

	Department of Health Services, State of Wisconsin	
Federal Tags Cited	Regulation Language	Number of Cites
484.18(a) Plan of Care (contents)	The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.	3
484.48 Clinical Records (discharge summary)	The HHA must inform the attending physician of the availability of a discharge summary. The discharge summary must be sent to the attending physician upon request and must include the patient's medical and health status at discharge.	3
484.12(c) Compliance w. Accepted Professional Standard	The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.	2
484.30(a) Duties of the Registered Nurse (regular patient evaluation)	The registered nurse regularly re-evaluates the patients nursing needs.	2
484.55(c) Drug Regimen Review	The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy,	2
484.10(c)(1) The Right to be Informed and Participate	The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. The HHA must advise the patient in advance of any change in the plan of care before the change is made.	1
484.10(e)(1) Patient Liability for Payment	The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.	1
484.12(a) Compliance with Fed, State, Local Laws	The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.	1
484.14 Organization, Services and Administration (condition of participation)		1
484.14 Organization, Services and Administration (clear lines of authority)	Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable.	1
484.14(a) Services Furnished.	Part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of the qualifying services directly through agency employees, but may provide the second qualifying service and additional services under arrangements with another agency or organization.	1
484.14(c) Administrator (duties)	The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff.	1
484.14(d) Supervising Physician or Registered Nurse	The skilled nursing and other therapeutic services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least 1 year of nursing experience and is a public health nurse).	1
484.18(a) Plan of Care (incorporate subsequent evaluation)	If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan.	1
484.18(b) Periodic Review of Plan of Care	Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.	1
484.18(c) Conformance with Physician's Orders	Drugs and treatments are administered by agency staff only as ordered by the physician.	1
484.36(d)(2) Supervision	The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.	1
484.55(e) Incorporation of OASIS Data Items	The OASIS data items determined by the Secretary must be incorporated into the HHA's own assessment and must include: clinical record items, demographics and patient history, living arrangements, supportive assistance, sensory status, integumentary status, respiratory status, elimination status, neuro/emotional/behavioral status, activities of daily living, medications, equipment management, emergent care, and data items collected at inpatient facility admission or discharge only.	1
Total Federal Tags Cited for Quarter		25

