

	Department of Health Services, State of Wisconsin	
Federal Tags Cited	Regulation Language	Number of Cites
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
484.70(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.	2
484.60(b) Conformance with Physician Orders	Standard: Conformance with physician orders.	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	Standard: Program activities. The HHA's performance improvement activities must--	1
484.65(c)(1)(i) High Risk, High Volume, or Problem Prone Area	(i) Focus on high risk, high volume, or problem-prone areas;	1
484.65(c)(1)(ii) Incidence, Prevalence, Severity of Problem	(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) 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.	1
484.65(c)(1),(2),(3)&(4) Executive Responsibility 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.	1
484.70(b)(1)&(2) 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.	1

	Department of Health Services, State of Wisconsin	
Federal Tags Cited	Regulation Language	Number of Cites
484.75(b)(3) Provide Services in the Plan of Care	Providing services that are ordered by the physician as indicated in the plan of care;	1
484.105(c)(4) Assure Patient Needs are continually Assessed	Assuring that patient needs are continually assessed, and	1
TOTAL FEDERAL TAGS CITED PER QUARTER		19

	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
133.06(4)(d)1. 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.	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(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)(c) Administration - Employees	EVALUATION. Every employee 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
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.	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
133.20(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.	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
133.06(5)(a) Infection Control Orientation and Training	Each home health agency shall do all of the following: (a) Develop and implement initial orientation and ongoing education and training for all staff having direct patient contact, including students, trainees and volunteers, in the epidemiology, modes of transmission and prevention of infections and the need for routine use of current infection control measures as recommended by the U.S. centers for disease control and prevention.	1
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.	1
TOTAL STATE TAGS CITED PER QUARTER		12
TOTAL ALL TAGS CITED PER QUARTER		31
	Complaint surveys	2
	Partial Extended	0
	Extended	0
	State licensure only	0
	Federal Initial & Recertification Surveys	10
	Verification Visits	0
	Other	0
TOTAL SURVEYS PERFORMED:		12