

# **REPORTING REQUIREMENTS FOR ASSISTED LIVING FACILITIES**



**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance  
Bureau of Assisted Living

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## CONTENTS

APPLICABLE REPORTING REQUIREMENTS BY ASSISTED LIVING FACILITY TYPE.....	2
Community-Based Residential Facility (CBRF) .....	2
Adult Family Home (AFH) – Licensed .....	2
Residential Care Apartment Complex (RCAC) .....	2
Adult Day Care (ADC).....	2
INTRODUCTION.....	3
1. DEATH.....	3
2. FIRE .....	4
3. MISCONDUCT .....	4
4. COMMUNICABLE DISEASE .....	5
5. RESIDENT MISSING (ELOPEMENT).....	6
6. LAW ENFORCEMENT INTERVENTION.....	7
7. INCIDENT OR ACCIDENT .....	7
8. CATASTROPHE OR EVACUATION .....	7
9. LICENSEE AND CAREGIVER PENDING CHARGES .....	8
10. CHANGE IN HOUSEHOLD MEMBERS.....	8
11. CHANGE IN SERVICE TO RESIDENTS.....	8
12. ADMINSTRATOR CHANGE .....	9
13. FACILITY CHANGES IN OWNERSHIP OR LOCATION.....	9
14. FACILITY CLOSING.....	10

## REPORTING REQUIREMENTS FOR ASSISTED LIVING FACILITIES

### DISCLAIMER

This publication is a reference to assist providers in determining when statutes and codes require them to notify the department of certain incidents. Providers are responsible for reading and complying with the current language of the applicable statute or code.

### APPLICABLE REPORTING REQUIREMENTS BY ASSISTED LIVING FACILITY TYPE

#### ***Community-Based Residential Facility (CBRF)***

- Death
- Fire
- Misconduct
- Communicable Disease
- Resident Missing (Elopement)
- Law Enforcement Intervention
- Incident or Accident
- Catastrophe or Evacuation
- Licensee and Caregiver Pending Charges
- Change in Service to Residents
- Administrator Change
- Facility Change in Ownership or Location
- Facility Closing

#### ***Adult Family Home (AFH) – Licensed***

- Death
- Fire
- Misconduct
- Communicable Disease
- Resident Missing (Elopement)
- Incident or Accident
- Catastrophe or Evacuation
- Licensee and Caregiver Pending Charges
- Change in Household Members
- Change in Service to Residents
- Facility Change in Ownership or Location
- Facility Closing

#### ***Residential Care Apartment Complex (RCAC)***

- Misconduct
- Caregiver Pending Charges
- Facility Change of Ownership
- Facility Closing

#### ***Adult Day Care (ADC)***

- Misconduct

## INTRODUCTION

The Department of Health Services (DHS) has a reasonable, efficient, and consistent system of regulation, licensing, and certification that effectively encourages compliance; maintains accountability; protects public health and safety; fosters quality of life; promotes provider responsibility; supports consumer awareness, responsibility, and satisfaction; promotes consumer independence and choice; and protects vulnerable adults.

Assisted living facilities are required to report certain incidents to DHS under:

- Wis. Stat. ch. 50, Uniform Licensure
- Wis. Stat. ch. 51, State Alcohol, Drug Abuse, Developmental Disabilities, and Mental Health Act
- Wis. Stat. ch. 252, Communicable Diseases
- Wis. Admin. Code ch. DHS 145, Control of Communicable Diseases
- Wis. Admin. Code ch. DHS 12, Caregiver Background Checks
- Wis. Admin. Code ch. DHS 13, Reporting and Investigation of Caregiver Misconduct
- Wis. Admin. Code ch. DHS 46, Social Services (Elder Abuse Reporting)
- Wis. Admin. Code ch. DHS 83, Community-Based Residential Facilities
- Wis. Admin. Code ch. DHS 88, Licensed Adult Family Homes
- Wis. Admin. Code ch. DHS 89, Reporting and Investigation of Caregiver Misconduct

The various types of incidents that require reporting are detailed below. Providers may also self-report incidents or situations that do not require reporting by regulation. All Division of Quality Assurance (DQA) forms may be found at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm).

