



Home Health Agency Survey Statistics Calendar Year 2019		
Types of Surveys Conducted this Quarter:		
	Complaint	11
	Partial Extended	0
	Extended	0
	State licensure only	3
	Federal Initial & Recertification Surveys	33
	Verification Visits	11
	Other	0
<b>Total Surveys Performed this Quarter:</b>		<b>58</b>
Federal Tags Cited	Regulation Language	Number of Cites
11-484.60(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; (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 patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician may choose to include.	11
11-484.110(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).	9
11-484.60(b) Conformance with Physician's Orders	Standard: Conformance with physician orders.	7
11-484.70(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.	7
01-484.102(d)(2) EP Testing Requirements	"[For RNCHI at §403.748, ASCs at §416.54, HHAs at §484.102, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHC at §485.920, RHC/FQHC at §491.12, ESRD Facilities at §494.62]; 2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. ) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.	6
11-484.70(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.	6
01-484.102 Establishment of the Emergency Program (EP)	The [facility, except for Transplant Programs] 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:	5
01-484.102(d) EP Training and Testing	"[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, CAHs at §486.625, "Organizations" under §485.727, CMHCs at §485.920, OPOs at §486.360, RHC/FHQs at §491.12;] (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 every 2 years.	5
11-484.50(c)(7)(i,ii,iii,iv) Payment From Federally-Funding Programs	Be advised, orally and in writing, 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).	5
01-484.102(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 every 2 years. The plan must do all of the following:	4
01-484.102(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 every 2 years.	4
11-484.50(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;	4
11-484.50(c)(10)(i,ii,iii,iv,v) 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 (ii) Center for Independent Living (iii) Protection and Advocacy Agency, (iv) Aging and Disability Resource Center; and (v) Quality Improvement Organization.	4
11-484.60(a)(1) Plan of Care (individualized, patient specific, involving all health care disciplines)	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.	4



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11-484.60(a)(3) All Orders Recorded in Plan of Care	All patient care orders, including verbal orders, must be recorded in the plan of care.	4
11-484.65 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.	4
11-484.65(a)(1),(2) Program Scope (quality improvement indicators)	(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.	4
11-484.65(b)(1),(2),(3) Program data (used for quality improvement)	(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.	4
11-484.65(c) Program Activities	Standard: Program activities. The HHA's performance improvement activities must-	4
11-484.65(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.	4
11-484.65(e)(1)(2)(3)(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.	4
11-484.70 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.	4
012-484.102(a)(1)-(2) Plan Based on All-Hazard Risk Assessment	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. 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.	3
01-484.102(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 every 2 years. 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.	3
01-484.102(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 every 2 years (annually for LTC).	3
11-484.50(c)(11) Access to Auxilliary Aids and Language Services	Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.	3
11-484.50(d) 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:	3
11-484.50(f)(1)(2) Accessibility (clear language)	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-	3
11-484.60(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.	3
11-484.65(c)(2) Track Adverse Patient Events	Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions.	3
11-484.105 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.	3
01-484.102(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 every 2 years (annually for LTC facilities). 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.	2



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01-484.102(c)(1) Name and Contact Information	[(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 every 2 years (annually for LTC).] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers. * [For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.	2
01-484.102(c)(2) Emergency Officials Contact Information	[(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 every 2 years (annually for LTC).] The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.	2
01-484.102(d)(1) EP Training Program	* [For RNC/Hs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures.	2
11-484.50 Patient Rights (right to be informed)	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
11-484.50(a)(1)(i) Written Notice of Patient's 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;	2
11-484.50(a)(3) [Removed and Reserved]	[Removed and Reserved Paragraph (a)(3)]	2
11-585.50(b)(1)(2)(3) Exercise of Rights	Standard: Exercise of rights. (1) If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf. (2) If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient's representative may exercise the patient's rights. (3) If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his or her rights to the extent allowed by court order.	2
11-484.60(c)(1) Promptly Alert Physician of Relevant Changes	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.	2
11-484.60(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.	2
11-484.65(c)(1)(i) High Risk, High Volume, or Problem-Prone Area	(i) Focus on high risk, high volume, or problem-prone areas;	2
11-484.65(c)(1)(ii) Incidence, Prevalence, Severity of Problems	(ii) Consider incidence, prevalence, and severity of problems in those areas; and	2
11-484.65(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.	2
11-484.75(b)(1) Interdisciplinary Assessment of the Patient	Ongoing interdisciplinary assessment of the patient;	2
01-484.102(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 every 2 years.] 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
01-484.102(b)(3) HHA- Procedures for Followup Staff/Pts.	[(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 every 2 years.] At a minimum, the policies and procedures must address the following: (3) The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.	1
01-484.102(b)(4) Policies/Procedures for Medical Documentation	[(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 every 2 years (annually for LTC).] At a minimum, the policies and procedures must address the following: [(5) or (3), (4), (6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	1
01-484.102(c)(3) Primary/Alternate Means for Communication	[(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 every 2 years (annually for LTC).] The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.	1
01-484.102(c)(1-4) Methods of Sharing Information	[(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 every 2 years (annually for LTC).] The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c)] (6) [(4) or (5)] A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).	1
11-484.50(a)(1)(iii) OASIS Privacy Notice	(iii) An OASIS privacy notice to all patients for whom the OASIS data is collected.	1
11-484.50(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
11-484.50(a)(4) 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
11-484.50(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



