PART 1. GENERAL PROVISIONS

R 325.20101 Applicability.
Rule 101. These rules provide for the licensure of nursing homes, including county medical care facilities and child care homes and units, and for the certification of all of the following:
(a) Intermediate (or basic nursing) care facilities (ICF).
(b) Skilled nursing facilities (SNF)....

R 325.20109 State, federal, and local laws, rules, codes, and ordinances; compliance.
Rule 109. A nursing care facility which is licensed or certified shall comply with applicable state and federal laws and rules and shall furnish such evidence as the department may require to show compliance with such laws and rules and applicable local rules, codes, and ordinances, as a condition of licensure or certification.

R 325.20111 Governing bodies, administrators, and supervisors; responsibilities.
Rule 111. (1) The governing body of a nursing home shall assume full legal responsibility for the overall conduct and operation of the home. In the absence of an organized governing body, the owner, operator, or person legally responsible for the overall conduct and operation of the home shall carry out the functions of the governing body.
(2) The governing body shall appoint a licensed nursing home administrator and shall delegate to the administrator the responsibility for operating the home in accordance with policies established by the governing body. An administrator and all other persons in supervisory positions shall be not less than 18 years of age.
(3) An administrator shall designate, in writing, a competent person who is not less than 18 years of age to carry out the responsibilities and duties of the administrator in the administrator's absence.

R 325.20112 Policy on patient rights and responsibilities.
...(9)... Inservice training provided by the home to its staff shall include instruction in the patient's rights and responsibilities adopted by the home and the manner in which such rights and responsibilities are respected and violations avoided.

R 325.20117 Disaster plans.
Rule 117. (1) A home shall have a written plan or procedure to be followed in case of fire, explosion, or other emergency.
(2) A disaster plan shall be posted and shall specify all of the following:
(a) Persons to be notified.
(b) Locations of alarm signals and fire extinguishers.
(c) Evacuation routes.
(d) Procedures for evacuating patients.
(e) Frequency of fire drills.
(f) Assignment of specific tasks and responsibilities to the personnel of each shift.
(3) Personnel shall be trained to perform assigned tasks before such assignment.
(4) A disaster plan shall meet with the approval of the state fire marshal.
(5) A disaster plan shall be posted throughout the home in places accessible to employees, patients, and visitors.
(6) A regular simulated drill shall be held for each shift not less than 3 times per year.

PART 2. LICENSURE

R 325.20203 Content of application.
Rule 203. (2) A complete application shall include, at a minimum, all of the following:
...(c) Identification of owners and of financially interested persons as required by R 325.20207...

R 325.20207 Disclosure of ownership interests.
Rule 207. (1) An applicant or licensee shall include all of the following with its application for an initial or renewed license:
(a) The name, address, principal occupation, and official position of all persons who have an ownership interest in the home.
(b) The name, address, principal occupation, and official position of each trustee for a voluntary nonprofit corporation.
(c) The most recent disclosure of ownership and related information prepared pursuant to the federal medicare-medicaid anti-fraud and abuse amendments of 1977, Public Law 95-142, 42 U.S.C. S1320 a-3 and regulations promulgated thereunder.
(d) If a home is located on or in leased real estate, the name of the lessor and any direct or indirect interest the applicant or licensee has in the lease other than as lessee.
(2) The department may accept reports filed with the securities and exchange commission as compliance with this rule, if the department determines that such reports contain the information required.

R 325.20212 Notice to department of change in information required; transfer of license; posting.
Rule 212. (1) A license is issued on the basis of information available to the department on the date of issuance. An applicant or licensee shall give written notice to the department within 5 business days of any change in information submitted as part of an application for initial or renewed licensure.
(2) A license is not transferable between buildings, properties, or owners, from one location to another, or from one part of an institution to another. A change in ownership shall be reported pursuant to section 20142(3) of the code.
(3) The current license shall be posted in a conspicuous public place in the home. For purposes of this rule, the term "license" includes a provisional license, limited license, or a temporary permit.
PART 4. ADMINISTRATIVE MANAGEMENT OF HOMES

R 325.20401 Administrative policy manual.
Rule 401. (1) The home shall make immediately available for on-site inspection by the department an administrative policy manual which shall include, at a minimum, all of the following:
(a) Admission policies, including a copy of the contract form used by the home when admitting patients.
(b) Governing body bylaws or equivalent, if any.
(c) The nursing home departmental policies.
(d) Personnel policies and job descriptions.
(e) Patient bill of rights and responsibilities.
(f) Transfer agreements.
(g) Contracts with providers of health care and health services.
(h) Disaster and emergency plans.
(i) A list of approved abbreviations used in recording administrative orders.
(2) The administrative policy manual shall be reviewed annually by the governing body, owner, or operator and shall be revised as appropriate. Dates of reviews and revisions shall be a matter of record in the home.

