

|  | Department of Health Services, State of Wisconsin | |
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| Federal Tags Cited | Regulation Language | Number of Cites |
| 484.14(2)(c) Compliance w. Accepted Professional | The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. | 4 |
| 484.48 Clinical Records (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. | 3 |
| 484.10(c)(1) Right to be informed and participate | The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. The HHA must advise the patient in advance of any change in the plan of care before the change is made. | 2 |
| 484.14(g) Coordination of Patient Services | A written summary report for each patient is sent to the attending physician at least every 60 days. | 2 |
| 484.18 Acceptance of Patients, PoC, Medical Supervision (physician periodic review of care plan) | Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. | 2 |
| 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 |
| 484.18(c) Plan of Care | Drugs and treatments are administered by agency staff only as ordered by the physician. | 2 |
| 484.30(a) Duties of the Registered Nurse (RN evaluates patient needs) | The registered nurse regularly re-evaluates the patients nursing needs. | 2 |
| 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. | 2 |
| 484.14 Organization, Services and Administration (condition) | (Condition of participation) | 1 |
| 484.14 Organization, Services and Administration (organization and responsibilities of staff clearly set forth) | Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. | 1 |
| 484.14(c) Administrator (ensure staff competence) | 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 |
| 484.14(c) Administrator (select backup administrator) | A qualified person is authorized in writing to act in the absence of the administrator. | 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 | The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. | 1 |
| 484.16 Group of Professional Personnel | The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency. | 1 |
| 484.18 Acceptance of Patients, PoC, Medical Supervision (condition) | (Condition of participation) | 1 |
| 484.18 Acceptance of Patients, PoC, Medical Supervision (home treatment possible) | Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. | 1 |
| 484.18(b) Periodic Review of Plan of Care (note significant patient changes) | Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. | 1 |
| 484.20(c)(2) Transmittal of OASIS Data | The HHA must, for all assessments completed in the previous month, transmit OASIS data in a format that meets the requirements of paragraph (d) of this section. | 1 |

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| 484.30(a) Duties of the Registered Nurse (RN initiates rehab and prevention planning) | The registered nurse initiates appropriate preventative and rehabilitative nursing procedures. | 1 | |
| 484.36 Home Health Aide Services (condition) | (Condition of participation) | 1 | |
| 484.36(b)(1) Competency Evaluation and In-Service Training | The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section. | 1 | |
| 484.36(b)(2)(ii) Competency Evaluation and In-Service Training (annual update) | The HHA must complete a performance review of each home health aide no less frequently than every 12 months. | 1 | |
| 484.36(b)(2)(iii) Competency Evaluation and In-Service Training (in-service training) | The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient. | 1 | |
| 484.36(c)(2) Assignment & Duties of Home Health Services Aide (services offered by qualified HHA aides) | Any home health aide services offered by an HHA must be provided by a qualified home health aide. | 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 | |
| 484.36(d)(3) Supervision | 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 a supervisory visit to the patient's home no less frequently than every 60 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care. | 1 | |
| 484.48 Clinical Records (condition) | (Condition of participation) | 1 | |
| 484.48(b) Protection of Records | Written procedures govern the use and removal of records and the conditions for release of information. | 1 | |
| 484.52(b) Clinical Record Review | At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement. | 1 | |
| 484.55 Comprehensive Assessment of Patients | Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward achievement of desired outcomes. The comprehensive assessment must identify the patient's continuing need for home care and meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment. The comprehensive assessment must also incorporate the use of the current version of the Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary | 1 | |
| 484.55(a)(1) Initial Assessment Visit (initial assessment content) | A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. | 1 | |
| 484.55(a)(1) Initial Assessment Visit (initial assessment schedule) | The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date. | 1 | |
| 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(d)(3) Update of the Comprehensive Assessment | The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge. | 1 | |
| TOTAL FEDERAL TAGS CITED PER QUARTER | | 48 | |

