

# DQA Quarterly Information Update JAN 2014

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## DQA QUARTERLY CONTACT

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## E-MAIL SUBSCRIPTION SERVICES

[http://www.dhs.wisconsin.gov/rl\\_dsl/signup.htm](http://www.dhs.wisconsin.gov/rl_dsl/signup.htm)



## NEW THIS ISSUE

### Bureau of Assisted Living Southern Regional Office Move

Bureau of Assisted Living

On December 11<sup>th</sup>, the Bureau of Assisted Living's (BAL) Southern Regional Office (SRO) moved to 2135 Rimrock Road in Madison. With this move, Assisted Living's Southern Region is once again sharing office space with the Division's Bureau of Nursing Home Resident Care, Southern Region.

*(continued)*

With the move, some of the BAL SRO contact information has changed:

- **US Postal Service Mail Address**

Department of Health Services  
Division of Quality Assurance  
Bureau of Assisted Living  
PO Box 7940  
Madison, WI 53707-7940

- **UPS or Fed Ex Deliveries**

Department of Health Services  
Division of Quality Assurance  
Bureau of Assisted Living  
2135 Rimrock Road  
Madison, WI 53713

- The BAL SRO telephone and fax numbers remain the same:

Main Phone (608) 264-9888  
Fax Line (608) 264-9889

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## Music & Memory Initiative

In the spring of 2013, two Divisions within the Department of Health Services --- the Division of Long Term Care (DLTC) and the Division of Quality Assurance (DQA) --- joined forces to launch an exciting new project, the Wisconsin Music & Memory Initiative, funded with Nursing Home Civil Money Penalties (CMP) dollars. With the support of this program, 100 Wisconsin nursing homes can now assist residents with Alzheimer's and related dementias to experience more enjoyment and to find renewed meaning and connection in their lives through personalized music.

**DHS Secretary, Kitty Rhoades**, has stated, "It's clear from the interest in the program that the Music and Memory Initiative is a bonus for patients in our nursing home communities. Increasing the ability for patients to positively interact with fellow community members, staff, and family through the power of music is really priceless."

You can find additional information online about the DHS Music & Memory Initiative and CMP funding at:

<http://www.dhs.wisconsin.gov/music-memory/>

[http://www.dhs.wisconsin.gov/rl\\_DSL/Providers/qai-application.htm](http://www.dhs.wisconsin.gov/rl_DSL/Providers/qai-application.htm)

## Music & Memory Timeline ~ 2013

The two Divisions put together an aggressive timeline to engage Wisconsin nursing homes to participate in the program. Below is a schedule showing the important events of the Music & Memory Initiative!

- March 6 Conference call with Dan Cohen, founder and Executive Director of the national Music & Memory program to determine feasibility.
- March Division Administrators are briefed and the grant proposal is drafted.

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- April Secretary Rhoades is briefed on the program.
  - April 19 DQA submits grant proposal to CMS for review.
  - April 24 Approval granted by CMS!
  - May / June Stakeholder outreach conducted by DLTC and DQA staff with over 25 agencies/associations providing information about the benefits of personalized music for persons with Alzheimer's disease and related dementias.
  - July 15 Music & Memory Initiative website is launched, featuring a new logo created by Michael Wroblewski of DLTC. **Over 600 hits in the first 2 weeks!**  
<http://www.dhs.wisconsin.gov/music-memory/>
  - July 16 Music & Memory Initiative is officially launched! All 397 nursing homes are invited to participate in the Adobe connect information session with over 200 participants tuning in to learn more! **Applications start to pour in as soon as the information session concludes!**
  - August 15 Applications are due --- **233 applications received for 100 slots!**
  - August 30 One hundred Wisconsin nursing homes receive their approval letters to participate in the initiative! <http://www.dhs.wisconsin.gov/music-memory/participants.htm>
  - October 31 One hundred Wisconsin nursing homes complete their Music & Memory training and are now certified Music & Memory facilities.  
*Training:* <http://musicandmemory.org/>  
*Certified Facilities:* <http://musicandmemory.org/about/certified-music-and-memory-nursing-homes/>
  - November 19 Dan Cohen, Executive Director of the national Music & Memory program is a featured speaker at the DHS FOCUS 2013 Special Session, "The Art and Science of Dementia Care Without Drugs."  
<http://www.uwsp.edu/conted/ConfWrkShp/Pages/Focus/default.aspx>
  - November 19 Wisconsin premiere of the feature length movie, "Alive Inside," (selected as a documentary feature at the 2014 Sundance Film Festival) is held at the DHS FOCUS conference, followed by a question and answer session with Dan with over 300 in attendance. **We're hopeful this powerful new film will be available for national distribution in 2014!** <http://aliveinside.us/>
  - November 21 One hundred Wisconsin certified Music & Memory facilities are listed on the national personalized Music & Memory website! **It's impressive to see the number of facilities from Wisconsin!** <http://musicandmemory.org/about/certified-music-and-memory-nursing-homes/>
  - December Equipment for personalized music distributed to 100 nursing homes for 1,500 residents with Alzheimer's or related dementia.
  - January 2014 Evaluation of initiative begins by the UW - Milwaukee, Center on Aging and Translational Research.
  - January 2014 Monthly video conference sessions held, offering support and technical assistance to the 100 participating nursing homes.
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## Provider Search Application: Enforcement Actions