R 325.20502 Policies and procedures for care.
Rule 502. (1) The home shall have a written policy governing the nursing care and other services provided to a patient, which shall be implemented through written procedures which are maintained and available to personnel at all times. All personnel shall be oriented to the facility and their responsibilities.
(2) The policy shall be developed by a patient care policy committee consisting of at least 1 licensed physician, the director of nursing, and the administrator, with such additional members as the committee determines appropriate. When a nursing home owner is responsible for more than 1 home, the owner may establish 1 patient care policy committee which has the responsibility for developing appropriate policies for each individual home.
(3) The policy shall be presented to the governing body, owner, or operator for review and approval before implementation, and a record of such approval shall be maintained with the policy.
(4) The policy shall be reviewed by the patient care policy committee at least annually and amended as necessary to meet the needs of patients in the home. Revisions shall be approved by the governing body, owner, or operator. A record of such approval shall be maintained with the policy.
(5) The policy shall govern, at a minimum, all of the following:
...(r) Care of patients in an emergency, during a communicable disease episode, when critically ill, or when mentally disturbed.

R 325.20507 Infection control. Rule 507. A written policy shall govern the control of communicable disease and infections in the nursing home and shall require the establishment and operation of an infection control committee, which shall include at least the director of nursing and representatives of administration, dietary, housekeeping, and maintenance services.
R 325.20509 Training for unlicensed nursing personnel.
Rule 509. For purposes of interpreting section 21795(1) of the code, the "buddy system" method of instruction for unlicensed nursing personnel shall not be permitted as the only method of such instruction.

PART 7. NURSING SERVICES

R 325.20701 Director of nursing.
Rule 701. (1) The director of nursing shall be a registered nurse with specialized training or relevant experience in the area of gerontology and shall be employed full time by only 1 nursing home.

R 325.20703 Nursing personnel.
Rule 703. ...(2) A person employed in the home to give nursing care shall be not less than 17 years of age, except that a student in a board of education-approved cooperative educational program may provide nursing care under supervision of a licensed nurse. (3) A person employed in the home to give nursing care on the nightshift shall be not less than 18 years of age. ...(6) The administrator of the home shall not serve as the director of nursing in homes of 50 or more beds.

R 325.20704 Reporting and enforcement of nurse staffing requirements.
Rule 704. (1) A home shall maintain, for a period of not less than 2 years, employee time records, including time cards or their equivalent and payroll records. (2) A home shall submit nurse staffing reports to the department at least quarterly. The department may require more frequent reports when a quarterly report on annual or other survey and evaluation visit or a complaint investigation indicates that deficiencies in nurse staffing requirements may exist. ...(5) The administrator of record, or the acting administrator in the absence of the administrator, in the home shall certify to the accuracy of the nurse staffing reports submitted to the department.

R 325.20708 Rehabilitative nursing care.
Rule 708. (1) Rehabilitative nursing care shall be provided as part of the home's nursing care program for patients. ...(6) Rehabilitative nursing policies, procedures, and techniques shall be an integral part of inservice education for nursing personnel in the home.

R 325.20802 Policies and procedures.
Rule 802. There shall be ... in-service training for dietary personnel.

PART 10. OTHER SERVICES

R 325.21001 Diagnostic service.
Rule 1001. (1) An arrangement shall be made by the administrator for obtaining promptly and conveniently a clinical laboratory, x-ray, or other diagnostic service ordered by the physician. (2) A diagnostic test or service shall be provided only on a written order of the physician.
(3) An arrangement for transporting a patient to and from a source of services outside the home shall be made by the administrator or designated representative.

(4) A written report of each diagnostic test and service shall be included in the patient’s clinical record within 1 week. When written reports are not received within 1 week, the home shall continue to take action to obtain a report at the earliest possible time. A record of this action shall be maintained in the patient’s clinical record.

PART 11. RECORDS

R 325.21101 Required records.
Rule 1101. All of the following records shall be kept in the home and shall be available to the director or his or her authorized representative for review and copying if necessary:
(a) A current patient register.
(b) Contracts between the home and patients.
(c) Patient clinical records.
(d) Accident records and incident reports.
(e) Employee records and work schedules.

R 325.21102 Patient clinical records.
Rule 1102. (1) A clinical record shall be provided for each patient in the home. The clinical record shall be current and entries shall be dated and signed.
(2) The clinical record shall include, at a minimum, all of the following:
(a) The identification and summary sheet, which shall include all of the following patient information:
(i) Name.
(ii) Social security number.
(iii) Veteran status and number.
(iv) Marital status.
(b) Name, address, and telephone number of next of kin, legal guardian, or designated representative.
(c) Name, address, and telephone number of person or agency responsible for patient’s maintenance and care in the home.
(d) Date of admission.
(e) Clinical history and physical examination performed by the physician within 5 days before or on admission, including a report of chest x rays performed within 90 days of admission and a physician’s treatment plan.
(f) Admission diagnosis and amendments thereto during the course of the patient’s stay in the home.
(g) Consent forms as required and appropriate.
(h) Physician’s orders for medications, diet, rehabilitative procedures, and other treatment or procedures to be provided to the patient.
(i) Physician’s progress notes written at the time of each visit describing the patient’s condition and other pertinent clinical observations.
(j) Nurse’s notes and observations by other personnel providing care.
(k) Medication and treatment records.
(l) Laboratory and x-ray reports.
(m) Consultation reports.
(n) Time and date of discharge, final diagnosis and place to which patient was discharged, condition on discharge, and name of person, if any, accompanying patient.
(3) Copies of clinical history and physical examination report, discharge summary, transfer form, and other pertinent information arriving at the home with the patient upon transfer from another health facility shall be maintained in the facility.
(4) Clinical records of discharged patients shall be completed within 30 days following discharge.
(5) Clinical records shall be under the supervision of a full-time employee of the home.
(6) Clinical records are retained for a minimum of 6 years from the date of discharge or, in the case of a minor, 3 years after the individual comes of age under state law, whichever is longer.
(7) If a facility ceases to operate, the clinical records shall be transferred with the individual to another health care facility. It is the responsibility of the owner or corporate body to maintain clinical records of discharged patients for the length of retention as stated in subrule (6) of this rule.
(8) If the department believes that patient clinical records are not being properly maintained or completed, the department may order a home to secure from a registered record administrator or accredited record technician on-site consultation of up to 4 hours per quarter until the problem is corrected.