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| 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 | 5 |
| 133.14(2)(b) Skilled Nursing Services | DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs; | 3 |
| 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. | 3 |
| 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. | 3 |
| 133.05(2)(a) Governance - Professional Advisory Body | PROFESSIONAL ADVISORY BODY. (a) The home health agency shall establish an advisory group of at least one practicing physician and one registered nurse and appropriate representation from other professional disciplines. A majority of the members shall be persons who are neither owners nor employees of the agency. | 2 |
| 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 or advanced practice nurse prescriber. | 2 |
| 133.20(1) Plan of Care | 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. | 2 |
| 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. | 2 |
| 133.04(5) Inspections | INTERFERENCE WITH INSPECTIONS. Any interference with or refusal to allow any inspection or investigation under this chapter shall be grounds for denial or revocation of the license. | 1 |
| 133.05(1)(a) Governance | The governing body shall: (a) Adopt governing policies in the form of by-laws, charter, written policies or other official means; | 1 |
| 133.05(1)(e) Governance | The governing body shall: (e) Provide for a qualified substitute administrator to act in absence of the administrator. | 1 |
| 133.06(2)(c) Administration | DUTIES OF THE ADMINISTRATOR. The administrator shall: (c) Cooperate with the department in investigating compliance with 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(3)(b) Administration | PERSONNEL POLICIES. The agency shall prepare in writing and review annually the following policies: (b) A plan for the evaluation of staff in the performance of duties. | 1 |
| 133.06(4)(a) Administration - Employees | EMPLOYEES. (a) Orientation. Prior to beginning patient care, every employe shall be oriented to the agency and the job for which he or she is hired, | 1 |
| 133.06(4)(a)1. Administration - Employees | The orientation program to include: (1) Policies and objectives of the agency; | 1 |
| 133.06(4)(a)2. Administration - Employees | The orientation program to include: 2. Information concerning specific job duties; | 1 |
| 133.06(4)(a)3. Administration - Employees | The orientation program to include: 3. The functions of health personnel employed by the home health agency and how they relate to each other in providing services; | 1 |
| 133.06(4)(a)4. Administration - Employees | The orientation program to include: 4. Information about other community agencies, including emergency medical services; and | 1 |
| 133.06(4)(a)5. Administration - Employees | The orientation program to include: 5. Ethics, confidentiality of patient information, and patients' rights. | 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)(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. | 1 |

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| 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)(e) Administration - Employees | CONTINUING TRAINING. A program of continuing training shall be provided to all employees as appropriate for the client population and the employee's duties. | 1 |
| 133.06(4)(f) Administration - Employees | PERSONNEL RECORDS. A separate up-to-date personnel record shall be maintained on each employee. The record shall include evidence of suitability for employment in the position to which the employee is assigned. | 1 |
| 133.06(4)(g) Background checks/misconduct report/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 |
| 133.07(2) Evaluation | METHOD OF EVALUATION. The agency shall establish methods to determine whether the established programs and service policies are effective and whether service policies and procedures are substantially followed by agency staff. These methods shall include a review of a sample of patient records to determine whether services are being provided appropriately and the extent to which the needs of patients are met. | 1 |
| 133.07(4) Evaluation | MANAGEMENT REVIEW. The agency shall periodically review its policies and administrative practices to determine the extent to which they promote appropriate, adequate, effective and efficient patient care. | 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 |
| 133.09(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 | 1 |
| 133.09(3)(a)4. Discharge of Patients | Notice of discharge: The home health agency shall insert a copy of the written discharge notice in the patient's medical record. | 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 |
| 133.14(2)(e) Skilled Nursing Services | DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (e) Initiate appropriate preventive and rehabilitative procedures; | 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(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. | 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 |
| 133.21(2) Medical Records | SECURITY. Medical record information shall be safeguarded against loss, destruction or unauthorized use. Written procedures shall be established to control use and removal of records and to identify conditions for release of information. | 1 |
| 133.21(5)(h) Medical Records | CONTENT. (h) Summaries of reviews of the plan of care; and | 1 |

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| 50.065(2)(b)intro Entity Background Check Requirements | Every entity shall obtain all of the following with respect to a caregiver of the entity: 1. A criminal history search from the records maintained by the department of justice. 2. Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subs. 1. to 4. | 1 |
| 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 |
| DHS 12.08 Armed Forces Background Searches | If a person who is the subject of a criminal background search under... s.50.065, stats., served in a branch of the U.S. armed forces, including any reserve component, within the last 3 years, the agency or entity shall make a good faith effort to obtain the discharge status of that person, either from the discharge papers issued to the person or from the armed forces branch in which the person served. If the discharge status is other than honorable, the agency or entity shall obtain information on the nature and circumstances of the discharge. | 1 |
| 50.065(2)(d) Maintain Background Information | Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule. | 1 |
| 50.065(3)(b) Complete Background Check Process | Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. | 1 |
| 50.065(4m)(c) Complete Background Information Disclosure | If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. | 1 |
| DHS 12.07(1): Reporting Background and Residency Changes | Reporting background changes and nonclient residency. An entity shall include in its personnel or operating policies a provision that requires caregivers to notify the entity as soon as possible, but no later than the person's next working day, when any of the following occurs: (a) The person has been convicted of any crime. (b) The person has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect of, or threat of abuse or neglect to a child or other client, or an investigation related to misappropriation of a client's property. (c) The person has a governmental finding substantiated against them of abuse or neglect of a client or misappropriation of a client's property. (d) In the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person has been denied a license, or the person's license has been restricted or otherwise limited. | 1 |
| TOTAL STATE TAGS CITED PER QUARTER | | 61 |
| TOTAL ALL TAGS CITED PER QUARTER | | 109 |

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|  | Department of Health Services, State of Wisconsin | |
| | Complaint surveys | 1 |
| | Partial Extended | 0 |
| | Extended | 0 |
| | State licensure only | 0 |
| | Federal Initial & Recertification Surveys | 6 |
| | Verification Visits | 1 |
| | Other | 0 |
| | TOTAL SURVEYS PERFORMED: | 8 |