Bureau of Education Services and Technology

The Provider Search Internet-based application allows consumers to locate health care providers by entering geographic and other search criteria. The Division of Quality Assurance implemented the Provider Search application in the summer of 2012, and survey information was added January 2013.

Information currently available includes provider's name, address, telephone number, licensure and/or certification type, ownership information, types of surveys conducted, Statements of Deficiencies, the provider's plan of correction, and a link to Google maps for the location and driving directions to specific providers selected by the consumer.

Soon, enforcement actions imposed on health care providers will also be available. Both state and federal enforcement actions that are sent to health care providers on or after January 1, 2014, will be available in the Survey History area of Provider Search. This additional information may help the public assess care options and the quality of care provided by individual providers.

The Provider Search application is available on the Department's website at:

<http://www.dhs.wisconsin.gov/bqaconsumer/search.htm>

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## SRO / BNHRC Quarterly Communication Meetings

Bureau of Nursing Home Resident Care (Southern Regional Office – Madison)

The Southern Regional Office of the Bureau of Nursing Home Resident Care (BNHRC) will be holding quarterly communication meetings throughout 2014 at which Pat Virnig, Regional Field Operations Director, and Ann Angell, Regional Field Operations Supervisor, will meet with facility staff from throughout the Southern Region.

These informal communication meetings will be held at no cost to the participants and will be located at:

Iowa County Health and Human Services Building  
Community Room  
303 W. Chapel St.  
Dodgeville, WI 53533

We look forward to your participation and ask that you save the following dates:

January 22, 2014	1:00 to 3:00 PM
April 23, 2014	9:00 to 11:00 AM
July 23, 2014	1:00 to 3:00 PM
October 22, 2014	1:00 to 3:00 PM

DQA would like to thank Penny Clary, Nursing Home Administrator at Bloomfield Manor, and Luke Schubert, Nursing Home Administrator at Upland Hills Nursing and Rehabilitation, for their assistance in setting up these meetings.

If there are questions or specific topics anyone would like addressed, contact Pat, Ann, Penny, or Luke so that we can ensure that the agenda meets the needs of those attending.

## Updated 2013 FDA Food Code

Bureau of Education Services and Technology

The Federal Drug Administration (FDA) and Wisconsin Department of Agriculture, Trade and Consumer Protection have recently updated their food codes identified as 2013 FDA Food Code and Wisconsin Food Code.

Providers that use the FDA Food Code should be particularly aware of one significant change in the 2013 FDA Food Code as it relates to glove use and hand washing. (Please note that Wisconsin's Food Code has not yet incorporated this update.)

The section of the 2013 FDA Food Code where the change can be found is **2-301.14 "When to Wash,"** under bullet **"H."** In the previous FDA Food Code (same section), it stated hands needed to be washed before donning gloves for working with food. This meant that hands always had to be washed every time prior to putting on a new pair of gloves, even if the individual was performing the same task.

The language in **2-301.14(H)** in the 2013 FDA Food Code has been amended to "clarify that the requirement to wash hands before donning gloves is specific to the **beginning** (*emphasis added*) of a task involving working with food and not during the **task** (*emphasis added*). One glove, one task is now one task and gloves can be changed between performing that same task without having to wash hands.