R 325.21103 Patient registers.
Rule 1103. A current register or file of patients shall be maintained and shall include all of the following information for each patient:
(a) Name, social security number, veteran status and number, marital status, age, sex, and home address.
(b) Name, address, and telephone number of next of kin or legal guardian.
(c) Name, address, and telephone number of person or agency responsible for patient’s maintenance and care in the home.
(d) Date of admission.
(e) Date of discharge and place to which patient was discharged, if applicable.

R 325.21105 Employee records and work schedules.
Rule 1105. (1) A record shall be maintained for each employee in the home and shall include all of the following:
(a) Name, address, telephone number, and social security number.
(b) License or registration number, if applicable.
(c) Results of any preemployment or periodic physical examination.
(d) Summary of experience and education.
(e) Beginning date of employment and position for which employed.
(f) References, if obtained.
(g) Results of annual chest x-ray or intradermal skin test for tuberculosis.
(h) For former employees, the date employment ceased and the reasons therefor.
(2) A daily work schedule for employees shall be prepared in writing and shall be maintained to show the number and type of personnel on duty in the home for the previous 3 months.
(3) A time record for each employee shall be maintained for not less than 2 years.
PART 12. MEDICAL AUDIT, UTILIZATION REVIEW, AND QUALITY CONTROL

R 325.21203 Medical audits.
Rule 1203. (1) The home, through its medical director, if applicable, and the participation of 1 or more attending physicians, shall complete at least 1 medical audit annually for the following purposes:
(a) To assure the adequacy of documentation, clinical information, and data in the patient's clinical record.
(b) To evaluate continuity and coordination of patient care and identify problems requiring corrective action.
(c) To assess the quality of medical and other health care and services provided.
(2) Audit results and specific recommendation for corrective action or improvements, if indicated, shall be reported to the governing body, owner, or operator through the administrator. Audit reports shall be retained on file in the home for 1 year.

R 325.21204 Utilization review; quality control.
Rule 1204. For purposes of certification, the home shall carry out such utilization review and quality control programs and activities as may be required by the federal certification standards for skilled nursing and intermediate care facilities.

PART 15. CERTIFICATION

R 325.21501 Certification; effect.
Rule 1501. A nursing home or nursing care facility, or distinct part thereof, shall not be eligible to participate in a federal or state health program requiring certification as an intermediate (basic nursing) care facility (ICF), intermediate care facility/mentally retarded (ICF/MR), skilled nursing facility (SNF), nursing facility for care of mentally retarded patients, nursing facility for care of mentally ill patients, or nursing facility for care of tuberculosis patients unless certified as such by the department in accordance with this code, these rules, and applicable federal and state law and regulations or unless certified by the U.S. secretary of health and human services.

R 325.21508 Requirements for certification as an intermediate (basic nursing) care facility (ICF).
Rule 1508. A licensed nursing care facility shall, at the facility's request, be certified by the department as an intermediate care facility when it is determined by the department, on the basis of facility survey, inspection, investigation, and evaluation that the facility complies with applicable state and federal statutes, rules, and other standards for intermediate care facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.

R 325.21510 Requirements for certification as a skilled nursing facility (SNF).
Rule 1510. (1) A licensed nursing care facility shall, at the facility's request, be certified by the department or, when required, by the U.S. secretary of the department of health and human services as a skilled nursing facility when it is determined by the director of the department or the secretary of the department of health and human services, on the basis
of facility survey, inspection, investigation, and evaluation, that the facility complies with applicable state and federal statutes, rules, and other standards for skilled nursing facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.

(2) A licensed nursing care facility certified as a skilled nursing facility shall comply with the following provisions:
   (a) There shall be at least 1 licensed nurse on duty for each 64 patients, or fraction thereof, on the day shift, at least 1 licensed nurse on duty for each 96 patients, or fraction thereof, on the afternoon shift, and at least 1 licensed nurse on duty for each 120 patients, or fraction thereof, on the night shift.
   (b) Additional licensed nurses shall be employed and on duty when such additional licensed nursing personnel are required to meet minimum nursing care needs because of any of the following:
      (i) The physical layout or size of the facility or nursing unit.
      (ii) The complexity of patient care needs.
      (iii) The qualifications of the nursing staff in terms of training and experience.
      (iv) The number of therapeutic treatments to be provided.
      (v) The number of medications to be administered.

