

# **SURVEY GUIDE**

## **PERSONAL CARE AGENCY APPROVAL**



**STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance  
Bureau of Health Services

P-00191 (06/2017)

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## DQA / BUREAU OF HEALTH SERVICES CONTACT INFORMATION

### Central Office – BHS / Acute Care Compliance Section (ACCS)

DHS / Division of Quality Assurance  
Bureau of Health Services  
Acute Care Compliance Section  
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### IMPORTANT LINKS

- Tell us about your survey experience by completing the *DQA Post Survey Questionnaire* (DQA form F-62579), available at: <https://www.surveygizmo.com/s3/3317414/DQA-Post-Survey-Questionnaire-F-62579>
- Stay up-to-date with regulatory changes by signing up for the DQA Listserv at: [http://www.dhs.wisconsin.gov/rl\\_dsl/listserv/signup.htm](http://www.dhs.wisconsin.gov/rl_dsl/listserv/signup.htm)
- This DQA publication (P-00191) is available online at: <https://www.dhs.wisconsin.gov/publications/index.htm>

## I. INTRODUCTION

The Division of Quality Assurance (DQA), Bureau of Health Services (BHS) is responsible for conducting unannounced surveys in personal care agencies in Wisconsin to ensure that state requirements are met. The following information has been prepared to serve as a guide to the survey process for evaluating personal care agencies.

**This survey guide is a general reference for informational purposes. In the event of any conflict between information provided in this guide and the state legal requirements for personal care agencies, rely on the applicable legal requirements.**

## II. OVERVIEW OF THE SURVEY PROCESS

The purpose of the survey is to determine whether the entity meets applicable state laws and administrative codes. Surveys are conducted by nursing consultant surveyors employed by the DQA, Bureau of Health Services.

### A. Off-site Survey Preparation

The surveyor reviews the DQA / BHS historical file of the entity, entity profiles, and other applicable information.

The extent of the survey may be increased if the entity has had any of the following:

- Repeat violations from the last onsite survey
- Significant complaints, whether or not substantiated, in the past 12 months
- Change in ownership or change in key entity personnel since the last survey

### B. Entrance Conference

Upon entering the personal care agency, the surveyor will introduce him/herself and ask to meet the administrator. The surveyor will request a working area.

The surveyor will inform the entity staff about the survey process, request information needed to conduct the survey, set up a schedule for necessary interviews, and begin to select clients for home visits. The surveyor will inform the entity that staff may accompany the surveyor during the survey and discuss the surveyor's observations and supply additional information throughout the survey and exit conference. The entrance conference takes approximately one half hour.

The surveyor will request the following information from a personal care agency:

- The unduplicated number of clients admitted for all services for the past 12 months, except those clients who are only receiving Supportive Home Care (SHC) services, regardless of payment source
- A written plan of operations indicating the entire process from making referrals through delivery of services and follow-up
- A written statement defining the scope of personal care services provided, including the population being served, service needs, and service priorities
- Copy of the client admissions packet (service agreement, complaint form, client rights, etc.)
- Identification of the services provided entirely and directly by agency employees
- Written personnel policies
- Written job descriptions
- List of personnel with dates of hire of personal care workers (PCWs) and nurses. (This should include contracted employees.)
- Contracts with workers and other agencies
- Client records, including:
  - The nursing assessment, physician prescription, plan of care, personal care assignments, and record of all visits
  - The record of all visits by the personal care worker, including observations and assigned activities completed and not completed

- Records of supervisory visits
- A copy of written agreements between the personal care agency and RN supervisor, if applicable
- Home visit schedule for survey days
- List of discharges within the previous 30-60 days

### **C. Information Gathering**

#### **1. Home Visits**

The surveyor conducts home visits based on a random sample of all current clients. After receiving the client's oral or written consent, the surveyor observes entity staff implementing the plan of care in the client's home.

#### **2. Record Review**

The surveyor reviews a random sample of client health care records. Clients selected for home visits are included in the sample.

#### **3. Personnel Records**

The surveyor reviews a sample of agency personnel records of individuals directly employed or under contract. A sample of personal care worker and RN supervisor personnel records is reviewed to ensure that the personal care workers and RN supervisors meet the qualifications, training, and all other requirements for personal care agency employees.

### **D. Information Analysis and Compliance Decision-making**

The surveyor reviews and analyzes all collected information to determine whether the personal care agency has complied with applicable state rules. Analysis and decision-making is an ongoing process throughout the survey. The surveyor maintains ongoing, informal communication with the personal care agency's liaison as questions arise. Surveyors will conduct a daily report of findings.

