

Department of Health Services, State of Wisconsin		
		
Federal Tags Cited	Regulation Language	Number of Cites
484.22(b)(4) Policies/Procedures for Medical Documentation	[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:] (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	1
484.22(c)(4-5) Methods for Sharing Information	[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: 4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.... (6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).	1
484.60(a)(2)(i-xvi) Plan of care must include the following	The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician may choose to include.	1
484.70(a) Prevention	The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.	1
484.75(c) Nursing Services Supervised by RN	Nursing services are provided under the supervision of a registered nurse that meets the requirements of §484.115(k).	1
484.110(a)(3) Goals in the patient's plans of care	Goals in the patient's plans of care and the patient's progress toward achieving them;	1
TOTAL FEDERAL TAGS CITED PER QUARTER		6

	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
133.14(4) Skilled Nursing Services	PRACTICAL NURSING. Nursing services not requiring a registered nurse may be provided by a licensed practical nurse under the supervision of a registered nurse.	2
133.06(5)(c) Infection Control Monitor and Retraining	Monitor adherence to evidence-based standards of practice related to protective measures. When monitoring reveals a failure to follow evidence-based standards of practice, the home health agency shall provide counseling, education or retraining to ensure staff is adequately trained to complete their job responsibilities.	2
133.14(2)(g) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (g) Promptly inform either the physician, advanced practice nurse prescriber, or physician assistant, as well as other personnel participating in the patient's care of changes in the patient's condition and needs.	1
133.20(3) Plan of Care	REVIEW OF PLAN. The total plan of care shall be reviewed by the attending physician, advanced practice nurse prescriber, or physician assistant, 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, advanced practice nurse prescriber, or physician assistant of any changes in the patient's condition that suggest a need to modify the plan of care.	1
133.21(5)(f) Medical Records	CONTENT. (f) Medication list and documentation of patient instructions.	1
TOTAL STATE TAGS CITED PER QUARTER		7
TOTAL ALL TAGS CITED PER QUARTER		13
	Complaint surveys	0
	Partial Extended	0
	Extended	0
	State licensure only	1
	Federal Initial & Recertification Surveys	2
	Verification Visits	1
	Other	0
TOTAL SURVEYS PERFORMED:		4