

DIVISION OF QUALITY ASSURANCE

**OVERVIEW OF PROVIDERS
SURVEY AND COMPLAINT ACTIVITY,
AND FORFEITURE ACTIONS**

JANUARY – MARCH 2007



State of Wisconsin
Department of Health and Family Services

NOTE: Time frame 1/1/07 – 3/31/07

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**LONG TERM CARE PROVIDER
CERTIFICATION
AND
LICENSURE**

NOTE: Time frame 1/1/07 – 3/31/07

**Long Term Care (LTC) Providers
By Licensure Type and Region**

Licensure Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
132 Intermediate	1			1		2
132 Skilled	72	99	99	46	82	398
132 Skilled-IMD					2	2
134 Developmentally Disabled	6	4	5		7	22
TOTAL	79	103	104	47	91	424

**Long Term Care (LTC) Providers
By Certification Type and Region**

Certification Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
T18 SNF Only	4	8	2			14
T18 SNF/T19 NF	68	84	87	44	73	356
T19 NF Only		5	10	3	10	28
T19 ICF/MR	6	4	5		7	22
Non-Certified	1	2			1	4
TOTAL	79	103	104	47	91	424

NOTE: Time frame 1/1/07 – 3/31/07

**Long Term Care (LTC) Provider Bed Capacity
By Certification Type and Region**

Certification Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
T18 SNF Only	191	364	35			590
T18 SNF/T19 NF	6134	10600	8498	4449	6012	35693
T19 NF Only		276	1168	94	544	2082
T19 ICF/MR	650	418	95		155	1318
Non-Certified	9	100			86	195
TOTAL	6984	11758	9796	4543	6797	39878

NOTE: Time frame 1/1/07 – 3/31/07

**NURSING HOME SURVEY
AND
COMPLAINT ACTIVITY**

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Surveys Conducted by Region
(Verification Visits not Included)**

Survey Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Standard (STD)	32	34	24	15	27	132
STD/Initial T18 SNF						
STD/Initial T19 NF	2					2
Initial T18 SNF						
Initial T19 NF						
Initial T18 SNF/T19 NF						
Initial Prelicensure						
CHOW*/Probationary License					1	1
Complaint	17	52	58	14	49	190
Other/Other-Off Cycle Inspection						
Monitoring					2	2
Surveillance						
Verification Visit Violations issued	1	3	3		5	12
Partial Extended	2					2
Extended		4	1			5
Total	54	93	86	29	84	346

*CHOW = Change of Ownership

** Health Surveys Counted only

NOTE: Time frame 1/1/07 – 3/31/07

**Nursing Home Survey Standard/Extended/Partial
Extended/Revisit and Initial Certification
Survey Summary**

Region	Surveys Completed	*SQC # of Homes	*SQC # of Tags Care	*SQC # of Tags Life	*SQC # of Tags Behavior
Southern	35	1	2		
Southeastern	41	4	3		1
Northeastern	28	1	1		
Northern	15				
Western	32	1	1		
Total	151	7	7		1

*SQC = Substandard Quality of Care

NOTE: The above SQC data was reported from Aspen

NOTE: Time frame 1/1/07 – 3/31/07

**Nursing Home Informal Dispute Resolutions by Region
Number of Citations and Resolutions (Federal)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
No Change	2	14	4	4	1	25
Examples Removed/Other Wording Change	3		1		1	5
Tag Removed		3	1	1	3	8
S/S Change		2		1		3
Aspen-S/S Change/Examples Removed/Other Wording Change	1	2		1		4
Request Withdrawn					1	1
Total	6	21	6	7	6	46

NOTE: The above data was reported from Aspen

**Nursing Home Informal Dispute Resolutions by Region
Number of Citations and Resolutions (State)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
No Change	2	2	2	3	2	11
Examples Removed/Other Wording Change	3	1				4
Tag Removed		3	1			4
Total	5	6	3	3	2	19

NOTE: The above data was reported from Aspen

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Violations of State Codes by Region

