

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF COMMUNITY AND HEALTH SYSTEMS

HOMES FOR THE AGED

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These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(9) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the department of licensing and regulatory affairs by section 427 of the Executive organization act of 1965, 1965 PA 380, MCL 16.527, section 2233 of the public health code, 1978 PA 368, MCL 333.2233, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, and 2015-1, MCL 330.3101, 445.2001, 445.2011, and 400.227)

R 325.1901, R 325.1924, and R 325.1932 of the Michigan Administrative Code are amended, as follows:

R 325.1901 Definitions.

Rule 1. As used in these rules:

- (a) "Act" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.
- (b) "Activities of daily living" means activities associated with eating, toileting, bathing, grooming, dressing, transferring, mobility, and medication management.
- (c) "Admission policy" means a home's program statement of its purpose, eligibility requirements, and application procedures for admission.
- (d) "Assistance" means help provided by a home or an agent or employee of a home to a resident who requires help with activities of daily living.
- (e) "Authorized representative" means that person or agency that has been granted written legal authority by a resident to act on behalf of the resident or is the legal guardian of a resident.
- (f) "Department" means the department of licensing and regulatory affairs.
- (g) "Director" means the director of the department.
- (h) "Discharge policy" means a home's written statement of the criteria and procedures by which a resident is discharged from the home.
- (i) "Elopement" means a resident who has a service plan that requires notice or arranged supervision to leave the facility and is absent without notice or supervision.
- (j) "Home" means a home for the aged as defined in section 20106(3) of the act, MCL 333.20106.
- (k) "Incident" means an intentional or unintentional event including, but not limited to, elopements and medication errors, where a resident suffers physical or emotional harm.

(l) "Licensed health care professional" means an individual who is licensed under article 15 of the act, MCL 333.16101 to 333.18838, and who is operating within the scope of his or her license.

(m) "Major building modification" means an alteration of walls that creates a new architectural configuration or revision to the mechanical or electrical systems that significantly revise the design of the system or systems. Normal building maintenance, repair, or replacement with equivalent components are not considered major building modifications. A change in room function shall not cause a conflict with these rules.

(n) "Medication management" means assistance with the acquisition and administration of a resident's prescribed medication.

(o) "Program statement" means a written description of the home's overall philosophy and mission reflecting the needs of residents and services provided to residents. A home that represents to the public that it provides residential care or services, or both, to individuals with Alzheimer's disease or a related condition shall include in its program statement the information required by section 20178 of the act, MCL 333.20178.

(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

(q) "Resident" means an individual who is 55 years of age or older, or an individual under the age of 55 who has been admitted through a waiver of the director pursuant to section 21311(3) of the act, MCL 333.21311.

(r) "Resident admission contract" means a written agreement between the home and the resident or the resident's authorized representative that specifies the services to be provided, the fees to be charged, including all fees related to admission such as deposits, admission fees, advance care payments, application fees and all other additional fees, and the home's policies related to the admission and retention of a resident.

(s) "Room and board" means the provision of housing and meals to meet the needs of the resident.

(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.

(u) "Supervision" means guidance of a resident in the activities of daily living, and includes all of the following:

(i) Reminding a resident to maintain his or her medication schedule in accordance with the instructions of the resident's licensed health care professional as authorized by section 17708(2) of the act, MCL 333.17708.

(ii) Reminding a resident of important activities to be carried out.

(iii) Assisting a resident in keeping appointments.

(iv) Being aware of a resident's general whereabouts as indicated in the resident's service plan, even though the resident may travel independently about the community.

(v) Supporting a resident's personal and social skills.

R 325.1924 Reporting of incidents, quality review program.

Rule 24. (1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following:

- (a) Reviewing and evaluating incidents.
- (b) Identifying effective means to correct any deficient practice.
- (c) Ensuring resident safety and quality of care.
- (d) Improving procedures.

(2) The program must be reviewed annually by the administrator and governing body.

(3) The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel that have training or experience with the type of the incident being evaluated.

(4) The multi-disciplinary team shall meet not less than twice each calendar year or more frequently as needed to review an incident or incidents.

(5) Records must be maintained that demonstrate incident reporting to the team, analyses, outcomes, corrective action taken, and evaluation to ensure that the expected outcome is achieved. These records must be maintained for 2 years.

(6) The facility must have a policy and procedure to report an incident using a department approved form to the multi-disciplinary team responsible for the quality review program required under subrule (1) of this rule.

(7) The facility must have a policy and procedure to ensure that an incident, once known by facility staff, is reported as soon as possible, but not later than 48 hours after the incident, to a resident's authorized representative or designated health care professional, as appropriate. Verbal or written notification must be documented in the resident's record to reflect the date, time, name of staff who made the notification, and name of the representative or professional who was notified.

(8) If an elopement occurs, staff shall conduct a search to locate the resident. If the resident is not located within 30 minutes after the elopement occurred, staff shall comply with subrule (7) of this rule and contact the local police authority.

(9) The department may review a quality review program during a renewal survey to confirm that a program is in place. During a complaint investigation, the licensee shall confirm if an incident was reviewed and if any corrective actions were taken, but the department shall not request any other case-specific information that was part of the quality review program. The department shall rely on other documents outside this professional review function as part of its investigation. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

R 325.1932 Resident's medications.

Rule 32. (1) A service plan must identify prescribed medication to be self-administered or managed by the home.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:

(a) Be trained in the proper handling and administration of the prescribed medication.

(b) Complete an individual medication log that contains all of the following information:

(i) The name of the prescribed medication.

(ii) The prescribed required dosage and the dosage that was administered.

(iii) Label instructions for use of the prescribed medication or any intervening order.

(iv) The time when the prescribed medication is to be administered and when the medication was administered.

(v) The initials of the individual who administered the prescribed medication.

(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.

(vii) A record of the reason for administration of a prescribed medication that is on an as-needed basis.

(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan.

(4) If a resident requires prescription or over-the-counter medication or medications while out of the home, and medication or medications are not identified as self-administered, staff responsible for the medication management shall ensure that the resident, or the person that assumes responsibility for the resident, has all appropriate information, medication, and instructions.

(5) Prescribed medication that is no longer required by a resident must be properly disposed of consistent with the policy established by the home and manufacturer guidelines.

(6) For a resident who is identified as self-administered in his or her service plan, the home must have a policy to offer a secured method of storage for medications if desired by the resident and to notify the applicable health care professional or legal representative if there is a change in a resident's capacity to self-medicate.