

	Department of Health Services, State of Wisconsin	
Federal Tags Cited	Regulation Language	Number of Cites
484.70(a) (version 11) Prevention	The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.	3
484.22(b)(1) HHA Comprehensive Assessment in Disaster	[(b) Policies and procedures. The HHA 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:] (1) The plans for the HHA's patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at §484.55.	2
484.22(d)(1) EP Training Program	(1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. iv) Demonstrate staff knowledge of emergency procedures.	2
484.22(d)(2) EP Training Program	(2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually.	2
484.60(a)(2)(i-xvi)(version 11) Plan of care must include the following:	(2) 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 injuries; (xii) A description of the patient's risks for emergency department visits, and hospital readmission, 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 wish to include.	2
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;	2
484.22 Establishment of the Emergency Program (EP)	The [facility, except for Transplant Center] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:	1
484.22(a) Develop EP Plan, Review, and Update Annually	[The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.] The emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually.	1
484.22(a)(1)-(2) Plan Based on All Hazards Risk Assessment	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* (2) Include strategies for addressing emergency events identified by the risk assessment.	1
484.22(a)(3) EP Program Patient Population	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.]	1
484.22(a)(4) Local, State, Tribal Collaboration Process	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	1
484.22(b) Development of EP Policies and Procedures	(b) Policies and procedures. [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.	1

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484.22(b)(2) Homebound HHA/Hospice Inform EP Officials	[(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:] *For homebound Hospice at §418.113(b)(2), PACE at §460.84(b)(4), and HHAs at §484.22(b)(2):] The procedures to inform State and local emergency preparedness officials about [homebound Hospice, PACE or HHA] patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.	1
484.22(b)(3) HHA-Procedures-for Follow up Staff/Patients	[(b) Policies and procedures. The HHA 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:] (3) The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.	1
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(b)(5) Policies/Procedures-Volunteers and Staffing	[(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:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.	1
484.22(c) Development of Communications Plan	(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.	1
484.22(c)(1) Name and Contact Information	[(c) The [facility, except RNHCs, hospices, transplant centers, and HHAs] 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:] (1) Names and contact information for the following: (i) Staff; (ii) Entities providing services under arrangement; (iii) Patients' physicians; (iv) Other [facilities]; (v) Volunteers.	1
484.22(c)(2) Emergency Officials' Contact 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: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.	1
484.22(c)(3) Primary/Alternate Means for Communication	[(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: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.	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. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under §484.22(c), CORFs under §485.68(c), and RHCs/FQHCs under §491.12(c).] (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
484.22(c)(6) Information on Occupancy/Needs	[(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: (7) [(5) or (6)] A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.	1

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484.22(d) EP Training and Testing	(d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.	1
484.18(c) Conformance with Physician Order (version 10)	Drugs and treatments are administered by agency staff only as ordered by the physician.	1
484.30(a)(version 10) Duties of the Registered Nurse (regular re-evaluation of patient)	The registered nurse regularly re-evaluates the patients nursing needs.	1
484.48 Clinical Records (version 10)(clinical record contents)	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.	1
484.50(e)(1)(iii)(version 11) Protect patient during investigation	Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.	1
484.60 (version 11) Care Planning, Coordination, Quality of Care	Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice.	1
484.60(a)(1)(version 11) Plan of Care	Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. 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 modifications to the original plan.	1
484.60(a)(3)(version 11) All orders recorded in plan of care	All patient care orders, including verbal orders, must be recorded in the plan of care.	1
484.65 (version 11) Quality assessment/performance improvement	Condition of participation: Quality assessment and performance improvement (QAPI). The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.	1
484.65(a)(1)-(2)(version 11) Program Scope	Program scope. (1) The program must at least be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care. (2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.	1
484.65(b)(1)-(3)(version 11) Program Data	The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. The HHA must use the data collected to monitor the effectiveness and safety of services and quality of care; and identify opportunities for improvement. The frequency and detail of the data collection must be approved by the HHA's governing body.	1
484.65(c)(version 11) Program Activities	Standard of participation	1
484.65(c)(1)(i)(version 11) High Risk, High Volume, or Problem-Prone Area	The HHA's performance improvement activities must focus on high risk, high volume, or problem-prone areas;	1
484.65(c)(1)(ii)(version 11) Incidence, Prevalence, Severity of Problems	The HHA's performance improvement activities must consider incidence, prevalence, and severity of problems in those areas; and	1
484.65(c)(1)(iii)(version 11) Activities Lead to an Immediate Correction	The HHA's performance improvement activities must lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.	1
484.65(c)(2)(version 11) Track Adverse Patient Events	Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions.	1

