

**PERSONAL CARE AGENCY SURVEYOR GUIDE**

Name – Agency	Approval Number	Survey Dates	Surveyor Number
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Y	N	Tag	STATE ADMINISTRATIVE RULE	SURVEYOR GUIDANCE	COMMENTS
		I 100	<b>DHS 105.17(1n) Personnel Management.</b> The personal care provider shall document and implement a system of personnel management, if more than one personal care worker is employed or under contract, that includes all of the following:		
		101	(a) 1. Evaluate every personal care worker and RN supervisor employed by or under with the provider periodically according to provider policy for quality of performance and adherence to the provider's policies and this chapter and DHS 107.112. Evaluations shall be followed up with appropriate action.	<b>(Outcome)</b> Review agency policy for employee evaluation timelines, outcome, action taken.	
		102	2. Provide orientation and on-going instruction for RN supervisors and personal care workers. Personal care workers shall receive orientation before providing services to a client. The titles of those responsible for conducting orientation and training shall be specified in the plan. The plan shall include a system for providing instruction when an evaluation of the RN's or personal care worker's performance or competency indicates additional instruction may be needed. Orientation shall include all of the following:	<b>(Outcome)</b> Inquire how agency documents employee orientation. Outline for each discipline, including subject matter and length (number of days) Review orientation program for content.	
		103	a. Policies and objectives of the provider.	Review policy.	
		104	b. Information concerning specific job duties. Training shall be provided for each skill the personal care worker is assigned and shall include a successful demonstration of each skill by the personal care worker to the qualified trainer, under the supervision of the RN supervisor, prior to providing the service to a client independently.	Review job descriptions: 1. Registered Nurse/Supervisor 2. PCW 3. Administrator / Substitute Administrator 4. Other	
		105	c. The functions of personnel employed by the provider and how they interrelate and communicate with each other in providing services.	See above.	
		106	d. Health and safety procedures for working in a home environment.	See above.	

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		107	e. Epidemiology, modes of transmission and prevention of infections and the need for routine use of current infection control measures as recommended by the U.S. centers for disease control and prevention.	See above.	
		108	f. Responding to medical and non-medical emergencies.	See above.	
		109	g. Ethics, confidentiality of client information, and client rights.	See above.	
		110	3. Comply with the caregiver background check requirements under s. 50.065, Stats., and ch. DHS 12, including disclosure requirements under s. 50.065(2m), Stats., and s. DHS 12.115. The provider shall also comply with the caregiver misconduct reporting and investigation requirements under ch. DHS 13.	Cite via Z tags.	
		111	(b) Employ trained personal care workers as described under sub(3), or train or arrange and pay for training of employed or subcontracted personal care workers as necessary. No employee or subcontractor may be assigned any duty for which he or she is not trained.	<b>(Outcome)</b>	
		112	(c) Employ or contract with at least one registered nurse.	Cross reference DHS 105.17(6).	
		113	(d) 1. Supervise the provision of personal care services. Except as provided in subd. 2., services for all clients shall be supervised by a registered nurse according to the requirements set forth in s. DHS 107.112(3)(a) and (c) 2. Clients who are not Medicaid recipients may choose to waive the requirements contained in s. DHS 107.112(3)(c) for the supervisory review of the personal care worker, including a visit to the client's home every 60 days, through a written agreement between the client or the client's legal representative and the personal care agency. The agreement shall specify the requirements being waived by the client or the client's legal representative and the benefits of the requirement and probable consequences of the requirement not applying to the client. The agreement shall be included in the service agreement required at s. DHS 105.17(1w)(c).		
		114	(e) Employ or contract with personal care workers to provide personal care services.		