Unless specified below, completed forms or reports **should be faxed or emailed to the appropriate DQA Regional Office based on the location of your facility**. See DQA regional office contact information at [www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm](http://www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm).

## 1. DEATH

The program or facility that was providing care, treatment, or services to the client is required under Wisconsin statutes and administrative code to notify DHS if there is cause to believe that the death was related to:

- Use of a physical restraint or seclusion.
- Use of psychotropic medication.
- Suicide.
- Accident or injury.

### ***How to Report***

If the death was the result of the use of physical restraint or seclusion, psychotropic medication, or suicide, notification to the Office of Caregiver Quality (OCQ) must be made via a completed DQA form F-62470, *Client / Patient / Resident Death Determination*. Additional information on this reporting requirement, including a link to the report form, can be found at [www.dhs.wisconsin.gov/regulations/report-death/proc-reportingdeath.htm](http://www.dhs.wisconsin.gov/regulations/report-death/proc-reportingdeath.htm)

If the death was the result of accident or injury, no specific form is required for reporting to the Bureau of Assisted Living; however, DQA form F-02208, *Assisted Living Facility Self-Report*, may be used. This form is available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

### ***Applicable To***

- AFH (Licensed) – *Restraint*: Within 24 hours after the death of a client or learning of a death if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medication, suicide, or accidental;

*Non Restraint*: Within three days of death due to incident or accident **not** related to use of a restraint, psychotropic medications, or suicide

- CBRF – *Restraint*: Within 24 hours after the death of a client or learning of a death if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medication, suicide, or accidental;  
*Non Restraint*: Within three days of death due to incident or accident **not** related to use of a restraint, psychotropic medications, or suicide

**NOTE: Deaths due to natural causes do not need to be reported to the department.**

#### **Applicable Statutes and Administrative Codes**

- Wis. Stat. § 50.035(5) (CBRF)
- Wis. Stat. § 51.64(2) (CBRF or AFH, if treatment facility for alcohol, drugs, mental illness, developmental disabilities)
- Wis. Admin. Code § DHS 83.12(1)(a), (b), (c) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(e)1, 2 (AFH)

## 2. FIRE

Facilities are required to report a fire event within the time specified in Wis. Admin. Code. Examples of reportable fire events may include the instance of a fire, event where fire department was contacted, medical treatment required due to smoke, evacuation, and/or temporary relocation of residents.

#### **How to Report**

DQA provides an approved fire reporting form, F-62500, *Healthcare Facility Fire Report*, which is available online at <https://www.surveygizmo.com/s3/4339122/Fire-Report>. Reporting may also be done by other means, such as forwarding a copy of a fire department report or a facility letter describing the event and signed by a facility representative.

Mail, email, or fax the form, report, and attachments to:

FIRE AUTHORITY  
DQA / Office of Plan Review and Inspection  
P.O. Box 2969  
Madison, WI 53701-2969  
Email: [dhsdqaplanreview@wis.gov](mailto:dhsdqaplanreview@wis.gov)  
Fax: 608-267-0352

#### **Applicable To**

- AFH (Licensed) – within 72 hours
- CBRF – within three working days

#### **Applicable Statutes and Administrative Codes**

- Wis. Stat. § 50.035(4) (CBRF)
- Wis. Admin. Code § DHS 83.12(4)(e) (CBRF)
- Wis. Admin. Code § DHS 88.05(4)(e) (AFH)

## 3. MISCONDUCT

The Caregiver Law (Wis. Admin. Code ch. DHS 13) requires facilities covered under Wis. Stat. chs. 50, 51, and 46 to report allegations of caregiver abuse, neglect, or misappropriation.

The facility must take immediate action to protect the clients when there are allegations of caregiver misconduct, including:

- Immediately protect clients from subsequent incidents of misconduct (abuse, neglect, misappropriation, and injury of unknown source).

- Investigate all allegations of misconduct.
- Document the results of their investigation.
- Report allegations/incidents to DQA, as appropriate.