PART 20. EDUCATION AND TRAINING OF UNLICENSED NURSING PERSONNEL

R 325.22001 Minimum criteria for education and training of unlicensed nursing personnel.
Rule 22001. (1) Each facility shall adopt and implement an education and training program that shall specify minimum competencies, performance objectives, and methods of evaluation which cover at least the content listed in subrule (2) of this rule. If the facility, by policy, does not permit unlicensed nursing personnel to perform a specific procedure covered in subrule (2) of this rule, training in that specific procedure may be excluded.
(2) The following content shall be presented, except as noted in subrule (1) of this rule:
   (a) Personnel policies, including the facility’s personnel policies, job responsibilities, legal and ethical responsibilities, and the importance of the individual’s position as a member of the health care team.
   (b) Concepts of care, including physical, psychological, cultural, and social components of care; the impact on the patient of physical and psychological changes that occur with trauma, the aging process, and developmental disabilities; the legal rights and privileges of patients; and communication techniques necessary to provide care.
   (c) Environment, including what constitutes a safe and comfortable environment for giving care; safety and fire prevention; emergency procedures, including cardiopulmonary resuscitation, the Heimlich maneuver, and fire and disaster procedures; bed-making and when bed linen should be changed; restraint procedures, including protecting the safety and dignity of the patient; prevention and control of infections; and information necessary to assist the new patient to become aware of the facility's routines and available services.
   (d) Collecting and sharing information, including observation of the individual patient and how to recognize changes from normal; vital signs; reporting and documenting observations; and medical terms and abbreviations necessary for the tasks performed.
(e) Personal care, including bathing a patient in a safe and dignified manner while encouraging independence; skin care, including preventive and supportive care; routine morning and evening mouth care, hair and nail care; shaving; dressing and undressing, with emphasis on encouraging and maintaining independence; and prosthetic devices used in providing care.

(f) Nutrition, including the importance of a balanced diet and how to help bring this about; the importance of making meal times a pleasant experience; measuring and recording the patient’s food and fluid intake; how to carry out orders to increase or reduce fluid intake, and techniques to assist a patient to eat, with emphasis on encouraging and maintaining independence and dignity.

(g) Elimination, including encouraging and maintaining independence in toileting; the use of the bed pan and urinal; catheter care; preventing incontinence; prevention of constipation; observation, reporting, and recording of significant information about a patient’s urine and stool; perineal care; measuring and recording output; urine testing; and bowel and bladder training.

(h) Rehabilitation, including principles of rehabilitation; complications of immobility and their prevention; techniques of turning a patient; maintaining proper body alignment; range of motion exercises; the use of ambulation aids, including wheelchairs, walkers, canes, and crutches; transfer techniques; proper body mechanics involved in lifting patients or objects; and use of bed boards, foot boards, foot stools, trochanter rolls, pillows for positioning, bed cradles, slings, splints, lifting equipment, and trapezes.

R 325.22002 Verification of competency.
Rule 2002. (1) The director of nursing, or a registered nurse designee, shall verify that each unlicensed employee providing nursing care is competent to perform all assigned tasks prior to the time the employee is assigned to perform them, unless the employee is under supervision, as defined in section 16109 of the code, for training purposes.
(2) Verification of competency shall be indicated by an appropriate entry in the employee's personnel record which is signed by the director of nursing or other registered nurse and which specifies the date and method by which each competency was verified. This information shall be maintained in each employee's personnel file for the duration of his or her employment in the facility.
(3) Personnel files shall also include the number of classroom hours and the hours of planned clinical experience supervised by a licensed nurse.

R 325.22003 Class outline and lesson plans.
Rule 2003. Class outlines and lesson plans shall be retained in the facility for not less than 2 years.

R 325.22003a Testing for competency.
Rule 2003a. The department shall test the competency of unlicensed nursing personnel by observation of care given and may interview unlicensed nursing personnel to evaluate the adequacy of the training program.

R 325.22004 Plan of correction.
Rule 2004. If a violation of R 325.22001 to R 325.22003 is cited, within 30 days the facility shall submit a written plan to assess and revise the training program to correct the
deficiency. Staff of the department shall assist with this process and shall reevaluate the program within 120 days of the date of the citation of the violation to assure compliance.

333.20106 Definitions
Sec. 20106. (1) “Health facility or agency”, except as provided in section 20115, means: ...(h) A nursing home....

33.20141 Health facility or agency; license required; eligibility to participate in federal or state health program; personnel; services; and equipment; evidence of compliance; providing data and statistics.
Sec. 20141. (1) A person shall not establish or maintain and operate a health facility or agency without holding a license from the department.
(2) A health facility or agency is not eligible to participate in a federal or state health program requiring certification without current certification from the department.
(3) A health facility or agency shall have the physician, professional nursing, health professional, technical and supportive personnel, and the technical, diagnostic, and treatment services and equipment necessary to assure the safe performance of the health care undertaken by or in the facility or agency.
(4) Licensure and certification of a health facility or agency shall be evidence of the fact that the facility or agency complies with applicable statutory and regulatory requirements and standards at the time of issuance.
(5) A health facility or agency shall provide the department with the data and statistics required to enable the department to carry out functions required by federal and state law, including rules and regulations.