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A	4	2	3		1	10
Class B	25	35	29	8	13	110
Class C		1	1		2	4
Correction Order	8	21	15		6	50
Total	37	59	48	8	22	174

NOTE: The above data was reported from Aspen

HFS 132/C50 State Codes with 5 or More Citations

State Code	Brief Description	Number
132.60(1)(c)2	Resident Care/Basic Nrsg Care	14
132.60(5)(a)1	Resident Care/Orders	14
132.31(1)l	Care	12
132.60(1)	Resident Care/Individual Care	10
132.60(8)(c)	Implementation of Care Plans	10
132.60(1)(c)4	Resident Care/Basic Nrsg Care	9
132.60(1)(b)	Resident Care/Decubiti Prevention	8
132.60(3)(a)	Resident Care/Notification of Change	6
132.60(8)(b)	Updating of Care Plans	5

NOTE: The above data was reported from Aspen

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Class A and Class B State Violations Cited

Description of Violation	Number
Resident Care/Basic Nrsrg Care	23
Care	12
Resident Care/Individual Care	10
Implementation of Care Plans	10
Resident Care/Decubiti Prevention	8
Resident Care/Notification of Change	5
Updating of Care Plans	5
Admissions/Communicable Disease	4
Resident Care/Diet Acceptance	4
Resident Care/Orders	4
Diagnostic Services	4
Facility Should Provide Plan Assessment/Treatment	4
Admissions/Destructive Residents	3
Resident Care/Emergencies	3
Housekeeping	3
Administrator	2
Maintenance of Equipment	2
Care Planning	1
Reviewing Complaints	1
Disease Surveillance and Control	1
Admission Procedures/Initial Care Plan	1
Resident Care/Nourishment-Diets	1

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Class A and Class B State Violations Cited (continued)

Description of Violation	Number
Resident Care/Assistance with Meals	1
Resident Care/Adm of Meds	1
Resident Care/Meds Errors and Reactions	1
Medical Director-Coordination	1
DON/Policies and Procedures	1
Diagnostic Findings/Report to MD	1
Social Services	1
Beds/Mattress	1
QAA Committee Corrects Care Issues	1
Total	120

NOTE: The above data was reported from Aspen

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Federal Deficiency Grid Placement for All Survey Types by Region*

Grid Level	Southern	Southeastern	Northeastern	Northern	Western	Total
A	1	1			2	4
B	3	4	17	2	7	33
C	3	6	11	3	1	24
D	85	86	103	28	67	369
E	27	40	12	9	20	108
F	1	12	4		1	18
G	11	14	16	4	6	51
H		5				5
I						
J	8	3	5		1	17
K					1	1
L		3				3
Total	139	174	168	46	106	633

*Health Only

NOTE: The above data was reported from ASPEN.

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home F-Tags with 10 or More Citations

Tag	Brief Description	Number
F0225	Staff Treatment of Residents	37
F0309	Quality of Care	33
F0157	Notification of Changes	31
F0324	Accidents	29
F0329	Unnecessary Drugs	25
F0444	Preventing Spread of Infection	24
F0281	Comprehensive Care Plans	23
F0315	Urinary Continence	22
F0323	Accidents	20
F0272	Comprehensive Assessments	18
F0279	Comprehensive Care Plans	18
F0514	Clinical Records	17
F0214	Dignity	15
F0441	Infection Control	14
F0156	Notice of Rights and Services	13
F0282	Comprehensive Care Plans	13
F0314	Pressure Sores	13
F0425	Pharmacy Services	13
F0465	Other Environmental Conditions	13
F0334	Influenza and Pneumococcal Immunization	12
F0278	Resident Assessment	11

NOTE: The above data was reported from ASPEN.

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Federal Deficiency Grid Placement for All Survey Types by Region*

Grid Level	Southern	Southeastern	Northeastern	Northern	Western	Total
A	1					1
B		7	1			8
C	8	43	29	9	9	98
D	37	24	13	3	15	92
E	62	70	5	15	23	175
F	66	25	23	11	26	151
G						
H						
I						
J						
K						
L						
Total	174	169	71	38	73	525

*Engineer Only

NOTE: The above data was reported from ASPEN.