	Department of Health Services, State of Wisconsin		
State Tags Cited	Code Language	Number of Cites	
133.20(2)(a) Plan of Care (measurable goals)	CONTENTS OF PLAN. Each plan developed under sub. (1) shall include: (a) Measureable time-specific goals, with benchmark dates for review; and	5	
133.09(3)(b) Discharge Summary	The home health agency shall complete a written discharge summary within 30 calendar days following discharge of a patient. The discharge summary shall include a description of the care provided and the reason for discharge. The home health agency shall place a copy of the discharge summary in the former patient's medical record. Upon request, the home health agency shall provide a copy of the discharge summary to the former patient, the patient's legal representative the attending physician or advanced practice nurse prescriber.	3	
133.14(2)(b) Skilled Nursing Services (reevaluation of patient needs)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs;	2	
133.20(4) Plan of Care (care regimen)	ORDERS. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician or the advanced practice nurse prescriber. The nurse or therapist shall immediately record and sign and date oral orders and obtain the physician's or advanced practice nurse prescriber's countersignature and date within 20 working days.	2	
133.06(1) Administration (administrator's professional background)	ADMINISTRATOR. The home health agency shall be administered by an administrator who shall be a licensed physician, a registered nurse, or a person who has had training and experience in health care administration and at least one year of supervisory or administrative experience in home health care or related health programs.	1	
133.06(2)(a) Administration (comply w. chapter 133)	DUTIES OF THE ADMINISTRATOR. The administrator shall: (a) Be knowledgeable about this chapter, and shall take all reasonable steps to ensure compliance of the agency with the requirements of this chapter;	1	
133.06(2)(b) Administration (administrative responsibility)	DUTIES OF THE ADMINISTRATOR. The administrator shall: (b) Administer the entire home health services of the agency; and	1	
133.06(4)(f) Administration -employees	PERSONNEL RECORDS. A separate up-to-date personnel record shall be maintained on each employe. The record shall include evidence of suitability for employment in the position to which the employe is assigned.	1	
133.08(2)(b) Patient Rights - Policies (patient knowledge of charges)	Each patient receiving care from the agency shall have the following rights: (b) To be fully informed, prior to or at the time of admission, of services available from the agency and of related charges, including any charges for services for which the patient or a private insurer may be responsible;	1	
133.08(2)(c) Patient Rights - Policies (notification of policy change)	Each patient receiving care from the agency shall have the following rights: (c) To be informed of all changes in services and charges as they occur;	1	
133.09(3)(a)2.b. Discharge of Patients (notification deadline)	2. The home health agency shall provide the written notice, except when a patient is discharged due to hospital admission that occurs near the end of a 60-day episode of treatment, required under subd. 1. to the patient or the patient's legal representative at least 10 working days in advance of discharge if the reason for discharge is any of the following: b. The home health agency is unable to provide the care required by the patient due to a change in the patient's condition that is not an emergency.	1	
133.10(1) Required Services (nursing care and home health aid)	REQUIRED SERVICES. The home health agency shall directly provide at least part-time or intermittent nursing services and provide or arrange for home health aide services.	1	
133.14(2)(f) Skilled Nursing Services (log care implementation)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (f) Prepare clinical and progress notes;	1	
133.18(1) Supervisory Visits	If a patient receives skilled nursing care, a registered nurse shall make a supervisory visit to each patient's residence at least every 2 weeks. The visit may be made when the home health aide is present or when the home health aide is absent. If the patient is not receiving skilled nursing care, but is receiving another skilled service, the supervisory visit may be provided by the appropriate therapist providing a skilled service.	1	
133.20(1) Plan of Care (implementation schedule)	REQUIREMENT. A plan of care, including physician's or advanced practice nurse prescriber's orders, shall be established for every patient accepted for care and shall be incorporated in the patient's medical record. An initial plan shall be developed within 72 hours of acceptance. The total plan of care shall be developed in consultation with the patient, home health agency staff, contractual providers, and the patient's physician or advanced practice nurse prescriber and shall be signed by the physician or advanced practice nurse prescriber within 20 working days following the patient's admission for care.	1	
133.20(3) Plan of Care (periodic review)	REVIEW OF PLAN. The total plan of care shall be reviewed by the attending physician or advanced practice nurse prescriber, and appropriate agency personnel as often as required by the patient's condition, but no less often than every 60 days. The agency shall promptly notify the physician or advanced practice nurse prescriber of any changes in the patient's condition that suggest a need to modify the plan of care.	1	
DHS 12.04(2) Contract Background Checks Requirement	An entity that enters into an agreement or contract under sub. (1) shall obtain, at a minimum from the other entity, university, college or technical school, temporary employment agency, or other person contracted with, and shall retain so that it may be promptly retrieved for inspection by the agency, a letter indicating the name or names, and social security numbers if available, of the caregivers, temporary employees, contractors, or students, listing any convictions learned of during the course of the required background checks, along with any substantiated findings of misconduct, licensure denial or restriction or any other credential limitation found by either the department or the department of regulation and licensing.	1	

	Department of Health Services, State of Wisconsin		
State Tags Cited	Code Language	Number of Cites	
50.065(3)(b) Complete Background Check Process	Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.	1	
TOTAL STATE TAGS CITED PER QUARTER		26	
TOTAL ALL TAGS CITED PER QUARTER		51	

	Department of Health Services, State of Wisconsin	
	Complaint surveys	2
	Partial Extended	0
	Extended	0
	State licensure only	0
	Federal Initial & Recertification Surveys	9
	Verification Visits	0
	Other	0
	TOTAL SURVEYS PERFORMED:	11