### **Misconduct Definitions**

Refer to DQA publication P-00976, *Misconduct Definitions*, for state definitions under ch. DHS 13. Also, refer to reporting requirements and abuse definitions under ch. DHS 46. DQA publications are available at [www.dhs.wisconsin.gov/publications/index.htm](http://www.dhs.wisconsin.gov/publications/index.htm)

### **How to Report**

DQA form F-62447, *Misconduct Incident Report*, must be submitted to the DQA Office of Caregiver Quality (OCQ) for allegations involving all staff (non-credentialed and credentialed) or **other perpetrators (family member, friend, visitor, resident, etc.)**. This form is available at [www.dhs.wisconsin.gov/forms1/f6/f62447.pdf](http://www.dhs.wisconsin.gov/forms1/f6/f62447.pdf)

OCQ will review reports involving non-credentialed staff (nurse aides, caregivers, housekeepers, etc.) for possible investigation and refer reports involving credentialed staff (doctors, RNs, LPNs, social workers, etc.) to the Department of Safety and Professional Services (DSPS) for review. OCQ will also refer reports to other agencies, including the Department of Justice, county departments, adult-at-risk agencies, local law enforcement agencies, and others, as appropriate. One or more of these agencies may also respond to an allegation investigated by DQA.

Submit the *Misconduct Incident Report* to:

Department of Health Services  
 Division of Quality Assurance  
 Office of Caregiver Quality  
 PO Box 2969  
 Madison, WI 53701-2969  
 Fax: 608-264-6340  
 Email: [dhscaregiverintake@wi.gov](mailto:dhscaregiverintake@wi.gov)

### **Applicable To**

- ADC
- AFH (Licensed) – immediately
- CBRF – within seven calendar days
- RCAC – within seven calendar days

### **Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 13.05(3)(a) (*ADC, AFH, CBRF, RCAC*)
- Wis. Admin. Code § DHS 46.90(4) (*ADC, AFH, CBRF, RCAC*)
- Wis. Admin. Code § DHS 83.12(2)(a), (b), (c) (*CBRF*)
- Wis. Admin. Code § DHS 83.12(3)(b) (*CBRF*)
- Wis. Admin. Code § DHS 88.11(1) (*AFH*)

## **4. COMMUNICABLE DISEASE**

Requirements for the timing of reporting communicable disease(s), once the disease or condition is recognized or suspected, vary by disease. In addition to the information listed below, general reporting requirements are described in Wis. Stat. ch. [DHS 252](#), Communicable Diseases. The specific reporting requirements are described in ch. [DHS 145](#), Control of Communicable Diseases. A list of reportable conditions is provided in ch. [DHS 145 - Appendix A](#).

Refer to DHS *Disease Reporting* webpages at [www.dhs.wisconsin.gov/disease/diseasereporting.htm](http://www.dhs.wisconsin.gov/disease/diseasereporting.htm) for more details and reporting periods.

**How to Report**

**Category I** diseases must be reported IMMEDIATELY by telephone (preferred) or fax to the patient's local health officer. Note that any suspected or confirmed outbreak of ANY disease to include, but not limited to, respiratory and gastrointestinal viruses (influenza, norovirus) must be reported immediately.

**Category II** diseases must be reported within 72 hours either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an *Acute and Communicable Disease Case Report* (DHS form F-44151) or *STD Case Report* (DHS form F-44243), or by other means. DHS forms are available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

HIV/AIDS should be reported directly to the Wisconsin AIDS/HIV Program at [www.dhs.wisconsin.gov/aids-hiv/index.htm](http://www.dhs.wisconsin.gov/aids-hiv/index.htm)

**Wisconsin Bureau of Communicable Diseases**

- **Phone: 608-267-9003**
- **Secure Fax Numbers**

AIDS/HIV Program	608-266-1288
Epidemiology Program	608-261-4976
Immunization Program	608-267-9493
STD Program	608-261-9301
TB Program	608-266-0049
- **Mail copy to:**

Wisconsin State Epidemiologist  
Bureau of Communicable Diseases  
**[Specify disease or program.]**  
1 West Wilson Street, Room 272  
Madison, WI 53703