Table includes waivers

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home K-Tags with 10 or More Citations

Tag	Brief Description	Number
K147	Life Safety Code Standard	37
K56	Life Safety Code Standard	35
K29	Life Safety Code Standard	33
K50	Life Safety Code Standard	33
K144	Life Safety Code Standard	33
K25	Life Safety Code Standard	25
K69	Life Safety Code Standard	24
K67	Life Safety Code Standard	22
K38	Life Safety Code Standard	21
K66	Life Safety Code Standard	19
K18	Life Safety Code Standard	18
K27	Life Safety Code Standard	16
K72	Life Safety Code Standard	16
K52	Life Safety Code Standard	14
K54	Life Safety Code Standard	14
K51	Life Safety Code Standard	10

NOTE: The above data was reported from ASPEN.
Table includes waivers

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Complaints Received by ACTS Complainant Type

Type	Number
Anonymous	40
Coroner	1
Current Staff	9
Entity Self-Report	129
Family	115
Former Staff	5
Friend	9
Ombudsman	16
Other Health Provider	5
Other	9
Other State Agency	3
Physician	1
Resident/Patient/Client	19
State Survey Agency	3
Total	364

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

Nursing Home Complaint Survey Summary

Region	Surveys Completed	*SQC # of Homes	*SQC # / Tags Care	*SQC #/Tags Life	*SQC #/Tags Behavior
Southern	17	1	1		
Southeastern	52				
Northeastern	58	1	1		
Northern	14				
Western	49				
Total	190	2	2		

*SQC = Substandard Quality of Care

NOTE: The above SQC data was reported from ASPEN

Nursing Home Complaint Investigation Results By ACTS Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
Accidents	7	10	17
Administration/Personnel	4		4
Admission, Transfer & Discharge Rights	4	2	6
Death-General	1	3	4
Dietary Services	17	4	21
Falsification of Records/Reports	2		2
Fraud False Billing	2		2
Infection Control	4	9	13
Injury of Unknown Origin	4	11	15
Life Safety Code	1		1
Misappropriation of Property	8	11	19
Nursing Services	23	6	29
Other Services	2	1	3
Pharmaceutical Services	4	1	5
Physical Environment	10	3	13
Quality of Care/Treatment	125	75	200
Quality of Life	7	1	8
Rehabilitation Services	6		6
Resident/Patient/Client Abuse	53	50	103

NOTE: Time frame 1/1/07 – 3/31/07

**Nursing Home Complaint Investigation Results
By ACTS Subject Area of Complaint
(Continued)**

Subject Area	# Unsubstantiated	# Substantiated	Total
Resident/Patient/Client Neglect	4	4	8
Resident/Patient/Client Rights	16	6	22
Restraints/Seclusion General	1		1
Unqualified Personnel	1	1	2
Total	306	198	504

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**FACILITIES FOR PEOPLE WITH
DEVELOPMENTAL DISABILITIES (FDD)
SURVEY AND COMPLAINT
ACTIVITY**

NOTE: Time frame 1/1/07 – 3/31/07

FDD Surveys Conducted by Region
(Verification Visits Not Included)**

Survey Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Fundamental	2	1	1		1	5
STD/Initial T19 NF						
Initial T19 NF						
Initial Prelicensure						
CHOW*/Probationary License						
Complaint	1	2			1	4
Monitoring						
Other/Other-Off Cycle Inspection						
Surveillance						
Verification Visit Violations cited	1					1
Partial Extended						
Extended						
Total	4	3	1		2	10

*CHOW = Change of Ownership

** Health counted only

NOTE: Time frame 1/1/07 – 3/31/07

**FDD Informal Dispute Resolutions by Region
Number of Citations and Resolutions (Federal)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-No Change	4					4
Total	4					4

**FDD Informal Dispute Resolutions by Region
Number of Citations and Resolutions (State)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Total						

*No IDR's for this timeframe

FDD Violations of State Codes by Region

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A						
Class B						
Class C						
Correction Order						
Total						