Examples of implementing this change are:

- The task is making ham sandwiches. (**It is assumed hands have already been appropriately washed prior to getting everything ready.**)
  - Package containing ham is opened.
  - Bread bag is opened and bread is easily accessible without touching bag.
  - Spreads such as mayonnaise or margarine are opened, each with its individual utensil.

After getting everything prepped for making sandwiches, hands are washed and gloved prior to the one task of making sandwiches.

In the middle of making sandwiches, let's say that the gloves have margarine on them. In this situation, gloves can be taken off and new gloves donned without having to wash hands; however, in the event the person would leave the area and go elsewhere (other than to get a new pair of gloves), hands would need to be washed prior to glove placement.

- During tray line, the worker gets gravy on the gloves. The worker can put on another pair of gloves without having to wash hands. Again, this is taking into consideration that the individual did not leave the work station other than for putting on new gloves.

Links for the updated food codes are available at:

2013 FDA Food Codes

<http://www.fda.gov/food/guidanceregulation/retailfoodprotection/foodcode/ucm374275.htm>

Wisconsin Food Code

[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/196\\_.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/196_.pdf)

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If you have any questions, contact Vickie Bergquist, Dietitian Consultant, at (920) 448-5238 or by email at [vickie.bergquist@dhs.wisconsin.gov](mailto:vickie.bergquist@dhs.wisconsin.gov).

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## **‘OASIS Educational Forums’ to Continue in 2014**

Bureau of Education Services and Technology

The Division of Quality Assurance (DQA) began sponsoring a new OASIS educational venue in 2013 to help Wisconsin home health agencies (HHAs) keep current with evolving OASIS information. Entitled, *The OASIS Educational Forum*, Wisconsin’s OASIS Education and Automation Coordinators trialed this ‘internet meeting’ format for sharing new OASIS-related information. Because of its success, these quarterly educational offerings will continue in 2014.

The next *OASIS Educational Forum* is set for **Thursday, February 27<sup>th</sup> at 1:00 - 2:00 p.m.** On the day of the *Forum*, simply connect online to our ‘virtual meeting room’ at <https://connect.wisconsin.gov/dhsdqaoasis>. Attendees enter as a ‘Guest’ and sign in with the name of their HHA and the number of participants at their particular location.

If you are new to this meeting format and need ‘the details’ of participating, such as computer requirements, testing your computer’s connectivity, and a ‘Quick Start Guide’, read the original article in the January 2013 issue of the *DQA Quarterly Information Update* (page 4) at:

[http://www.dhs.wisconsin.gov/rl\\_DSL/Publications/dqa-update-1-13.pdf](http://www.dhs.wisconsin.gov/rl_DSL/Publications/dqa-update-1-13.pdf)

To make suggestions for discussion topics, send an email to [MaryJo.Sutton@dhs.wisconsin.gov](mailto:MaryJo.Sutton@dhs.wisconsin.gov).

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## **REGULAR FEATURES**

### **Changes in DQA Staff**

#### **Administrative Services Unit**

##### ***Greta Slack, OPA***

Greta Slack joined the DQA Administrative Services Unit (ASU) as an Operations Program Associate with primary responsibility for the DQA front desk receptionist duties. Greta came to DQA from the University of Wisconsin Veterinary School where she served as the Department of Surgical Sciences University Services Associate. She has a Bachelor of Arts degree in Geography from the University of Wisconsin – Madison.

#### **Bureau of Education Services & Technology**

##### ***Flip Varsos, Director***

Phyllis (Flip) Varsos has been selected as the Director of the Bureau of Education Services and Technology (BEST). Flip has been the Section Chief of the BEST Education Services Section since 2008 and the training officer in that section since 2001. Prior to joining DQA, she was a training officer at Central Wisconsin Center. Flip has a Bachelor of Science degree in Special Education from the University of Wisconsin – Madison. She brings 24 years of experience in adult education and excellent program leadership and communication skills to her new role as Bureau Director. She is

looking forward to continuing to further the mission of BEST by providing outstanding information resources/analysis and training/consultation services to our staff and the providers that we regulate.