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		115	(f) In the case of personal care workers who are not employees of the personal care provider, specify all required training, qualifications and services to be performed in a written personal care provider contract between the personal care provider and personal care workers, and maintain a copy of that contract on file.		
		116	(fm) Document performance of personal care services by personal care workers by maintaining time sheets of personal care workers which document the types and duration of services provided, by funding source		
		117	<b>DHS 105.17(1r) Infection Control and Prevention.</b> (a) The personal care provider shall develop and implement written policies for control of communicable diseases that take into consideration control procedures incorporated by reference in ch. DHS 145 and that ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician or physician assistant or advanced practice nurse.	<b>(Outcome)</b> Review disease surveillance policy for inclusion.	
		118	(b) 1. The personal care provider shall ensure that each new employee, prior to having direct contact with clients, is certified in writing by a physician, physician assistant or registered nurse as having been screened for tuberculosis and clinically apparent communicable disease that may be transmitted to a client during the normal performance of the employee's duties. The screening shall occur within 90 days before the employee has direct client contact.	Inquire how agency documents employee health screening. Review sampling of personnel records for compliance.	
		119	2. The personal care provider shall ensure that each continuing employee having direct contact with clients is periodically screened for clinically apparent communicable disease by a physician, physician assistant, or registered nurse based on the likelihood of their exposure to a communicable disease, including tuberculosis. The exposure to a communicable disease may have occurred in the community or in another location.	Ask how the agency determines when it will require employee re-screening.	
		120	(c) The personal care provider shall monitor employee's adherence to evidence-based standards of practice as recommended by the U.S. centers for disease control and prevention, or other evidence-based standards of practice, related to protective measures. When monitoring reveals a failure to follow evidence-based standards of practice, the provider shall provide counseling, education, or retraining to ensure staff is adequately trained to complete their job responsibilities.	Inquire how agency monitors adherence.	
		121	(d) The personal care provider shall provide equipment and supplies necessary for all staff having direct care contact with the client to minimize the risk of infection.		

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			<b>DHS 105.17(1w) Client Services.</b> The personal care provider shall do all of the following:		
		122	(a) <i>Acceptance.</i> Assess prospective client's appropriateness to be served by the provider without delay, unless the reason for the delay is justifiable and documented, and accept a client only if there is reasonable expectation that the client's needs can be met by the provider. If the provider accepts the applicant as a client, the provider shall promptly provide services to the individual. If the provider does not accept an applicant as a client, the provider shall inform the applicant of other personal care service providers in the area or how to obtain a list of those providers.	<b>(Outcome – Entire Client Services)</b>	
			(b) <i>Information to provide to the client.</i> The provider shall provide, in writing, prior to or at the time of accepting the person as a client, each client or the client's legal representative all of the following:	Review client records to determine if information is given prior provision of services. Verify on home visit and via clinical record review patient acknowledgement.	
		123	1. The provider's rules and the client's responsibilities under the provider's rules;		
		124	2. The procedures indicating the complaint or grievance process which shall include a statement on how the client can make a complaint to the department;	Review policy. Observe and interview on home visit. Review documentation and verify patient receipt of complaint information.	
		125	3. A statement of client's rights which shall include all of the following:	Review written patient rights statement for completeness. Assess promotion of patient rights through record review and home visits	
		126	a. To be fully informed of these rights and of all of the provider's rules governing client responsibilities;		
		127	b. To be fully informed of services available from the provider;		
		128	c. To be informed of all changes in services and charges as they occur;	Review how the agency informs client/caregiver of services and charges. Verify through home visits.	
		129	d. To participate in the planning of services, including referral to a health care institution or other provider and to refuse to participate in experimental research;		
		130	dm. To have access to information about the client's health condition to the extent required by law;		
		131	e. To refuse service and to be informed of the consequences of that refusal;		