**Applicable To**

- AFH (Licensed) – based on category of communicable disease
- CBRF – based on category of communicable disease

**Applicable Statutes and Administrative Codes**

- Wis. Stat. ch. 252 (AFH, CBRF)
- Wis. Admin. Code § DHS 145.04 (AFH, CBRF)

**5. RESIDENT MISSING (ELOPEMENT)**

Any time a resident's whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the facility, the incident should be reported to the department. A CBRF shall notify the local law enforcement immediately upon discovering that a resident is missing. This reporting requirement does not apply to CBRF residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse.

**How to Report**

No specific form is required for reporting to the department; however, DQA form F-02208, *Assisted Living Facility Self-Report*, may be used. All written reports shall include, at a minimum, the time; date; place; individuals involved; details of the occurrence; and the action taken by the provider to ensure residents' health, safety, and well-being. DQA forms are available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

**Applicable To**

- AFH (Licensed) – within 24 hours
- CBRF – within three working days

**Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 83.12(4)(a) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(e)1 (AFH)

**6. LAW ENFORCEMENT INTERVENTION**

DQA must be notified any time law enforcement personnel are called to the CBRF because of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF's report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies.

**How to Report**

No specific form is required for reporting; however, DQA form F-02208, *Assisted Living Facility Self-Report*, may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents' health, safety, and well-being. DQA forms are available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

**Applicable To**

CBRF – within three working days

**Applicable Statutes and Administrative Codes**

Wis. Admin. Code § DHS 83.12(4)(b) (CBRF)

**7. INCIDENT OR ACCIDENT**

Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident must be reported by a CBRF to DQA. An AFH must report a significant change to a resident's status or an accident requiring hospitalization to DQA.

**How to Report**

No specific form is required for reporting; however, DQA form F-02208, *Assisted Living Facility Self-Report*, may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents' health, safety, and well-being. DQA forms are available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

**Applicable To**

- AFH (Licensed) – within 24 hours
- CBRF – within three working days

**Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 83.12(4)(c) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(e)1 (AFH)

**8. CATASTROPHE OR EVACUATION**

An event that results in damage to a CBRF or AFH that may present a hazard to the residents must be reported to DQA. Any time a CBRF must evacuate and temporarily relocate residents from the CBRF for reasons other than a fire drill must be reported to the Bureau of Assisted Living.

**How to Report**

No specific form is required for reporting; however, DQA form F-02208, *Assisted Living Facility Self-Report*, may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details



of the occurrence, and the action taken by the provider to ensure residents' health, safety, and well-being. DQA forms are available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

**Applicable To**

- AFH (Licensed) – within seven days
- CBRF – within three working days

**Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 83.12(4)(d), (f) (CBRF)
  - Wis. Admin. Code § DHS 88.03(5)(d) (AFH)
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## 9. LICENSEE AND CAREGIVER PENDING CHARGES

Entities must notify DQA when an owner/license holder, administrator, board member, or non-client resident has been convicted of any crime or has been or is being investigated by any governmental agency for any act or offense.

**How to Report**

No specific form is required for reporting; however, DQA form F-02208, *Assisted Living Facility Self-Report*, may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents' health, safety, and well-being. DQA forms are available at [www.dhs.wisconsin.gov/forms/index.htm](http://www.dhs.wisconsin.gov/forms/index.htm)

**Applicable To**

- AFH (Licensed) – within 48 hours
- CBRF – by next DQA business day
- RCAC – by next DQA business day

**Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 12.07(2) (AFH, CBRF, RCAC)
  - Wis. Admin. Code § DHS 88.03(5)(c) (AFH)
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## 10. CHANGE IN HOUSEHOLD MEMBERS

A licensee shall report to DQA a change in household members, except paid staff.