### **E. Exit Conference**

The exit conference is an informal meeting of the personal care agency and the surveyor at the end of the survey. The surveyor summarizes the preliminary findings, including requirements that have not been met, as well as the facts and examples on which the findings are based. The exit conference also gives the personal care agency the opportunity to discuss the findings and supply additional information. Because of the ongoing dialogue between the surveyor and personal care agency staff during the survey, there should be few instances when the personal care agency is not aware of the surveyor's concerns prior to the exit conference.

The administrator determines which staff should attend the exit conference. The personal care agency may have an attorney present but should give advance notice of this to the surveyor. The exit conference is an informal process and attorneys do not usually attend. Surveyors have been instructed not to answer any questions from the personal care agency attorney.

A court reporter may not attend the exit conference. If a personal care agency wishes to audio record or video tape the exit conference, it must first obtain permission from the surveyor. An identical, simultaneous recording must be given to the surveyor at the conclusion of the exit conference. Any eavesdropping or any audio recording or videotaping without the express knowledge and permission of the surveyor is considered impeding the survey process. This may result in termination of the survey.

## **III. EXPLANATION OF DEFICIENCY STATEMENTS**

The surveyor summarizes survey findings in a final report. If the surveyor determines that the personal care agency is out of compliance with rules, standards, or regulations, the surveyor will document those findings. The findings serve as a basis for the personal care agency to analyze its deficient practices or system failures and develop correction plans. Survey findings are documented on the Statement of Deficiencies form. Survey findings are served on site or sent via certified mail within 10 working days following the exit conference.

## State Rules and Standards of Noncompliance

A violation exists when a personal care agency fails to comply with a state statute or administrative rule. The Department of Health Services promulgates and enforces rules and standards necessary to provide safe and adequate care and treatment of patients and to protect the health and safety of the clients and employees of the personal care agencies.

The department authority is derived from the following statutes and administrative rules.

### **Wisconsin State Statutes**

Section 50.065..... Criminal History and Patient Abuse Record Search

Section 940.285..... Abuse of Individuals at Risk

Section 940.295..... Abuse and Neglect of Patients and Residents

Section 961..... Wisconsin Controlled Substances Act

### **Wisconsin Administrative Codes**

Chapter DHS 12 ..... Caregiver Background Checks

Chapter DHS 13 ..... Reporting and Investigating Caregiver Misconduct

Chapter DHS 105.17 ..... Provider Certification – Personal Care Providers

Chapter DHS 107.112 .... Covered Services – Personal Care Providers

Chapter DHS 145 ..... Control of Communicable Diseases

## IV. PLAN OF CORRECTION

If, after receiving a Statement of Deficiencies, personal care agency staff has questions regarding the survey findings, they may consult informally with the surveyor's supervisor to discuss compliance issues.

A plan to correct violations of deficiencies found by the DQA, Bureau of Health Services should be written on the original Statement of Deficiencies and submitted to the appropriate DQA regional office to the attention of the surveyor involved. Additional sheets of paper may be attached if more space to write the plan of correction is needed. An authorized representative of the personal care agency must sign and date the plan of correction.

### A. Content

To be considered complete, each plan of correction should include the following:

- What the personal care agency will do to correct the deficient practice and ensure continued compliance in the future
- How correction will be accomplished and monitored
- Who will implement the plan and monitor future compliance
- When the correction(s) will be completed

### B. Correction of Violations

A personal care agency that violates requirements is requested to submit a plan to correct the violations (plan of correction). The personal care agency shall submit a plan of correction within **10 calendar days** following receipt of the Statement of Deficiencies.

If the personal care agency does not submit an acceptable plan of correction, the Department may impose a plan of correction. The Department may revoke the personal care agency's approval certificate for substantial failure to comply with state statutes or administrative rules according to §§ DHS 106.05, 106.06, or 106.065.

### C. Time Period for Correction

**Correction should be accomplished with 60 days of the exit conference or sooner.** Serious deficiencies or violations require a correction date of 30 days or less. If the completion date extends beyond 60 days, the plan of correction must include benchmark dates to specify when correction stages will be completed.

A personal care agency that cannot correct a deficiency by the established completion date may request an extension by contacting the surveyor involved. The surveyor and an Acute Care Compliance Section supervisor will determine whether the correction time is reasonable and will notify the personal care agency of its decision.

