



Home Health Agency Survey Statistics
January - March 2019

Types of Surveys Conducted this Quarter:		
	Complaint	4
	Partial Extended	0
	Extended	0
	State licensure only	0
	Federal Initial & Recertification Surveys	10
	Verification Visits	2
	Other	0
Total Surveys Performed this Quarter:		16
Federal Tags Cited	Regulation Language	Number of Cites
484.50(c)(8) Payment from federally funded programs	Be advised of -- (i) The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA, (ii) The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA, (iii) The charges the individual may have to pay before care is initiated; and (iv) Any changes in the information provided in accordance with paragraph (c)(7) of this section when they occur. The HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f).	3
484.50(d) Standard: Transfer and Discharge	Standard: Transfer and discharge. The patient and representative (if any), have a right to be informed of the HHA's policies for transfer and discharge. The HHA may only transfer or discharge the patient from the HHA if:	2
484.60(a)(1) 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.	2
484.70(b) Infection Prevention	Standard: 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.	2
484.102(d)(2) EP Testing Requirements	(2) Testing. The [facility, except for LTC facilities, RNHCs and OPOs] must conduct exercises to test the emergency plan at least annually.	2
484.110(e) Retrieval of Records	Standard: Retrieval of clinical records. A patient's clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first).	2
403.748(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
484.50(a)(1)(i) Written Notice of Patients' Rights	(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities;	1
484.50(c)(2) Be Free from Abuse	Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;	1
484.50(c)(3) Make Complaints to the HHA	Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA;	1
484.50(f)(1,2) Accessibility	Standard: Accessibility. Information must be provided to patients in plain language and in a manner that is accessible and timely to- (1) Persons with disabilities, including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. (2) Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations. Standard: Accessibility Information must be provided to patients in plain language and in a manner that is accessible and timely to-	1

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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
484.60(b) Conformance with Physician	Standard: Conformance with physician orders.	1
484.60(b)(3)(4) Verbal Orders	(3) Verbal orders must be accepted only by personnel authorized to do so by applicable state laws and regulations and by the HHA's internal policies. (4) When services are provided on the basis of a physician's verbal orders, a nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical record, and sign, date, and time the orders. Verbal orders must be authenticated and dated by the physician in accordance with applicable state laws and regulations, as well as the HHA's internal policies.	1
484.65 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) Program Scope	Standard: 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),(2),(3) Program data	Standard: Program data. (1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. (2) The HHA must use the data collected to- (i) Monitor the effectiveness and safety of services and quality of care; and ii) Identify opportunities for improvement. (3) The frequency and detail of the data collection must be approved by the HHA's governing body.	1
484.65(c) Program activities	Program Activities. The HHA's performance improvement activities must--	1
484.65(c)(1)(i) High risk, high volume, or	(i) Focus on high risk, high volume, or problem-prone areas	1
484.65(c)(1)(ii) incidence, prevalence,	(ii) Consider incidence, prevalence, and severity of problems in those areas; and	1
484.65(c)(1)(iii) activities lead to an immediate correction	(iii) 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) Track adverse patient events	Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions.	1
484.65(c)3 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) Performance Improvement Projects	Standard: Performance improvement projects. Beginning July 13, 2018 HHAs must conduct performance improvement projects.	1
484.65(c)(1)(2)(3)(4) Executive Responsibilities for QAPI	The Standard: Executive Responsibilities: The HHA's governing body is responsible for ensuring the following: (1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained; (2) That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness; (3) That clear expectations for patient safety are established, implemented, and maintained; and	1
484.70 Infection Prevention and Control	Condition of Participation: 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(a) Infection Prevention	Standard: Infection 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
484.102 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