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		132	f. To confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the provider, except in the case of transfer to another provider or health facility, or as otherwise permitted by law;		
		133	g. To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;		
		134	h. To be taught the service required so that the client can, to the extent possible, help himself or herself;		
		135	i. To have a person designated by the client taught the service required, so that, to the extent possible, the person designated can understand and help the client;		
		136	j. To have one's property treated with respect;		
		137	k. To complain about the care that was provided or not provided, and to seek resolution of the complaint without fear of recrimination;		
		138	l. To have the client's family or legal representative exercise the client's rights when the legal representative is legally authorized to do so;		
		139	(c) <i>Service agreement.</i> Before services are provided, the personal care provider shall inform the client, orally and in writing, of the extent to which payment may be expected from other sources, the charges for services that will not be covered by other sources and charges that the individual may have to pay.	(Outcome) Review signed service agreement and verify client receipt.	
			(d) <i>Client records.</i> Maintain all of the following records, if required in this section or s. DHS 107.112, for each client:		
		140	1. The nursing assessment, physician prescription, plan of care, personal care worker's assignment and record of all assignments, and record of registered nurse supervisory visits;		
		141	2. The record of all visits by the personal care worker, including observations and assigned activities completed and not completed;		
		142	3. Written acknowledgement of receipt by the client of the client's rights and responsibilities, provider rules and policies, and the department statement on how to register a complaint;		
		143	4. A copy of the discharge summary; 5. All of the information required under s. DHS 106.92(9)(e)2. for each of its clients.		

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		144	(e) <i>Client preferences for services.</i> Give full consideration to a client's preferences for service arrangements and choice of personal care workers.		
		145	(f) <i>Discharge of a client.</i> 1. A personal care provider may discharge a client only for one or more of the reasons listed in subds. 2., 3., or 6. and only after discussing the reasons for the discharge with the client or the client's legal representative and the client's attending physician, when the physician has ordered personal care services, and providing written notice to the client or client's legal representative within the timelines specified in this paragraph.	<b>(Outcome)</b> Review at least one discharged client and related documentation. Review discharge policy.	
			2. The personal care provider shall provide written notice to the client or the client's legal representative at least 10 working days in advance of the discharge if the reason for the discharge is either of the following:		
		146	a. The provider is unable to provide the personal care services required by the client due to either a change in the client's conditions that is not an emergency or the provider's documented inability to staff the case.		
		147	b. Non-payment for services.		
			3. The personal care provider shall provide written notice to the client or the client's legal representative at the time of discharge if the reason for service is the result of any of the following:		
		148	a. The safety of the personal care worker or nurse supervisor is compromised, as documented by provider staff.		
		149	b. The attending physician orders the discharge of the client for emergency medical reasons.		
		150	c. The client no longer needs personal care service as determined by the attending physician.		
		151	d. The client is abusing or misusing the personal care benefit as determined by the department or county agency under s. DHS 104.02(5).		
		152	4. A copy of the written notice of discharge shall be placed in the client's medical record.		
			5. The personal care provider shall include all of the following in the written notice of discharge required under this paragraph:		
		153	a. The reason the provider is discharging the client;		

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		154	b. The assistance the personal care provider is able to provide in arranging for continuity of all necessary personal care services;		
		155	c. A notice of the client's right to file a complaint with the department if the client believes the discharge does not comply with any of the provisions of this section and the department's toll-free complaint telephone number and the address and telephone number of the department's division of quality assurance.		
			6. No written notification is necessary for discharge for any of the following reasons:		
		156	a. The client dies.		
		157	b. The client changes place of residence to a location in an area not served by the provider.		
		158	c. The client or the client's legal representative notifies the provider in writing to terminate services.		
		159	7. The personal care provider shall complete a written discharge summary within 30 calendar days following discharge of the client or voluntary termination of services by the client or the client's legal representative. The discharge summary shall include a description of the care provided and the reason for discharge. The personal care provider shall place a copy of the discharge summary in the former client's medical record. Upon request, the personal care provider shall provide a copy of the discharge summary to the former client, the client's legal representative, the attending physician, or advanced practice nurse prescriber.		
		160	(h) <i>Client grievances and complaints.</i> Provide and document a grievance mechanism to resolve clients' complaints about personal care services, including a personal care provider's decision not to hire a client's choice of a personal care worker. The procedure shall set forth a procedure for clients to register complaints with the department.		
		161	<b>DHS 105.17(2) Qualifications and duties of the Registered Nurse Supervisor.</b> (a) Qualifications. A personal care provider shall employ or contract with an RN supervisor, who shall have all of the following qualifications:		
		162	1. Current licensure as a registered nurse under pursuant to s. 441.06, Stats.		