**How to Report**

Report changes in non-client residents with the following:

- Name
- Relationship to licensee
- Date of birth

**Applicable To**

AFH (Licensed) – within seven days

**Applicable Statutes and Administrative Codes**

Wis. Admin. Code § DHS 88.03(5)(b) (AFH)

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## 11. CHANGE IN SERVICE TO RESIDENTS

The licensee must report a significant and ongoing change in the type or amount of services the licensee offers to provide if the change adversely affects any resident who needs the service. The licensee shall report

in writing to the licensing agency any change in the type of individual served at least 30 days before the change, capacity, or class. The change may need approval by the department prior to implementation. A 30-day written notice of any change in type of individual served shall also be provided to each resident and each resident's guardian, designated representative, service coordinator, placing agency, and third party payee.

**How to Report**

Submit written information regarding service changes. Include a copy of your modified program statement, if modified, or other modified facility documentation.

**Applicable To**

- AFH (Licensed) – within seven days of change in type or amount of services offered
- CBRF – 30 days prior to change

**Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 83.14(2)(b) and (c) (*CBRF*)
- Wis. Admin. Code § DHS 88.03(5)(a) (*AFH – Services*)
- Wis. Admin. Code § DHS 88.04(2)(c) (*AFH – Individuals*)

## 12. ADMINISTRATOR CHANGE

The licensee must report a change in administrator.

**How to Report**

Submit written information regarding administrator change. Include a copy of the administrator's documentation showing that the administrator requirements are met.

**Applicable To**

CBRF – within seven days

**Applicable Statutes and Administrative Codes**

- Wis. Admin. Code § DHS 83.14(2)(e) (*CBRF – Administrator change*)
- Wis. Admin. Code § DHS 83.15(1) (*CBRF – Administrator qualifications*)

## 13. FACILITY CHANGES IN OWNERSHIP OR LOCATION

If you plan on selling your facility or moving to a new location, you must submit notification of your intent to DQA. Whenever ownership of a facility is transferred from the person or persons named in the license to any other person or persons, the transferee must obtain a new license. Facility licenses/certifications are non-transferrable. A change of ownership requires a new facility application and required documentation to be submitted by the new licensee for department review and approval.

**How to Report**

Submit notification of your intent to sell facility or change the persons named in the license.

**Applicable To**

- AFH (Licensed) – at least 30 days prior to transfer
- CBRF – at least 30 days before the final change of ownership
- RCAC – at least 30 days prior to making the change

**Applicable Statutes and Administrative Codes**

- Wis. Stat. § 50.033(2) (*AFH – License non-transferable*)
- Wis. Stat. § 50.03(13) (*CBRF*)

- Wis. Admin. Code § DHS 83.10(1)(a) (*CBRF*)
  - Wis. Admin. Code § DHS 89.54 (*RCAC*)
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## 14. FACILITY CLOSING

If closing your facility, you must submit notification of your closure a minimum of 30 days prior to the closing. However, if any residents of a CBRF are being re-located, a resident relocation plan may be required and submitted to the department first. The closure date is dependent on the number of residents to be relocated and may not be set until the resident relocation plan is approved. If relocating less than five residents, the closure date may be set no less than 30 days after relocation plan approval. If relocating five to 50 residents, the closure date may be set no less than 90 days after relocation plan approval. If relocating more than 50 residents, the closure date may be set no less than 120 days after relocation plan approval. Refer to the *Resident Relocation Manual* webpages at [www.dhs.wisconsin.gov/relocation/index.htm](http://www.dhs.wisconsin.gov/relocation/index.htm) for more information.

### **How to Report**

Submit written plan for closing facility or notice of intent to sell facility. If submitting a resident relocation plan, see Wis. Stat. § 50.03(14)(c)8 for the information that must be submitted.

### **Applicable To**

- AFH (Licensed) – within seven days
- CBRF – at least 30 days before closing and in writing
- RCAC – 30 days prior to making the change

### **Applicable Statutes and Administrative Codes**

- Wis. Stat. § 50.03(14) (*CBRF*)
- Wis. Stat. § 50.033(2) (*AFH – License non-transferable*)
- Wis. Admin. Code § DHS 83.11 (*CBRF*)
- Wis. Admin. Code § DHS 88.03(5)(a) (*AFH*)
- Wis. Admin. Code § DHS 89.54 (*RCAC*)