

	<b>Department of Health Services, State of Wisconsin</b>	
<b>Federal Tags Cited</b>	<b>Regulation Language</b>	<b>Number of Cites</b>
484.30 (a) Duties of the Registered Nurse (initiate plan of care)	The registered nurse initiates the plan of care and necessary revisions.	4
484.48 Clinical Records	A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.	4
484.18(a) Plan of Care	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
484.30(a) Duties of the Registered Nurse (initiate preventative/rehabilitative care)	The registered nurse initiates appropriate preventative and rehabilitative nursing procedures.	3
484.30(a) Duties of the Registered Nurse (prepare clinical/progress notes)	The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.	3
484.55(c) Drug Review Regimen	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, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.	3
484.12(c) Compliance w/Accepted Professional Standards	The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.	2
484.14(g) Coordination of Patient Services	All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.	2
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.	2
484.30 Skilled Nursing Services (compliance w. plan of care)	The HHA furnishes skilled nursing services in accordance with the plan of care.	2
484.30(a) Duties of the Registered Nurse (reevaluation of needs)	The registered nurse regularly re-evaluates the patients nursing needs.	2
484.10(b)(5) Exercise of Rights and Respect for Patient's Property	The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.	1
484.10(e)(1)(i-iii) Patient Liability for Payment	Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay.	1
484.14(c) Administrator	The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations.	1
484.18 Acceptance of Patients, PoC, Med Supervisor (plan of care established and reviewed)	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.	1
484.18(c) Conformance with Physician Orders	Drugs and treatments are administered by agency staff only as ordered by the physician.	1
484.30 Skilled Nursing Services	Condition of participation	1
484.36(d)(1) Supervision	If the patient receives skilled nursing care, the registered nurse must perform the supervisory visit required by paragraph (d)(2) of this section. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.	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(b)(2) Completion of the Comprehensive Assessment	Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.	1

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484.55(d)(1) Update of the Comprehensive Assessment	The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode.	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
<b>Total Federal Tags Cited for Quarter</b>		<b>41</b>

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State Tags Cited	Code Language	Number of Cites
133.20(2)(a) Plan of Care	CONTENTS OF PLAN. Each plan developed under sub. (1) shall include: (a) Measureable time-specific goals, with benchmark dates for review; and	5
133.14(2)(c) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (c) Initiate the plan of care and necessary revisions;	4
133.14(2)(e) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (e) Initiate appropriate preventive and rehabilitative procedures;	4
133.20(3) Plan of Care	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.	4
133.20(4) Plan of Care	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.	4
133.21(1) Medical Records	REQUIREMENT. A medical record shall be maintained on each patient and shall be completely and accurately documented, systematically organized and readily accessible to authorized personnel.	4
133.06(4)(c) Administration - Employees	EVALUATION. Every employe shall be evaluated periodically for quality of performance and adherence to the agency's policies and this chapter, in accordance with the written plan of evaluation under sub. (3)(b). Evaluations shall be followed up with appropriate action.	2
133.09(3)(a)5.b. Discharge of Patients	EVALUATION. Every employe shall be evaluated periodically for quality of performance and adherence to the agency's policies and this chapter, in accordance with the written plan of evaluation under sub. (3)(b). Evaluations shall be followed up with appropriate action.	2
133.14(2)(B) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs;	2
133.14(5) Skilled Nursing Services	COORDINATION OF SERVICES. A registered nurse shall maintain overall responsibility for coordinating services provided to the patient by the agency.	2
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.	2
133.08(2)(b) Patient Rights - Policies	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
133.09(3)(a)3.c. Discharge of Patients	Notice of discharge: c. The patient no longer needs home health care as determined by the attending physician or advanced practice nurse prescriber.	1
133.09(3)(a)5.a. Discharge of Patients	Notice of discharge The home health agency shall include in every written discharge notice to a patient or the patient's legal representative all of the following: a. The reason for discharge.	1
133.15(1) Therapy Services	PROVISION OF SERVICES. Physical therapy, occupational therapy, speech therapy, and other therapy services provided directly by the home health agency or arranged for under s. HSS 133.19, shall be given in accordance with the plan of care developed under s. HSS 133.20. Individuals providing these services shall perform the duties under s. HSS 133.14(2)(a),(c),(f),(h) and (i).	1
133.21(5)(e) Medical Records	CONTENT. (e) Physician's or advanced practice nurse prescriber's orders;	1
133.06(4)(g) Background checks/misconduct reporting/investigation	Each home health agency shall comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stat., and ch. HFS 12, and the caregiver misconduct reporting and investigation requirements in ch. HFS 13.	1
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.	1

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50.065(2)(bm) Out of State Background Checks	If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	1
50.065(2)(am) Four Year Caregiver Background Requirement	Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department.	1
<b>TOTAL STATE TAGS CITED PER QUARTER</b>		<b>44</b>
<b>TOTAL ALL TAGS CITED PER QUARTER</b>		<b>85</b>
	Complaint surveys	8
	Partial Extended	0
	Extended	0
	State licensure only	3
	Federal Initial & Recertification Surveys	10
	Verification Visits	2
	Other	0
<b>TOTAL SURVEYS PERFORMED:</b>		<b>23</b>