

	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.	2
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
484.14(e) Personnel Policies	Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current.	1
484.14(g) Coordination of Patient Services (summary report schedule)	A written summary report for each patient is sent to the attending physician at least every 60 days.	1
484.30 Skilled Nursing Facilities	The HHA furnishes skilled nursing services in accordance with the plan of care.	1
484.30(a) Duties of the Registered Nurse (records and shares patient data)	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.	1
484.48 Clinical Record	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.	1
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, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.	1
484.55(d)(1) Update of the Comprehensive Assessments (assessment schedule)	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(d)(2) Update of the Comprehensive Assessments (initial assessment deadline)	The comprehensive assessment must be updated and revised (including the administration of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.	1
Total Federal Tags Cited for Quarter		11

	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	4
133.06(4)(d)2. Administration - Employees - Health (contagious disease screening)	'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
133.08(2)(b) Patient Rights - Policies (disclosure of service 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
133.14(2)(g) Skilled Nursing Services (communicate changes in patient's condition)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (g) Promptly inform the physician or advanced practice nurse prescriber and other personnel participating in the patient's care of changes in the patient's condition and needs;	1
133.18(1) Supervisory Visits (frequency of 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 (schedule for development)	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 (frequency of 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
133.20(4) Plan of Care (drug regimen monitoring)	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(5)(f) Medical Records (content: drug roster)	CONTENT. (f) Medication list and documentation of patient instructions;	1
133.21(5)(h) Medical Records (content: plan reviews)	CONTENT. (h) Summaries of reviews of the plan of care; and	1
133.21(5)(i) Medical Records (content: discharge summaries)	CONTENT. (i) Discharge summary, completed within 30 days following discharge.	1
133.06(4)(g) Background checks/misconduct/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
50.065(6)(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
TOTAL STATE TAGS CITED PER QUARTER		16
TOTAL ALL TAGS CITED PER QUARTER		27

	Department of Health Services, State of Wisconsin	
	Complaint surveys	3
	Partial Extended	0
	Extended	0
	State licensure only	2
	Federal Initial & Recertification Surveys	6
	Verification Visits	0
	Other	0
	TOTAL SURVEYS PERFORMED:	11