333.20142 Application for licensure and certification; form; certifying accuracy of information; disclosures, reports; and notices; violation; penalty; false statement as felony.
Sec. 20142.
(3) An applicant or a licensee under part 213 or 217 shall disclose the names, addresses, principal occupations, and official positions of all persons who have an ownership interest in the health facility or agency. If the health facility or agency is located on or in leased real estate, the applicant or licensee shall disclose the name of the lessor and any direct or indirect interest the applicant or licensee has in the lease other than as lessee. A change in ownership shall be reported to the director not less than 15 days before the change occurs, except that a person purchasing stock of a company registered pursuant to the securities exchange act of 1934, 15 U.S.C. 78a to 78kk, is exempt from disclosing ownership in the facility. A person required to file a beneficial ownership report pursuant to section 16(a) of the securities exchange act of 1934, 15 U.S.C. 78p shall file with the department information relating to securities ownership required by the department rule or order. An applicant or licensee proposing a sale of a nursing home to another person shall provide the department with written, advance notice of the proposed sale. The applicant or licensee and the other parties to the sale shall arrange to meet with specified department representatives and shall obtain before the sale a determination of the items of noncompliance with applicable law and rules which shall be corrected. The department shall notify the respective parties of the items of noncompliance prior to the change of ownership and shall indicate that the items of noncompliance must be corrected as a condition of issuance of a license to the new owner. The department may accept reports
filed with the securities and exchange commission relating to the filings. A person who
violates this subsection is guilty of a misdemeanor, punishable by a fine of not more than
$1,000.00 for each violation.
(4) An applicant or licensee under part 217 shall disclose the names and business
addresses of suppliers who furnish goods or services to an individual nursing home or a
group of nursing homes under common ownership, the aggregate charges for which exceed
$5,000.00 in a 12-month period which includes a month in a nursing home's current fiscal
year. An applicant or licensee shall disclose the names, addresses, principal occupations,
and official positions of all persons who have an ownership interest in a business which
furnishes goods or services to an individual nursing home or to a group of nursing homes
under common ownership, if both of the following apply:
(a) The person, or the person's spouse, parent, sibling, or child has an ownership interest in
the nursing home purchasing the goods or services.
(b) The aggregate charges for the goods or services purchased exceeds $5,000.00 in a 12-
month period which includes a month in the nursing home's current fiscal year.
(5) An applicant or licensee who makes a false statement in an application or statement
required by the department pursuant to this article is guilty of a felony, punishable by
imprisonment for not more than 4 years, or a fine of not more than $30,000.00, or both.

333.20152 Certification by licensee; developing facilities and programs of care; rating
individuals for purposes of reimbursement.
Sec. 20152. (1) A licensee shall certify to the department as part of its application for
licensing and certification, that:
(a) All phases of its operation, including its training programs, comply with state and
federal laws prohibiting discrimination. The applicant shall direct the administrator of the
health facility or agency to take the necessary action to assure that the facility or agency is,
in fact, so operated.
(b) Selection and appointment of physicians to its medical staff is without discrimination
on the basis of licensure or registration as doctors of medicine or doctors of osteopathic
medicine and surgery.
(2) This section does not prohibit a health facility or agency from developing facilities and
programs of care that are for specific ages or sexes or rating individuals for purposes of
determining appropriate reimbursement for care and services.

333.20171 Rules implementing article; rules promulgated under § 333.21563.
Sec. 20171. (1) The department, after obtaining approval of the advisory commission, shall
promulgate and enforce rules to implement this article, including rules necessary to enable
a health facility or agency to qualify for and receive federal funds available for patient care
or for projects involving new construction, additions, modernizations, or conversions.
(2) The rules applicable to health facilities or agencies shall be uniform insofar as is
reasonable.
(3) The rules shall establish standards relating to:
(a) Ownership.
(b) Reasonable disclosure of ownership interests in proprietary corporations and of
financial interests of trustees of voluntary, nonprofit corporations and owners of
proprietary corporations and partnerships.
(c) Organization and function of the health facility or agency, owner, operator, and governing body.
(d) Administration.
(e) Professional and nonprofessional staff, services, and equipment appropriate to implement section 20141(3).
(f) Policies and procedures.
(g) Fiscal and medical audit.
(h) Utilization and quality control review.
(i) Physical plant including planning, construction, functional design, sanitation, maintenance, housekeeping, and fire safety.
(j) Arrangements for the continuing evaluation of the quality of health care provided.
(k) Other pertinent organizational, operational, and procedural requirements for each type of health facility or agency.

333.20173 Nursing home, county medical care facility, or home for the aged; criminal history check of employment applicants; definitions.
Sec. 20173. (1) Except as otherwise provided in subsection (2), a health facility or agency that is a nursing home, county medical care facility, or home for the aged shall not employ, independently contract with, or grant clinical privileges to an individual who regularly provides direct services to patients or residents in the health facility or agency after the effective date of the amendatory act that added this section if the individual has been convicted of 1 or more of the following:
(a) A felony or an attempt or conspiracy to commit a felony within the 15 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract.
(b) A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in section 145m of the Michigan penal code, 1931 PA 328, MCL 750.145m, or a state or federal crime that is substantially similar to a misdemeanor described in this subdivision, within the 10 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract.
(2) Except as otherwise provided in this subsection and subsection (5), a health facility or agency that is a nursing home, county medical care facility, or home for the aged shall not employ, independently contract with, or grant privileges to an individual who regularly provides direct services to patients or residents in the health facility or agency after the effective date of the amendatory act that added this section until the health facility or agency complies with subsection (4) or (5), or both. This subsection and subsection (1) do not apply to an individual who is employed by, under independent contract to, or granted clinical privileges in a health facility or agency before the effective date of the amendatory act that added this section.
(3) An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health facility or agency that is a nursing home, county medical care facility, or home for the aged and has received a good faith offer of employment, an independent contract, or clinical privileges from the health facility or agency shall give written consent at the time of application for the department of state police to conduct a criminal history check under subsection (4) or (5), or both, along with
identification acceptable to the department of state police. If the department of state police has conducted a criminal history check on the applicant within the 24 months immediately preceding the date of application and the applicant provides written consent for the release of information for the purposes of this section, the health facility or agency may use a copy of the results of that criminal history check instead of obtaining written consent and requesting a new criminal history check under this subsection, and under subsections (4) and (5), or both. If the applicant is using a prior criminal history check as described in this subsection, the health facility or agency shall accept the copy of the results of the criminal history check only from the health facility or agency or adult foster care facility that previously employed or granted clinical privileges to the applicant or from the firm or agency that independently contracts with the applicant.