#### **D. Verification of Correction**

The Bureau of Health Services will verify correction of all deficiencies after the established completion dates have passed.

#### **E. Failure to Correct Deficiencies**

Failure to correct a state violation by the date specified in the plan of correction may result in any of the following penalties:

1. Suspension of new client admissions until the division has verified that the personal care agency has completed the plan of correction
2. Placement of conditions on the approval certificate
3. Revocation of the approval certificate as per §§ DHS 106.05, 106.06, or 106.065

## **V. COMPLAINTS**

**The DQA, Bureau of Health Services responds to two types of health care complaints – entity practices and caregiver misconduct.**

#### **A. Entity Patient Complaints**

The Bureau of Health Services, Acute Care Compliance Section receives complaints and conducts complaint surveys for entity practice concerns, such as inappropriate or inadequate health care, lack of entity staff training, understaffing, poor quality care, etc.

To submit a complaint regarding personal care agencies:

- Call the toll-free complaint line at: **1-800-642-6552**
- Write a letter and mail it to: **DHS / Division of Quality Assurance  
BHS / Acute Care Compliance Section  
P.O. Box 2969  
Madison, WI 53701-2969**

#### **B. Caregiver Misconduct**

##### **Definition of Caregiver Misconduct**

Complaints about caregiver misconduct relate to specific incidents between a caregiver and a patient, including but not limited to:

- *Abuse* – hitting, slapping, verbal, or sexual actions
- *Neglect* – intentional carelessness or disregard of policy or care plan
- *Misappropriation* – theft; using property without consent, such as telephone or credit cards

##### **Entity Requirements**

All entities regulated by the Division of Quality Assurance must:

- Immediately protect clients from subsequent incidents of caregiver misconduct.
- Investigate all allegations of caregiver misconduct.
- Document the results of their investigations.
- Report allegations/incidents to DQA, as appropriate.

##### **Resources**

- Use the following DQA forms to assist in making the reporting determination and to report misconduct allegations:

- F-00161, *Caregiver Misconduct Reporting Requirements Worksheet*
- F-00161A, *Flowchart of Entity Investigation and Reporting Requirements*
- F-62447, *Misconduct Incident Report*

DQA forms can be located on-line at: <https://www.dhs.wisconsin.gov/forms/index.htm>

- For more information about caregiver complaints, see the department website at: <https://www.dhs.wisconsin.gov/caregiver/complaints.htm>

### **Allegations Involving All Staff**

For allegations involving all staff (non-credentialed and credentialed), submit the *Misconduct Incident Report* (DQA form F-62447) to DQA at:

**DHS / Division of Quality Assurance  
Office of Caregiver Quality  
P.O. Box 2969  
Madison, WI 53701-2969**

### **Office of Caregiver Quality Contact Information**

If you have questions, you may contact the Office of Caregiver Quality via:

Email: [dhscaregiverintake@dhs.wisconsin.gov](mailto:dhscaregiverintake@dhs.wisconsin.gov)  
Telephone: **608-261-8319**

## **C. Adult-at-Risk Incidents**

### **Entity Requirements**

Wis. Stat. §§ 46.90(4)(ab)1 and 55.043(1m)(a) require that **any employee of any entity report** allegations of abuse, neglect, or exploitation if the adult-at-risk is seen in the course of the person's professional duties and one of the following conditions is true:

- The adult-at-risk has requested the person to make the report.
- There is reasonable cause to believe that the adult-at-risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
- Other adults-at-risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.

### **Allegations Involving All Perpetrators**

For allegations involving all perpetrators (family member, friend, visitor, resident, stranger, etc.), submit DQA form, F-62447, *Misconduct Incident Report*, to DQA at:

**DHS / Division of Quality Assurance  
Office of Caregiver Quality  
P.O. Box 2969  
Madison, WI 53701-2969**

This new reporting process is streamlined to eliminate reporting to different agencies. All incident reports are submitted to DQA staff who will forward reports to other agencies – e.g., county human service departments, elder/adult-at-risk agencies, state or local law enforcement agencies, the Board on Aging and Long-term Care – as appropriate.

### **Office of Caregiver Quality Contact Information**

If you have questions, you may contact the Office of Caregiver Quality by telephone at **608-261-8319** or via email at [dhscaregiverintake@dhs.wisconsin.gov](mailto:dhscaregiverintake@dhs.wisconsin.gov).