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<p>484.102(a) Develop EP Plan, Review and Update Annually</p>	<p>Facilities are required to develop and maintain an emergency preparedness plan. The plan must include all of the required elements under the standard. The plan must be reviewed and updated at least annually. The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review. The format of the emergency preparedness plan that a facility uses is at its discretion. An emergency plan is one part of a facility's emergency preparedness program. The plan provides the framework, which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing the needs of their patient populations, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:</p> <ul style="list-style-type: none"> o Natural disasters o Man-made disasters, o Facility-based disasters that include but are not limited to: <ul style="list-style-type: none"> - Care-related emergencies; - Equipment and utility failures, including but not limited to power, water, gas, etc.; - Interruptions in communication, including cyber-attacks; - Loss of all or portion of a facility; and - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable). o EIDs such as Influenza, Ebola, Zika Virus and others. - These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures. <p>When evaluating potential interruptions to the normal supply of essential services, the facility should take into account the likely durations of such interruptions. Arrangements or contracts to re-establish essential utility services during an emergency should describe the timeframe within which the contractor is required to initiate services after the start of the emergency, how they will be procured and delivered in the facility's local area, and that the contractor will continue to supply the essential items throughout and to the end of emergencies of varying duration.</p>	<p align="right">1</p>
<p>484.102(a) Develop EP Plan, Review and Update Annually (cont.)</p>	<p>Survey Procedures</p> <ul style="list-style-type: none"> o Verify the facility has an emergency preparedness plan by asking to see a copy of the plan. o Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted. o Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted. o Review the plan to verify it contains all of the required elements. o Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review. 	<p align="right">1</p>
<p>484.102(a)(1)-(2) Plan Based on All Hazards Risk Assessment</p>	<p>[(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.</p>	<p align="right">1</p>
<p>484.102(b) Development of EP Policies and Procedures</p>	<p>(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.</p>	<p align="right">1</p>
<p>484.105 Organization and administration of services</p>	<p>Condition of participation: Organization and administration of services. The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.</p>	<p align="right">1</p>
<p>484.105(d)(2) Direct support and administrative control</p>	<p>The parent HHA provides direct support and administrative control of its branches.</p>	<p align="right">1</p>
<p>Total Federal Tags Cited this Quarter:</p>		<p align="right">40</p>



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State Tags Cited	Code Language	Number of Cites
133.20(1) Plan of Care	REQUIREMENT. A plan of care, including physician's, advanced practice nurse prescriber's, or physician assistant'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, advanced practice nurse prescriber, or physician assistant, and shall be signed and dated by the physician, advanced practice nurse prescriber, or physician assistant within 20 working days following the patient's admission for care.	3
133.09(2) Service Agreement	SERVICE AGREEMENT. Before care is initiated, the home health agency shall inform the patient, orally and in writing, of the extent to which payment may be expected from other sources, the charges for services that will not be covered by other sources and charges that the individual may have to pay.	2
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	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(3)(a) Administration	PERSONNEL POLICIES. The agency shall prepare in writing and review annually the following policies: (a) A system for recruitment, orientation and continuing training of staff; and	1
133.06(4)(a) Administration - Employees	EMPLOYEES. (a) Orientation. Prior to beginning patient care, every employee shall be oriented to the agency and the job for which he or she is hired,	1
133.06(4)(b) Administration - Employees	SCOPE OF DUTIES. No employes may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.	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
133.06(4)(d)2. Administration - Employees - Health	'Continuing employees'. Each employee having direct patient contact shall be screened for clinically apparent communicable disease by a physician, physician assistant, or registered nurse based on the likelihood of their exposure to a communicable disease, including tuberculosis. The exposure to a communicable disease may have occurred in the community or in another location.	1
133.06(4)(d)3. Administration - Employees - Health	Disease surveillance. Agencies shall develop and implement written policies for control of communicable diseases which take into consideration control procedures incorporated by reference in ch. HSS 145 and which ensure that employes with symptoms or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician, physician assistant or advanced practice nurse	1
133.08(2)(c) Patient Rights - Policies	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
133.08(2)(g) Patient Rights - Policies	Each patient receiving care from the agency shall have the following rights: (g) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs; and	1
133.08(2)(i) Exercise rights	Each patient receiving care from the agency shall have all the following rights: (i) To exercise his or her rights as a patient of the home health agency;	1
133.08(3) Patient Rights - Policies	ORDERS. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician, advanced practice nurse prescriber, or physician assistant. The nurse or therapist shall immediately record and sign and date oral orders and obtain the physician's, advanced practice nurse prescriber's, or physician assistant's countersignature and date within 20 working days.	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, advanced practice nurse prescriber, or physician assistant. The nurse or therapist shall immediately record and sign and date oral orders and obtain the physician's, advanced practice nurse prescriber's, or physician assistant's countersignature and date within 20 working days.	1
Total State Tags Cited this Quarter:	19	
Total Federal Tags Cited this Quarter:	40	
Total All Tags Cited this Quarter:	59	