*No violations for this timeframe

HFS 134/C50 State Codes with 3 or More Citations*

State Code	Brief Description	Number

*No violations for this timeframe

NOTE: Time frame 1/1/07 – 3/31/07

FDD Class A and Class B State Violations Cited

Description of Violation	Number

*No violations for this timeframe

FDD Federal Deficiencies

Level	Total
Condition	1
Standard	8
Element	
Life Safety Code – Standard	14
Life Safety Code- Element	
Total	23

FDD Tags with 3 or More Citations this Quarter*

Tag	Brief Description	Number

*Health Only

*No tags with 3 or more cites for this timeframe

FDD Condition Deficiencies

Tag	Brief Description	Number
W102	Governing Body and Management	1
Total		1

NOTE: Time frame 1/1/07 – 3/31/07

FDD Complaints Received by ACTS Complainant Type

Type	Number
Entity Self-Report	4
Former Staff	2
Total	6

NOTE: The above data was reported from ACTS

FDD Complaint Investigation Results By ACTS Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
Death-General	1		1
Misappropriation of Property	1		1
Quality of Care/Treatment	2		2
Resident/Patient/Client Abuse	3	2	5
Resident/Patient/Client Rights		1	1
Total	7	3	10

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**NON-LONG TERM CARE
SURVEY AND COMPLAINT
ACTIVITY**

NOTE: Time frame 1/1/07 – 3/31/07

Non-Long Term Care (Non-LTC) Providers by Type

Type	Number
Swing Bed Hospital	65
General Acute Hospital	85
Alcohol Hospital	2
Special Psychiatric Hospital	13
Critical Access Hospital	59
Comprehensive Outpatient Rehab Facility	4
Ambulatory Surgical Center	49
End Stage Renal Dialysis	106
Hospice	71
AODA/Mental Health	1178
Prospective Payment Exemption	44
Portable X-Ray	7
Home Health Agency	167
Rural Health Clinic	49
Outpatient Rehabilitation Agency	487
Total	1947

NOTE: Time frame 1/1/07 – 3/31/07

Branch/Extension Offices

Type	Number
AODA/Mental Health	346
Home Health Agency – Branch	50
Hospice – Branch	32
Outpatient Rehab Agency –Extension	66
Total	494

NOTE: Time frame 1/1/07 – 3/31/07

Non-LTC Surveys Conducted (Verification Visits Not Included)*

Provider Type	Survey Type	Number
Home Health Agency	Annual	12
	Complaint	10
	Partial Extended	1
	Verification Visit	1
Hospital – Special Psychiatric	Complaint	4
Hospital –Critical Access	Complaint	2
Hospital – General Acute	Complaint	25
	Verification Visit	1
Hospice	Annual	1
	Complaint	7
	Initial Certification	2
End Stage Renal Dialysis	Annual	2
	Complaint	2
	Initial Certification	2
Portable X-ray	Annual	2
Rural Health Clinic	Annual	1
	Complaint	1
Ambulatory Surgery Center	Annual	1
	Initial Certification	1
TOTAL		78

*Heath Counted Only

NOTE: Time frame 1/1/07 – 3/31/07

**Non-LTC Federal Deficiencies
(All Survey Types)**

Provider Type	Condition	Standard	Element	LSC-Standard	LSC-Element	Total
ESRD		31				31
Hospital-Acute	1	28				29
HHA	2	31				33
Hospice	2	17				19
Ambulatory Surgical Ctr		5	3	11		19
RHC	1		4			5
Hospital-Psychiatric		3				3
Total	6	115	7	11		139

**HFS 133 State Codes with 3 or More Citations
(Home Health Agency)**

Tag	Brief Description	Number
133.14(2)(b)	Skilled Nursing Services	4
133.20(4)	Plan of Treatment	3
133.21(1)	Medical Records	3
133.21(5)(f)	Medical Records	3

**HFS 131 State Codes with 3 or More Citations*
(Hospice)**

Tag	Brief Description	Number

*None for this timeframe

NOTE: Time frame 1/1/07 – 3/31/07

**HFS 124 State Codes with 3 or More Citations
(Critical Access, General Acute, General Alcohol,
Special Psychiatric Hospitals)**

