



**Home Health Agency Survey Statistics**  
**July - September 2019**

<b>Types of Surveys Conducted this Quarter:</b>		
	Complaint	2
	Partial Extended	0
	Extended	0
	State licensure only	1
	Federal Initial & Recertification Surveys	5
	Verification Visits	2
	Other	0
<b>Total Surveys Performed this Quarter:</b>		<b>10</b>
<b>Federal Tags Cited</b>	<b>Regulation Language</b>	<b>Number of Cites</b>
484.50(c)(10)(i,ii,iii,iv) Contact Info Federal/State-funded entities	Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides: (i) Agency on Aging Center for Independent Living (ii) Protection and Advocacy Agency, (iii) Aging and Disability Resource Center; and (iv) Quality Improvement Organization.	3
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.	3
484.50 Patient Rights	Condition of participation: Patient rights. The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights.	2
484.50(a)(3) Verbal notice of rights and responsibilities	Provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit from a skilled professional as described in §484.75.	2
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;	2
484.50(c)(12) Access to Auxiliary Aids and Language Service	Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services.	2
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-	2
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.	2
484.60(a)(3) All Orders Recorded in Plan of Care	All patient care orders, including verbal orders, must be recorded in the plan of care.	2
484.60(b) Conformance with Physician Orders	Standard: Conformance with physician orders.	2
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.	2



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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.	2
484.65(b)(1-3) 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.	2
484.65(c) Program Activities	Standard: Program activities. The HHA's performance improvement activities must--	2
484.65(d)(1-2) Performance Improvement Projects	Standard: Performance improvement projects. Beginning July 13, 2018 HHAs must conduct performance improvement projects. (1) 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. (2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.	2
484.484.65(e)(1-4) Executive Responsibilities for QAPI	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 (4) That any findings of fraud or waste are appropriately addressed.	2
484.70 Infection Prevention and Control	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.	2
484.70(a) Infection Control	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
484.75(b)(1) Interdisciplinary assessment of the patient	Ongoing interdisciplinary assessment of the patient; The term "interdisciplinary" refers to an approach to healthcare that includes a range of health service workers. "Ongoing interdisciplinary assessment" is the continual involvement of all skilled professional staff involved in a patient's plan of care from the initial assessment through discharge, which should include periodic discussions among the team regarding the patient's health status and recommendations for the plan of care. An interdisciplinary approach recognizes the contributions of various health care disciplines (MDs, RNs, LPN/LVN, PT, OT, SLP, MSW, HH aides) and their interactions with each other to meet the patient's needs.	2
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:	2
484.102(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.	2
484.102(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 §484.102(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.	2



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484.102(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.	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. The [facility, except for RNHCs and OPOs] must do all of the following:	2
484.105 Organization and Administration of Services	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.	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
484.50(a)(1)(iii) OASIS Privacy Notice	(iii) An OASIS privacy notice to all patients for whom the OASIS data is collected.	1
484.50(a)(2) Patient's or Legal Representative's Signature	Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.	1
484.50(a)(3) Written Notice within 4 Business Days	Provide 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 to a patient-selected representative within 4 business days of the initial evaluation visit.	1
484.55(c)(5) A Review of All Current Medications	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
484.60(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.	1
484.60(c)(1) Promptly Alert Relevant Physician of Change	The HHA must promptly alert the relevant physician(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.	1
484.60(d)(4) Coordinate Care Delivery	Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities.	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
484.75 Skilled Professional Services	Condition of participation: Skilled professional services. Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in §409.44 of this chapter, and physician and medical social work services as specified in §409.45 of this chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care.	1
484.75(c)(1) 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(d) 12 Hours Inservice Every 12 Months	Standard: In-service training. A home health aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.	1
484.102(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
484.102(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



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484.102(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
484.102(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.	1
484.102(c) Development of Communication 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
484.105(a) Governing Body	Standard: Governing body. A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.	1
484.105(b)(1)(i) Administrator Appointed by	(i) Be appointed by and report to the governing body;	1
484.105(b)(2) Ensures Qualified Pre-designated Person	When the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator. The pre-designated person may be the clinical manager as described in paragraph (c) of this section.	1
484.110 Clinical Records	Condition of participation: Clinical records. The HHA must maintain a clinical record containing past and current information for every patient accepted by the HHA and receiving home health services. Information contained in the clinical record must be accurate, adhere to current clinical record documentation standards of practice, and be available to the physician(s) issuing orders for the home health plan of care, and appropriate HHA staff. This information may be maintained electronically.	1
484.110(a) Contents of Clinical Records	Standard: Contents of clinical record. The record must include:	1
484.110(a)(1) Required Items in Clinical Record	The patient's current comprehensive assessment, including all of the assessments from the most recent home health admission, clinical notes, plans of care, and physician orders;	1
<b>Total Federal Tags Cited this Quarter:</b>		<b>76</b>