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		163	2. Training and experience in the provision of personal care services or in a related program.		
		164	3. At least one year of supervisory or administrative experience in personal care services or in a related program.		
			(b) <i>Duties</i> . The RN supervisor shall perform all of the following duties:	(Outcome)	
		165	1. Evaluate the need for services and make referrals to other services as appropriate.		
		166	2. Secure written orders from the client's physician. These orders are to be renewed once every 3 months unless the physician specifies that orders covering a period of time up to one year are appropriate, or when the client's needs change, whichever occurs first. Physician orders for personal care services are not required for clients who are not Medicaid recipients unless the personal care service is a delegated medical act as defined in s. N 6.02(4). This provision does not mitigate the RN supervisor's responsibility to follow the standards contained in Chapter N 6.	(Outcome)	
		167	3. Develop a plan of care for the client, giving full consideration to the client's preferences for service arrangements and choice of personal care workers, interpret the plan to the personal care worker, include a copy of the plan in the client's health record and review the plan at least every 60 days and update it as necessary.	(Outcome)	
		168	<b>DHS107.112(3) Other limitations.</b> (b) <i>IN PART</i> : The plan shall be based on the registered nurse's visit to the recipient's home and shall include:	(Outcome)	
		169	1. Review and interpretation of the physician orders;	(Outcome)	
		170	2. Frequency and anticipated duration of service;	(Outcome)	
		171	3. Evaluation of the recipient's needs and preferences; and	(Outcome)	
		172	4. Assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning and any pertinent cultural factors such as language.	(Outcome)	



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		173	(c) Review of the plan of care, evaluation of the recipient's condition and supervisory review of the personal care worker shall be made by a registered nurse every 60 days. The review shall include a visit to the recipient's home, review of the personal care worker's daily written record and discussion with the physician of any necessary changes in the plan of care.	(Outcome) <b>NOTE:</b> RN must do home visit and document the other components of the 60 day review.	
		174	<b>DHS105.17(2)(b)</b> 3m. Promptly notify a client's physician or other appropriate medical personnel and legal representative, if any, of any significant changes observed or reported in the client's condition.	(Outcome)	
		175	4. Develop appropriate time and service reporting mechanisms for personal care workers and instruct the workers on their use.	(Outcome)	
		176	5. Give the personal care worker written instructions about the services to be performed and arrange for an appropriate person to demonstrate to the personal care worker how to perform the services.		
		177	6. Evaluate the competency of the personal care worker to perform the services.	(Outcome)	
			<b>DHS 105.17(3) Qualifications and Duties of Personal Care Workers.</b> (a) Qualifications. Personal care workers shall have all of the following qualifications:	(Outcome)	
		178	1. Be trained under s. DHS 105.17(1p)(a)2. and (b) in the provision of personal care services and in each skill that the personal care worker is assigned.	❖ <b>NOTE: There is a 105.17(1n)(a)2., but no (1p) in the emergency rule.</b>	
		179	2. Provide documentation of required training to the personal care provider for the provider's records	(Outcome)	
		180	3. Be a person who is not a legally responsible relative of the client under s. 49.90 (1), Stats.		
			(b) Duties. Personal care workers shall do all of the following:	(Outcome)	
		181	1. Perform tasks assigned by the RN supervisor.		
		182	2. Report in writing to the RN supervisor on each assignment.		
		183	3. Promptly report any significant changes observed or reported in the client's condition to the RN supervisor.	(Outcome)	
		184	4. Confer as required with the RN supervisor regarding the client's progress.		

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		185	5. Upon coming in contact with blood or other potentially infectious materials including those that are air-borne, non-intact skin, and mucus membranes in caring for clients, practice infection control measures as recommended by the U.S. centers for disease control and prevention.		