(4) Upon receipt of the written consent and identification required under subsection (3), if an applicant has resided in this state for 3 or more years preceding the good faith offer of employment, an independent contract, or clinical privileges, a health facility or agency that is a nursing home, county medical care facility, or home for the aged that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant. The request shall be made in a manner prescribed by the department of state police. The health facility or agency shall make the written consent and identification available to the department of state police. If there is a charge for conducting the criminal history check, the health facility or agency requesting the criminal history check shall pay the cost of the charge. The health facility or agency shall not seek reimbursement for the charge from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the applicant named in the request. The department of state police shall provide the health facility or agency with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the applicant maintained by the department of state police. As a condition of employment, an applicant shall sign a written statement that he or she has been a resident of this state for 3 or more years preceding the good faith offer of employment, independent contract, or clinical privileges.

(5) Upon receipt of the written consent and identification required under subsection (3), if an applicant has resided in this state for less than 3 years preceding the good faith offer of employment, an independent contract, or clinical privileges, a health facility or agency that is a nursing home, county medical care facility, or home for the aged that has made a good faith offer described in this subsection to the applicant shall comply with subsection (4) and shall make a request to the department of state police to forward the applicant’s fingerprints to the federal bureau of investigation. The department of state police shall request the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the applicant. An applicant described in this subsection shall provide the department of state police with 2 sets of fingerprints. The department of state police shall complete the criminal history check under subsection (4) and, except as otherwise provided in this subsection, provide the results of its determination under subsection (4) to the health facility or agency and the results of the federal bureau of investigation determination to the department of consumer and industry services within 30 days after the request is made. If the requesting health facility or agency is not a state department or agency and if a crime is disclosed on the federal bureau of investigation determination, the department shall notify the health facility or agency in
writing of the type of crime disclosed on the federal bureau of investigation determination without disclosing the details of the crime. Any charges for fingerprinting or a federal bureau of investigation determination under this subsection shall be paid in the manner required under subsection (4).

(6) If a health facility or agency that is a nursing home, county medical care facility, or home for the aged determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant’s criminal history check under subsection (4) or (5), or both, the health facility or agency may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply:
(a) The health facility or agency requests the criminal history check under subsection (4) or (5), or both, upon conditionally employing or conditionally granting clinical privileges to the individual.
(b) The individual signs a statement in writing that indicates all of the following:
(i) That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) and (b) within the applicable time period prescribed by subsection (1)(a) and (b).
(ii) The individual agrees that, if the information in the criminal history check conducted under subsection (4) or (5), or both, does not confirm the individual’s statement under subparagraph (i), his or her employment or clinical privileges will be terminated by the health facility or agency as required under subsection (1) unless and until the individual can prove that the information is incorrect. The health facility or agency shall provide a copy of the results of the criminal history check conducted under subsection (4) or (5), or both, to the applicant upon request.
(iii) That he or she understands the conditions described in subparagraphs (i) and (ii) that result in the termination of his or her employment or clinical privileges and that those conditions are good cause for termination.

(7) On the effective date of the amendatory act that added this section, the department shall develop and distribute a model form for the statement required under subsection (6)(b). The department shall make the model form available to health facilities or agencies subject to this section upon request at no charge.

(8) If an individual is employed as a conditional employee or is granted conditional clinical privileges under subsection (6), and the report described in subsection (4) or (5), or both, does not confirm the individual’s statement under subsection (6)(b)(i), the health facility or agency shall terminate the individual’s employment or clinical privileges as required by subsection (1).

(9) An individual who knowingly provides false information regarding criminal convictions on a statement described in subsection (6)(b)(i) is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than $500.00, or both.

(10) A health facility or agency that is a nursing home, county medical care facility, or home for the aged shall use criminal history record information obtained under subsection (4), (5), or (6) only for the purpose of evaluating an applicant’s qualifications for employment, an independent contract, or clinical privileges in the position for which he or she has applied and for the purposes of subsections (6) and (8). A health facility or agency or an employee of the health facility or agency shall not disclose criminal history record information obtained under subsection (4) or (5) to a person who is not directly involved in evaluating the applicant’s qualifications for employment, an independent contract, or clinical privileges. Upon written request from another health facility or agency or adult
foster care facility that is considering employing, independently contracting with, or
granting clinical privileges to an individual, a health facility or agency that has obtained
criminal history record information under this section on that individual shall share the
information with the requesting health facility or agency or adult foster care facility. Except
for a knowing or intentional release of false information, a health facility or agency has no
liability in connection with a criminal background check conducted under this section or
the release of criminal history record information under this subsection.
(11) As a condition of continued employment, each employee, independent contractor, or
individual granted clinical privileges shall agree in writing to report to the health facility or
agency immediately upon being arrested for or convicted of 1 or more of the criminal
offenses listed in subsection (1)(a) and (b).