Tag	Brief Description	Number
124.13(6)(c)	Documentation, Staff Meetings/Evaluation	7
124.13(2)(b)2.b	Nursing Services-Patient Care	5
124.05(3)(a)1.h	Governing Body-Policies	3
124.05(3)(a)1.o	Governing Body-Policies	3

Non-LTC Complaints Received by ACTS Provider Type

Provider Type	Number
Home Health Agency	14
Hospice	6
Hospital – General Acute	27
Hospital – Psychiatric	10
Hospital – Critical Access	1
End Stage Renal Dialysis	4
Total	62

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

Non-LTC Complaints Received by ACTS Complainant Type

Type	Hospice	Gen Hospital	Home Health	Psyc Hosp	Crit Access Hosp	ESRD	Total
Anonymous			2				2
Entity Self-Report			1	3			4
Family	6	16	4	2	1		29
Former Staff			1				1
Friend				1			1
Other				1			1
Other Health Providers		1	1				2
Resident/Patient/Client		8	5	3		3	19
State Survey Agency		2				1	3
Total	6	27	14	10	1	4	62

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
General Acute Hospitals**

Subject Area	# Unsubstantiated	# Substantiated	Total
Accidents	1		1
Admission, Transfer & Discharge	1		1
Emtala Patient Dumping	1	1	2
Nursing Services		3	3
Other Services	3	3	6
Physician Services		1	1
Quality of Care/Treatment	5	9	14
Resident/Patient/Client Rights	3	1	4
Resident/Seclusion-General		1	1
Total	14	19	33

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Psychiatric Hospitals**

Subject Area	# Unsubstantiated	# Substantiated	Total
Physical Environment		1	1
Quality of Care/Treatment		1	1
Resident/Patient/Client Rights		2	2
Restraints/Seclusion-Death	1		1
Total	1	4	5

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Critical Access Hospital**

Subject Area	# Unsubstantiated	# Substantiated	Total
Nursing Services	1		1
Quality of Care/Treatment	1		1
Total	2		2

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Home Health Agencies**

Subject Area	# Unsubstantiated	# Substantiated	Total
Admission, Transfer & Discharge		2	2
Falsification of Records/Reports		1	1
Fraud/False Billing	1		1
Misappropriation of Property		1	1
Nursing Services		2	2
Other	3		3
Other Services	1		1
Quality of Care/Treatment	2	1	3
Total	7	7	14

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Hospice**

Subject Area	# Unsubstantiated	# Substantiated	Total
Nursing Services	1		1
Other	1		1
Other Services	1		1
Quality of Care/Treatment	2	3	5
Resident/Patient/Client Rights	1		1
Total	6	3	9

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint – ESRD**

Subject Area	# Unsubstantiated	# Substantiated	Total
Other		1	1
Physical Environment		1	1
Quality of Care/Treatment	1		1
Total	1	2	3

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Rural Health Clinic**

Subject Area	# Unsubstantiated	# Substantiated	Total
Physician Services		1	1
Total		1	1

NOTE: The above data was reported from ACTS

NOTE: Time frame 1/1/07 – 3/31/07

**LONG TERM CARE AND
NON-LONG TERM CARE
ENFORCEMENT
ACTION**

NOTE: Time frame 1/1/07 – 3/31/07

State Forfeitures Processed – Nursing Homes and FDDs

State Class	Total Assessed	Original Amount Due	Actual Amount Due	Amount Paid
A	0	\$ 0	\$ 0	\$ 0
B	45	\$ 397,422	\$ 298,710	\$ 135,916
C	4	\$ 1,500	\$ 1,500	\$ 1,500
Total	49	\$ 398,922	\$ 300,210	\$ 137,416

State Forfeitures Processed – Hospice

# of Invoices Issued	Actual Amount Due	Amount Paid
7	\$ 3,640	\$ 3,640

NOTE: Time frame 1/1/07 – 3/31/07