## Bureau of Nursing Home Resident Care (BNHRC)

### **Luanne Leverentz, RN (Southern Regional Office – Madison)**

DQA Southern Regional Office is pleased to announce our newest nurse staff member. Luanne Leverentz is a Registered Nurse who has many years of nursing experience; her most recent experience as a Director of Nursing.

## DQA Numbered Memos (October, November, December)

Access these memos at [http://dhs.wisconsin.gov/rl\\_DSL/Publications/BQAnodMems.htm](http://dhs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm) or via individual providers' publications pages at [http://dhs.wisconsin.gov/rl\\_DSL/](http://dhs.wisconsin.gov/rl_DSL/).

Memo No.	Title	Summary	Providers Affected
13-020	Addendum to DQA Outpatient Mental Health and Substance Abuse Program Branch Office Policy	This addendum provides guidance to outpatient clinics certified under Chapter DHS 35 and/or Chapter DHS 75.13 seeking approval to provide mental health and substance abuse treatment services to children 4K through Grade 12 in public, private, or tribal schools throughout Wisconsin.	Certified Mental Health and Substance Abuse Service Providers
13-021	Required Notifications to the Division of Quality Assurance	This memo clarifies the types of information that should be directed to DQA rather than to the Division of Long Term Care.	Nursing Homes
13-022	CMS Clarification on Nursing Home Cardiopulmonary Resuscitation Policies	Per CMS S&C Memo 14-01, nursing homes must have staff certified in CPR on duty every shift. This memo provides clarification of the change in DHS guidance regarding this matter.	Nursing Homes
13-023	Evacuation of Residents with Special Needs	This memo shares information and clarification in response to an actual situation where residents in bariatric beds felt abandoned during a documented emergency at a long term care facility.	Nursing Homes

## CMS Survey & Certification Letters (October, November, December)

Listed below are Survey and Certification (S&C) Letters distributed by The Centers for Medicare and Medicaid Services (CMS) during the last quarter. The CMS Internet site for reviewing all S&C memos is located at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

S&C No.	Title	Summary	Providers Affected
14-01-NH	Cardiopulmonary Resuscitation (CPR) in Nursing Homes	<p><b>Initiation of CPR:</b> Prior to arrival of EMS, nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order. CPR-certified staff must be available at all times.</p> <p><b>Facility CPR Policy:</b> Facilities must not establish and implement facility-wide no CPR policies.</p> <p><b>Surveyor Implications:</b> Surveyors should ascertain that facility policies related to emergency response require staff to initiate CPR as appropriate and that records do not reflect instances where CPR was not initiated by staff even though the resident requested CPR or had not formulated advance directives.</p>	State Agency Nursing Home
14-02-ALL	Contingency Plans: State Survey & Certification Activities in the Event of Federal Government Shutdown	This memo provides notification of the CMS attempt to Protect Medicare and Medicaid beneficiaries against immediate dangers to life and health and to prevent providers and suppliers from experiencing harm that would threaten their ability to provide healthcare services. This memo identifies functions that (a) are not affected by a shutdown, (b) essential functions that are to be continued in the event of a shutdown, and (c) other functions that are directly affected and therefore should not be operational during a shutdown.	State Agency All

14-03-NH/LSC	Citations at F Tag 454 – 42 CFR §483.70 Physical Environment, §483.70(a) Life Safety from Fire	<p><b>Citations at F Tag 454 No Longer Applicable:</b> The regulations at §483.70(a) are covered by LSC requirements and all citations under these regulations should be made under the appropriate LSC K Tags.</p> <p><b>Systems Changes:</b> CMS has deleted F Tag 454 from our Automated Survey Processing Environment (ASPEN) system.</p>	State Agency Nursing Home Life Safety Code
14-04-ALL	Questions & Answers for State Recovery after the Federal Government Shutdown	On October 16, 2013 Congress enacted Public Law 113-46, providing for a continuing appropriation until January 15, 2014, with retroactive authority back to October 1, 2013. Attached are responses to questions received from States and providers with regard to the manner in which survey and certification activities should accommodate the effects of the federal government shutdown that occurred from October 1, 2013 through October 16, 2013.	State Agency All
14-05-CLIA	Use of Direct for the Secure Transmission of Laboratory Test Results	<p><b>Direct:</b> A simple, secure, scalable, standards based way to send authenticated, encrypted health information directly to known, trusted recipients over the Internet.</p> <p><b>Clinical Laboratory Improvement Amendments of 1988 (CLIA) Requirements:</b> The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner [42 CFR §493.1291(a)].</p> <p><b>CLIA Guidance:</b> CMS considers that laboratories utilizing the Direct transport protocols and fully supporting the Direct Implementation Guide for Delivery Notification requirements would meet the CLIA regulations for an adequate electronic system for sending laboratory test results to the final report destination as specified in 42 CFR §493.1291(a).</p>	State Agency CLIA