333.20175 Maintaining record for each patient; wrongfully altering or destroying records;
noncompliance; fine; licensing and certification records as public records; confidentiality;
disclosure; report or notice of disciplinary action; information provided in report; nature
and use of certain records, data, and knowledge.
Sec. 20175. (1) A health facility or agency shall keep and maintain a record for each patient
including a full and complete record of tests and examinations performed, observations
made, treatments provided...
(3) Unless otherwise provided by law, the licensing and certification records required by
this article are public records.
(4) Departmental officers and employees shall respect the confidentiality of patient clinical
records and shall not divulge or disclose the contents of records in a manner that identifies
an individual except pursuant to court order.

333.20178 Nursing home, home for the aged, or county medical care facility; description of
services to patients or residents with Alzheimer’s disease; contents; “represents to the
public” defined.
Sec. 20178. (1) Beginning not more than 90 days after the effective date of the amendatory
act that added this section, a health facility or agency that is a nursing home, home for the
aged, or county medical care facility that represents to the public that it provides inpatient
care or services or residential care or services, or both, to persons with Alzheimer’s disease
or a related condition shall provide to each prospective patient, resident, or surrogate
decision maker a written description of the services provided by the health facility or
agency to patients or residents with Alzheimer’s disease or a related condition. A written
description shall include, but not be limited to, all of the following:
(a) The overall philosophy and mission reflecting the needs of patients or residents with
Alzheimer’s disease or a related condition.
(b) The process and criteria for placement in or transfer or discharge from a program for
patients or residents with Alzheimer’s disease or a related condition.
(c) The process used for assessment and establishment of a plan of care and its
implementation.
(d) Staff training and continuing education practices.
(e) The physical environment and design features appropriate to support the function of
patients or residents with Alzheimer’s disease or a related condition.
(f) The frequency and types of activities for patients or residents with Alzheimer’s disease
or a related condition.
PART 217 NURSING HOMES

333.21711 License required; prohibited terms or abbreviations; license for formal or informal nursing care services; exception.
Sec. 21711. (1) A nursing home shall be licensed under this article.
(2) “Nursing home”, “nursing center”, “convalescent center”, “extended care facility”, or a similar term or abbreviation shall not be used to describe or refer to a health facility or agency unless the health facility or agency is licensed as a nursing home by the department under this article.
(3) A person shall not purport to provide formal or informal nursing care services of the kind normally provided in a nursing home without obtaining a license as provided in this article. This subsection does not apply to a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being sections 36.1 to 36.12 of the Michigan Compiled Laws.

333.21712 Name of nursing home; change in name; prohibited terms; rehabilitation services.
Sec. 21712. (1) A nursing home shall use the name that appears on the license for its premises. A nursing home shall not change its name without the approval of the department.
(2) A nursing home shall not use the terms “hospital” or “sanitarium” or a term conveying a meaning that is substantially similar to those terms in the name of the nursing home. However, a nursing home may use the term “health center” or “health care center” or “rehabilitation center” or a term conveying a meaning substantially similar to those terms as long as those terms do not conflict with the terms prohibited by this subsection.
(3) If a nursing home uses the term “rehabilitation center” in its name as allowed under subsection (2), the nursing home shall have the capacity to provide rehabilitation services that include, at a minimum, all of the following:
(a) Physical therapy services.
(b) Occupational therapy services.
(c) Speech therapy services.
(4) A nursing home shall not include in its name the name of a religious, fraternal, or charitable corporation, organization, or association unless the corporation, organization, or association is an owner of the nursing home.

333.21713 Owner, operator, and governing body of nursing home; responsibilities and duties generally.
Sec. 21713. The owner, operator, and governing body of a nursing home licensed under this article:
(a) Are responsible for all phases of the operation of the nursing home and quality of care rendered in the home.
(b) Shall cooperate with the department in the enforcement of this article and require that the physicians and other personnel working in the nursing home and for whom a license or registration is required be currently licensed or registered.

333.21715 Programs of planned and continuing nursing and medical care required; nurses and physicians in charge; expiration of subsection (1)(a); nature and scope of services.
Sec. 21715. (1) A nursing home shall provide:
(a) A program of planned and continuing nursing care under the charge of a registered nurse in a skilled facility and a licensed practical nurse with a registered nurse consultant in an intermediate care facility. This subdivision shall expire December 31, 1979.
(b) A program of planned and continuing medical care under the charge of physicians.
(2) Nursing care and medical care shall consist of services given to individuals who are subject to prolonged suffering from illness or injury or who are recovering from illness or injury. The services shall be within the ability of the home to provide and shall include the functions of medical care such as diagnosis and treatment of an illness; nursing care via assessment, planning, and implementation; evaluation of a patient’s health care needs; and the carrying out of required treatment prescribed by a physician.

333.21719 Immediate access to acute care facilities.
Sec. 21719. A nursing home shall not be licensed under this part unless the nursing home has formulated, and is prepared to implement, insofar as possible, a plan to provide immediate access to acute care facilities for the emergency care of patients.