**Home Health Agency Survey Statistics**  
**July - September 2019**

State Tags Cited	Code Language	Number of Cites
133.20(2)(a) Plan of Care (goals and deadlines)	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(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.	3
133.05(1)(e) Governance (substitute administrator chosen)	The governing body shall: (e) Provide for a qualified substitute administrator to act in absence of the administrator.	2
133,08(3) Patient Rights - Policies	COMPLAINTS. At the same time that the statement of patient rights is distributed under sub. (2), the home health agency shall provide the patient or guardian with a statement, provided by the department, setting forth the right to and procedure for registering complaints with the department.	2
133.14(2)(e) Skilled Nursing Services (prevention and rehabilitation)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (e) Initiate appropriate preventive and rehabilitative procedures.	2
133.20(1) Plan of Care (timeline)	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.	2
133.20(4) Plan of Care (prescriptions and treatment)	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.	2
50.065(2)(b) Intro Entity Background Check Requirements	<p>1. A criminal history search from the records maintained by the department of justice.</p> <p>2. Every entity shall obtain all of the following with respect to a caregiver of the entity: information that is contained in the registry under s. 146.40(4g) regarding any findings against the person.</p> <p>3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable.</p> <p>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.</p> <p>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 subds. 1. to 4.</p>	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
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
133.05(1)(c) Governance (governing body)	The governing body shall: (c) Oversee the management of the agency;	1
133.05(1)(d) Governance (administrator)	The governing body shall: (d) Appoint an administrator; and	1
133.06(4)(b) Administration - Employees	SCOPE OF DUTIES. No employees 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



<b>Home Health Agency Survey Statistics July - September 2019</b>		
State Tags Cited	Code Language	Number of Cites
133.08(2) Patient Rights - Policies (notice)	POLICIES. The home health agency shall provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. Each patient receiving care from the agency shall have all of the following rights:	1
133.09(1) Acceptance of Patients (needs-based plan of care)	ACCEPTANCE OF PATIENTS. A patient shall be accepted for service on the basis of a reasonable expectation that the patient's medical, nursing and social needs can be met adequately by the home health agency. No patient may be provided services except under a plan of care established by a physician, an advanced practice nurse prescriber, or a physician assistant.	1
133.09(3)(a)1. Discharge of Patients (timeline)	Notice of discharge. 1. A home health agency may not discharge a patient for any reason until the agency has discussed the discharge with the patient or the patient's legal representative and the patient's attending physician, advanced practice nurse prescriber, or physician assistant, and has provided written notice to the patient or the patient's legal representative in the timelines specified in this paragraph.	1
133.09(3)(a)4. Discharge of Patients (notice)	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 (clearly stated reason)	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 (contact information)	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
133.12 Coordination with Other Providers	The home health agency shall coordinate its services with any other health or social service providers serving the patient.	1
133.14(2)(c) Skilled Nursing Services (initiate and revise care plan)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (c) Initiate the plan of care and necessary revisions.	1
133.14(2)(g) Skilled Nursing Services (monitor patient)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (g) Promptly inform either the physician, advanced practice nurse prescriber, or physician assistant, as well as other personnel participating in the patient's care of changes in the patient's condition and needs.	1
133.14(2)(j) Skilled Nursing Services (supervisory duties)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (j) Supervise and teach other personnel.	1
133.20(3) Plan of Care (review of care plan)	REVIEW OF PLAN. The total plan of care shall be reviewed by the attending physician, advanced practice nurse prescriber, or physician assistant, 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, advanced practice nurse prescriber, or physician assistant of any changes in the patient's condition that suggest a need to modify the plan of care.	1
133.21(1) Medical Records (completeness)	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.	1
133.21(5)(h) Medical Records (review summaries)	CONTENT. (h) Summaries of reviews of the plan of care.	1
<b>Total State Tags Cited this Quarter:</b>		<b>37</b>
<b>Total Federal Tags Cited this Quarter:</b>		<b>76</b>
<b>Total All Tags Cited this Quarter:</b>		<b>113</b>