

March, 2009  
DHS 83 Industry Training

Module 3  
Subchapter VII

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Subchapter VII -  
Resident Care & Services

- 83.35 Assessment, Individual Service Plans and Evaluations
- 83.36 Staffing Requirements
- 83.37 Medications
- 83.38 Program Services
- 83.39 Infection Control Program
- 83.40 Oxygen Storage
- 83.41 Food Service
- 83.42 Resident Records

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83.35 Assessment, ISP and evaluations

(1) Assessment

- (a) Respite care persons shall be assessed before admission and when there is a change in condition. For emergency admission, the assessment shall be conducted within 5 days.
- (b) Face-to-face interview as appropriate
- (c) The assessment, at a minimum, shall include:
  - 1. Oral health and mobility status
  - 3. Presence and intensity of pain
  - 7. Risks, including choking, falling and elopement

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83.35 Assessment, ISP and Evaluations

(2) Temporary service plan required upon admission for residents and respite

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83.35 Assessment, ISP and Evaluations

(3) Comprehensive ISP

- (a) Scope.
  - 3. Establish measureable goals with specific time limits for attainment.
- (c) The CBRF shall implement and follow ISP as written.
- (d) ISP reviewed annually. The resident or legal representative shall sign the ISP acknowledging the involvement in, understanding of and agreement with the ISP.
- (f) Resident care staff will have continual access to assessment and ISP.

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83.35 Assessment, ISP and Evaluations

(5) Evacuation Limitations

- (b) Evaluation of evacuation limitations to be conducted annually.

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### 83.36 Staffing Requirements

#### (1) Adequate Staffing

- (a) The CBRF shall provide employees in sufficient numbers on a 24-hour basis.
- (b) The CBRF shall ensure the following:
  - 3. At least one qualified resident care staff on duty and awake if at least one resident is in need of supervision, intervention or services on a 24-hour basis.

#### (2) Maintain a current written schedule for staffing, including employee's full name, job assignment and time worked.

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### 83.37 Medications

#### (1) General Requirements

- (a) Written practitioner's order for any prescription, OTC or dietary supplement administered.
- (b) Prescription medications shall come from a licensed pharmacy or a physician.
- (c) Develop and implement a medication packaging system policy.

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### 83.37 Medications

#### (1) General Requirements, continued

- (e) Regimen Review
  - 2. At least annually, a physician, pharmacist or RN to conduct on-site review.
  - 3. Obtain report of written findings and address any irregularities for appropriate action.
- (f) More than one prescriber
  - 2. For residents who self-administer, a list of current medications shall be provided to all practitioners.

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83.37 Medications

(1) General Requirements, continued

- (g) Disposition of medications
  - 1. When a resident is discharged, the resident's medications shall be sent with the resident.
  - 2. Changed or discontinued medication may be retained for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication.
  - 3. The CBRF shall develop and implement a policy for disposing of medications.

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83.37 Medications

(1) General Requirements, continued

- (h) Scheduled psychotropic medications
  - 1. Residents receiving psychotropic meds shall be reassessed by a pharmacist, practitioner or RN at least quarterly.

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83.37 Medications

(1) General Requirements, continued

- (i) PRN use of psychotropic medications:
  - 1. ISP shall include the rationale and detailed description of behaviors which indicate need
  - 2. Administrator or qualified designee shall monitor at least monthly
  - 3. Documentation in resident's record
- (L) Written information shall be available to resident care staff on the purpose and side effects of medications taken by residents.

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## 83.37 Medications

### (2) Medication Administration

- (b) Medication administration supervised:
  - 1. The RN, practitioner or pharmacist coordinates, directs and inspects the administration of med and the administration system.
- (c) Medications available OTC may be excluded from unit dose packaging, unless the physician specifies unit dose.
- (e) Injectables, nebulizers, stomal and enteral medications and medications, treatments or preparations delivered vaginally or rectally shall be administered by a RN or a LPN within the scope of license. Med administration under 83.37(2)(e) may be delegated.

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## 83.37 Medications

### □ (3) Storage

- (a) Original containers:
  - 1. Transfer of medication to another container may be delegated to other personnel by a practitioner, RN or pharmacist.
  - 2. Medication transferred to another container shall have a legible label on the new container, including the resident's name, med name, dose and instructions. The CBRF shall maintain the original container until the transferred medication is gone.
- (b) Employees who have completed med administration training may transfer unit doses of meds into packages for the resident to use during unplanned or non-routine events.

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## 83.37 Medications

### □ (4) Exemptions

- CBRFs exclusively serving residents in the custody of a government correctional agency or who is alcohol or drug dependent is exempt from the requirements in 83.37(2)(a)2.

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### 83.38 Program Services

- (1) As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the highest level of functioning.
  - (c) The CBRF shall develop and post the activity schedule.
  - (f) The CBRF shall provide services to meet the resident's communication needs.

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### 83.38(1) Program Services

- (g) Health monitoring
  - 1. The CBRF shall monitor the health of residents and make arrangements for....oral health services. Each resident shall have an annual physical health exam, unless seen by a physician more frequently
  - 2. When indicated, the CBRF shall observe residents' food and fluid intake and acceptance of diet and report significant deviations from normal intake patterns to the physician or dietician
  - 3. The CBRF shall document communication with the resident's physician and other health care providers, and shall record any changes in the resident's condition in the resident's record

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### 83.38(1) Program Services

- (h) The CBRF shall provide medication administration appropriate to the resident's needs.
- (i) The CBRF shall provide services to manage residents' behaviors that may be harmful.
- (k) CBRFs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents.

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83.38 Program Services

(2) Terminally Ill Resident Services

- (a) A CBRF may provide more than 3 hours of nursing care per week if:
  - 2. The resident's primary care provider is not a licensed hospice or licensed home health agency, and the CBRF obtains a waiver from the department.

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83.39 Infection Control Program

(2) The infection control program shall include written policies and training for employees.

(3) Employees shall follow hand washing procedures according to centers for disease control and prevention standards.

(4) Other occupants shall comply with infection control requirements in 83.17(2).

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83.40 Oxygen Storage

- New section addresses safety

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## 83.41 Food Service

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### (1) General Requirements

- (a) Food supply:
  - 1. The CBRF shall maintain a food supply adequate to meet the needs of the residents.
  - 2. Food shall be obtained from acceptable sources.
- (c) All equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used for kitchens serving 20 or fewer residents.

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## 83.41 Food Service

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### (2) Nutrition

- (a) Diets:
  - 1. The CBRF shall provide each resident with palatable food.
- (b) Meals:
  - 2. The CBRF shall provide at least 3 meals unless otherwise arranged. A nutritious snack shall be offered in the evening or more often as consistent with the resident's dietary needs.
- (c) Menus:
  - 2. The CBRF shall prepare weekly menus and shall make menus available for residents. Deviations from the planned menu shall be documented on the menu.

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## 83.41 Food Service

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### (3) Sanitation and Safety

- (c) The CBRF is required under DHS 145.04 to report suspected incidents of food borne disease to the local public health officer.

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## 83.42 Resident Record

(1) Each record shall include the following:

- (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment.
- (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents.
- (u) Completed notice of pre-admission assessment required under DHS 83.30.

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## Contact Information

For questions, you may contact the regional director using the following link:

[http://dhs.wisconsin.gov/rl\\_dsl/Contacts/ALSreglm ap.htm](http://dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglm ap.htm)

Or you may email the regional director at:

[Laurie.arkens@wi.gov](mailto:Laurie.arkens@wi.gov)

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