333.21720 Nursing home administrator required.
Sec. 21720. (1) The department shall not license a nursing home under this part unless that nursing home is under the direction of a nursing home administrator licensed under article 15.
(2) Each nursing home having 50 beds or more shall have a full-time licensed nursing home administrator. If a nursing home changes nursing home administrators, the nursing home immediately shall notify the department of the change.

333.21720a Director of nursing; nursing personnel; effective date of subsection (1); natural disaster or other emergency.
Sec. 21720a. (1) A nursing home shall not be licensed under this part unless that nursing home has on its staff at least 1 registered nurse with specialized training or relevant experience in the area of gerontology, who shall serve as the director of nursing and who shall be responsible for planning and directing nursing care. The nursing home shall have at least 1 licensed nurse on duty at all times and shall employ additional registered and licensed practical nurses in accordance with subsection (2). This subsection shall not take effect until January 1, 1980.

333.21720b Agreement with county community mental health program.
Sec. 21720b. A nursing home shall not be licensed under this part unless that nursing home has entered into an agreement with the county community mental health program, if available, that will service the mental health needs of the patients of the nursing home.

333.21741 Rules.
Sec. 21741. (1) The department of public health, after seeking advice and consultation from the department of social services, appropriate consumer and professional organizations, and concerned agencies, shall promulgate rules to implement and administer this part.
(2) Initial rules proposed under this part shall be submitted to a public hearing not later than 6 months after this section is enacted into law.
(3) In addition to the rules prescribed in section 20171, rules for nursing homes shall include the establishment of standards relating to:
(a) Complaint procedures.
(b) Discharges and transfers.
(c) Emergency procedures.
(d) Medical audit procedures.
(e) Patients’ rights.
(f) Standards of patient care to be provided in nursing homes.
(g) Training, educational, and competency requirements of nursing home personnel other than licensed personnel.
(h) Utilization and quality control review procedures.

333.21761 Certification of nondiscrimination; violation of rights; giving preference to members of religious or fraternal institution or organization.
Sec. 21761. (1) In addition to the requirements of section 20152, a licensee shall certify annually to the department, as part of its application for licensure and certification, that all phases of its operation, including its training program, are without discrimination against persons or groups of persons on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or the exercise of rights guaranteed by law, including freedom of speech and association. If the department finds a violation of rights enumerated in this section, the department shall direct the administrator of the nursing home to take the necessary action to assure that the nursing home is, in fact, operated in accordance with the rights listed in this section.
(2) This section shall not be construed to prevent a nursing home operated, supervised, or controlled by a religious or fraternal institution or organization from giving preference to applicants who are members of that religious or fraternal institution or organization.

333.21771 Abusing, mistreating, or neglecting patient; reports; investigation; retaliation prohibited.
Sec. 21771. (1) A licensee, nursing home administrator, or employee of a nursing home shall not physically, mentally, or emotionally abuse, mistreat, or harmfully neglect a patient.
(2) A nursing home employee who becomes aware of an act prohibited by this section immediately shall report the matter to the nursing home administrator or nursing director. A nursing home administrator or nursing director who becomes aware of an act prohibited by this section immediately shall report the matter by telephone to the department of public health, which in turn shall notify the department of social services.
(3) Any person may report a violation of this section to the department.
(4) A physician or other licensed health care personnel of a hospital or other health care facility to which a patient is transferred who becomes aware of an act prohibited by this section shall report the act to the department.
(5) Upon receipt of a report made under this section, the department shall make an investigation. The department may require the person making the report to submit a written report or to supply additional information, or both.
(6) A licensee or nursing home administrator shall not evict, harass, dismiss, or retaliate against a patient, a patient’s representative, or an employee who makes a report under this section.
333.21781 Posting of license and other information.
Sec. 21781. A licensee shall conspicuously post in an area of its offices accessible to patients, employees, and visitors:
(a) A current license.
(b) A complete copy of the most recent inspection report of the nursing home received from the department.
(c) A description, provided by the department, of complaint procedures established under this act and the name, address, and telephone number of a person authorized by the department to receive complaints.
(d) A copy of a notice of a pending hearing or order pertaining to the nursing home issued by the department or a court under the authority of this article or rules promulgated under this article.
(e) A complete list of materials available for public inspection as required by section 21782.

333.21791 Advertising; false or misleading information prohibited.
Sec. 21791. A licensee shall not use false or misleading information in the advertising of a nursing home or its name.

333.21795 Education and training for unlicensed nursing personnel; criteria; competency examinations; rules.
Sec. 21795. (1) The department, in consultation and with the advice of the Michigan board of nursing and appropriate consumer and professional organizations, shall develop by rule minimum criteria for the education and training for unlicensed nursing personnel in facilities designated in this part.
(2) This section shall not be construed to be a prerequisite for employment of unlicensed nursing personnel in a nursing home.
(3) During the annual licensing inspection the department shall, and during other inspections the department may, conduct random competency examinations to determine whether the requirements of this section are being met. The department shall promulgate rules to administer this subsection.

333.21796 Insuring proper licensing of licensed personnel.
Sec. 21796. The nursing home administrator and licensee shall be responsible for insuring that all licensed personnel employed by the nursing home are properly licensed.