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484.65(c)(3)(version 11) Improvements are Sustained	The HHA must take actions aimed at performance improvement, and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.	1
484.65(d)(1)-(2)(version 11) Performance Improvement Projects	Performance improvement projects. Beginning July 13, 2018 HHAs must conduct performance improvement projects. The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations. The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.	1
484.65(e)(1)-(2)(version 11) Executive Responsibilities for QAPI	Executive responsibilities. The HHA's governing body is responsible for ensuring the following:	1
484.70(version 11) Infection Prevention and Control	Infection prevention and control. The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.	1
484.70(b)(1)-(2)(version 11) Infection Control	The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include: (1) A method for identifying infectious and communicable disease problems; and (2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.	1
484.70(c)(version 11) Infection Control Education	Education. The HHA must provide infection control education to staff, patients, and caregiver(s).	1
484.75(c)(1)(version 11) 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
484.80(g)(2)(version 11) Services Provided by HH Aide	A home health aide provides services that are: (i) Ordered by the physician; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training.	1
484.80(h)(2)(version 11) Non-Skilled Direct Observation Every 60 days	If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy, or speech-language pathology services, the registered nurse must make an on-site visit to the location where the patient is receiving care no less frequently than every 60 days in order to observe and assess each aide while he or she is performing care.	1
484.105(b)(1)(version 11) The Administrator Must:	Standard of participation	1
484.110(a)(6)(i)-(iii)(version 11) Discharge and Transfer Summaries	(i) A completed discharge summary that is sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within 5 business days of the patient's discharge; or (ii) A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or (iii) A completed transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.	1
484.110(b)(version 11) Authentication	Standard: Authentication. All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.	1
TOTAL FEDERAL TAGS CITED PER QUARTER		57

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State Tags Cited	Code Language	Number of Cites
133.21(5)(g) Medical Records	CONTENT. (g) Progress notes, as frequently as necessary to document patient status and services provided.	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
133.06(2)(a) Administration	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(4)(d)1. Administration - Employees - Health	1. Physical health of new employees. Each new employee having direct patient contact shall be certified in writing by a physician, physician assistant or registered nurse as having been screened for tuberculosis, and clinically apparent communicable disease that may be transmitted to a patient during the normal performance of the employee's duties. The screening shall occur within 90 days prior to the employee having direct patient contact.	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
133.09(3)(a)5.b. 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: b. A notice of the patient's right to file a complaint with the department and the department's toll - free home health hotline telephone number and the address and telephone number of the department's bureau of quality assurance.	1
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, advanced practice nurse prescriber, or physician assistant.	1
133.14(2)(b) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs.	1
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.	1
133.17(3) Home Health Aide Services - Assignments	Home health aides shall be assigned to specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of care under s. HSS 133.20. These instructions shall be reviewed by the immediate supervisors with their aides.	1
133.18(2) Supervisory Visits	If home health aide services are provided to a patient who is not receiving skilled nursing care, or physical, occupational or speech-language therapy, the registered nurse shall make a supervisory visit to the patient's residence, when the home health aide is present or when the home health aide is absent, at least every 60 days to observe or assist, to assess relationships, and to determine whether goals are being met and whether home health services continue to be required.	1
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	1
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.	1
133.21(6) Medical Records	FORM OF ENTRIES. All entries in the medical record shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.	1
TOTAL STATE TAGS CITED PER QUARTER		16
TOTAL ALL TAGS CITED PER QUARTER		73
	Complaint surveys	4
	Partial Extended	0
	Extended	0
	State licensure only	0
	Federal Initial & Recertification Surveys	7
	Verification Visits	0
	Other	1