<p>14-06- Hospitals / CAHs</p>	<p>Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Conflicting Payor Requirements or Collection Practices</p>	<p><b>EMTALA and Payor Requirements:</b> Some proposed or existing payment policies of third party payors of hospital services have generated confusion among providers about their EMTALA obligations. The Centers for Medicare &amp; Medicaid Services (CMS) is clarifying for Medicare-participating hospitals and critical access hospitals (CAH) that they are required to comply with EMTALA, regardless of any conflicting requirements of third-party payors, including when those payors are State Medicaid programs.</p> <p><b>Certain Hospital Collection Practices May Also Conflict with EMTALA:</b> It is not acceptable for a hospital or CAH to request immediate payment, by cash or other methods, for services provided to an individual who is protected under EMTALA prior to the receipt of such services. A hospital may only request on-the-spot payment after it has conducted an appropriate medical screening examination (MSE) and, if applicable, stabilized an individual's emergency medical condition (EMC) or admitted the individual. Hospital patients are further protected under the patient's rights Condition of Participation at 42 CFR 482.13(c)(3), which protects patients from abuse or harassment.</p> <p><b>Provisions of the Affordable Care Act May Mitigate Future Problems:</b> The Affordable Care Act contains provisions requiring certain insurance issuers to cover emergency services, including stabilization, without preauthorization.</p>	<p>State Agency Hospitals / CAH</p>
<p>14-07- Hospital</p>	<p>Hospital Equipment Maintenance Requirements</p>	<p><b>S&amp;C 12-07-Hospital Superseded:</b> We are updating previously provided guidance to clarify:</p> <ul style="list-style-type: none"> <li>o Hospital facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.</li> <li>o A hospital may adjust its maintenance, inspection, and testing</li> </ul>	<p>State Agency Hospital</p>

		<p>frequency and activities for facility and medical equipment from what is recommended by the manufacturer, based on a risk-based assessment by qualified personnel, unless:</p> <ul style="list-style-type: none"> <li>• Other federal or state law or hospital Conditions of Participation (CoPs) require adherence to manufacturer’s recommendations and/or set specific requirements. (For example, all imaging/radiologic equipment must be maintained per manufacturer’s recommendations.) or</li> <li>• The equipment is a medical laser device; or</li> <li>• New equipment without a sufficient amount of maintenance history has been acquired.</li> </ul> <p>○ Hospitals electing to adjust facility or medical equipment maintenance must develop policies and procedures and maintain documentation supporting their Alternate Equipment Management (AEM) program. They must adhere strictly to the AEM activities and/or frequencies they establish.</p>	
<p>14-08-Transplant Programs</p>	<p>Focused Quality Assessment and Performance Improvement (F-QAPI) Surveys for Organ Transplant Programs – Informational Only</p>	<p><b>F-QAPI Surveys:</b> In July-August 2013, CMS conducted a pilot of the new transplant F-QAPI survey and will now proceed with full implementation of this survey, including the issuance of citations.</p> <p><b>Purpose:</b> The transplant F-QAPI survey provides CMS an opportunity for a more comprehensive assessment of compliance with the Transplant Program QAPI Condition of Participation (CoP) at §482.96. Additionally, the survey team may provide tools and information that programs can use to improve the effectiveness of their QAPI program.</p>	<p>State Agency Organ Transplant Program</p>

<p>14-09- Emergency Preparedness</p>	<p>Publication of NPRM for Emergency Preparedness – Informational Only</p>	<p><b>Publication of NPRM for Emergency Preparedness:</b> This proposed rule would establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It would also ensure that these providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.</p>	<p>State Agency ALL</p>
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