROTOCOLS AND DEFINED REGULATORY STANDARDS.** As  
 used in this subsection, "immediate jeopardy" and "substandard  
 quality of care" mean those terms as defined by the federal centers  
 for ~~medicare~~ **MEDICARE** and ~~medicaid~~ **MEDICAID** services.

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

~~(30) The department shall instruct and train the surveyors in~~  
~~the clinical process guidelines adopted under subsection (25) in~~  
~~identifying deficiencies.~~

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

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

1 law.

2 (33) As used in this section:

3 (a) "Consecutive days" means calendar days, but does not  
4 include Saturday, Sunday, or state- or federally-recognized  
5 holidays.

6 (b) "Form CMS-2567" means the federal centers for ~~medicare~~  
7 **MEDICARE** and ~~medicaid~~-**MEDICAID** services' form for the statement of  
8 deficiencies and plan of correction or a successor form serving the  
9 same purpose.

10 (c) "Title XVIII" means title XVIII of the social security  
11 act, 42 USC 1395 to ~~1395kkk~~-**1395lll**.

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

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

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

23 (3) "Relocation" means the movement of a ~~patient~~-**RESIDENT** from  
24 1 bed to another or from 1 room to another within the same nursing  
25 home or within a certified distinct part of a nursing home.

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

1           (5) ~~(4)~~—"Transfer" means the movement of a ~~patient~~ **RESIDENT**  
2 from 1 nursing home to another nursing home or from 1 certified  
3 distinct part of a nursing home to another certified distinct part  
4 of the same nursing home.

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

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

1 subsection, "medical symptoms" includes the following:

2 (a) A concern for the physical safety of the resident.

3 (b) Physical or psychological need expressed by a resident. A  
4 resident's fear of falling may be the basis of a medical symptom.

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

7 (a) Document that the requirements of subsection (1) have been  
8 met.

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

10 (c) In consultation with the resident, resident's family,  
11 resident's attending physician, and individual who consented to the  
12 bed rails, periodically reevaluate the resident's need for the bed  
13 rails.

14 (3) The department ~~of consumer and industry services~~ shall  
15 ~~develop~~ **MAINTAIN** clear and uniform ~~guidelines~~ **PEER-REVIEWED,**  
16 **EVIDENCE-BASED, BEST-PRACTICE RESOURCES** to be used in determining  
17 what constitutes each of the following:

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

23 (b) Proper maintenance of bed rails.

24 (c) Properly fitted mattresses.

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

27 (4) The department ~~of consumer and industry services~~ shall

~~develop the guidelines~~ **MAINTAIN THE PEER-REVIEWED, EVIDENCE-BASED,**  
**BEST-PRACTICE RESOURCES** under subsection (3) in consultation with  
 the long-term care **STAKEHOLDERS** work group **ESTABLISHED UNDER**  
**SECTION 20155(24)**. ~~An individual representing manufacturers of bed~~  
~~rails, 2 residents or family members, and an individual with~~  
~~expertise in bed rail installation and use shall be added to the~~  
~~long term care work group for purposes of this subsection. The~~  
~~department shall consider as part of its report to the legislature~~  
~~the recommendations of the hospital bed safety work group~~  
~~established by the United States food and drug administration, if~~  
~~those recommendations are available at the time of the submission~~  
~~of the report. Not later than 6 months after the effective date of~~  
~~the amendatory act that added this section, the department of~~  
~~consumer and industry services shall submit its report to the~~  
~~legislature. The department may delay submission of its report by~~  
~~up to 3 months so that its report may reflect the recommendations~~  
~~of the hospital bed safety work group established by the United~~  
~~States food and drug administration.~~

(5) A nursing home that complies with subsections (1) and (2)  
 and the ~~guidelines developed~~ **PEER-REVIEWED, EVIDENCE-BASED, BEST-**  
**PRACTICES RESOURCES MAINTAINED** under this section in providing bed  
 rails to a resident is not subject to administrative penalties  
 imposed by the department based solely on providing the bed rails.  
~~Nothing in this~~ **THIS** subsection ~~precludes~~ **DOES NOT PRECLUDE** the  
 department from citing specific state or federal deficiencies for  
 improperly maintained bed rails, improperly fitted mattresses, or  
 other hazards created by improperly positioned bed rails,

1 mattresses, or beds.

2 ~~—— (6) The department of consumer and industry services shall~~  
3 ~~consult with representatives of the nursing home industry to~~  
4 ~~expeditiously develop interim guidelines on bed rail usage that are~~  
5 ~~to be used until the department develops the guidelines required~~  
6 ~~under subsection (4).~~

7 Enacting section 1. This amendatory act takes effect 90 days  
8 after the date it is enacted into law.