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11-484.50(c)(4)(i,ii,iii,iv,v,vi,vii,viii) Participate in care	Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to-- (i) Completion of all assessments; (ii) The care to be furnished, based on the comprehensive assessment; (iii) Establishing and revising the plan of care; (iv) The disciplines that will furnish the care; (v) The frequency of visits; (vi) Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits; (vii) Any factors that could impact treatment effectiveness; and (viii) <u>Any changes in the care to be furnished.</u>	1
11-484.50(c)(5) Receive all Services in the Plan of Care	Receive all services outlined in the plan of care.	1
11-484.50(c)(9) State Toll-Free HH Telephone Hotline	Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.	1
11-484.55(a)(1) RN Performs Assessment	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. 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
11-484.55(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
11-484.60(e)(2) Patient Medication Schedule/Instructions	Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.	1
11-484.64(a)(1)(iii) Activities Leading to Immediate Correction	(iii) Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.	1
11-484.75 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
11-484.75(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
11-484.75(c)(1) Nursing Services are Supervised by RN	Nursing services are provided under the supervision of a registered nurse that meets the requirements of §484.115(k).	1
11-484.80(d) 12 Hours of 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
11-484.105(a) Governing Body (responsibilities)	Standard: Governing body. Standard: 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
11-484.105(b)(1)(i) Administrator Appointed by Governing Body	(i) Be appointed by and report to the governing body;	1
11-484.105(b)(1)(ii) Ensure that HHA Employs Qualified Personnel	(iv) Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.	1
11-484.105(b) 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
11-484.105(d)(2) Direct Support and Administrative Control	The parent HHA provides direct support and administrative control of its branches.	1
11-484.110 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
11-484.110(a) Contents of Clinical Records	Standard: Contents of clinical record. The record must include:	1
11-484.110(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>196</b>
<b>State Tags Cited</b>		
133.20(2)(a) Plan of Care (specific time standards)	CONTENTS OF PLAN. Each plan developed under sub. (1) shall include: (a) Measureable time-specific goals, with benchmark dates for review; and	14
133.20(1) Plan of Care (content and development)	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.	10
133.20(4) Plan of Care (drug administration standards)	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.	8
133.06(4)(d)1. Administration - Employees - Health (screen for tuberculosis)	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.	5
133.09(3)(a)5. a. Discharge of Patients (notice of reason for discharge)	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.	5
133.08(3) Patient Rights - Policies (right to complain)	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.	4
133.09(3)(a)5. b. Discharge of Patients (notice of rights)	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.	4



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133.06(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.	4
133.06(4)(b) Administration - Employees (professional competency)	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.	3
133.09(3)(a)1. Discharge of Patients (communicate with patient/representative)	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.	3
133.20(3) Plan of Care (interdisciplinary input)	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.	3
133.05(c) Governance	The governing body shall: (e) Provide for a qualified substitute administrator to act in absence of the administrator.	2
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.	2
133.6(4)(c) administration - employees (orientation)	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.	2
133.06(4)(d)2. Administration - Employees - Health (screen for communicable diseases)	'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
133.08(2)(d) Patient Rights - Policies (right to participate in Care Planning)	Each patient receiving care from the agency shall have the following rights: (d) To be fully informed of one's own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research;	2
133.08(2)(h) Patient Rights - Policies (informed of care planning)	Each patient receiving care from the agency shall have the following rights: (h) To be taught, and have the family taught, the treatment required, so that the patient can, to the extent possible, help himself or herself, and the family or other party designated by the patient can understand and help the patient.	2
133.09(1) Acceptance of Patients (ability serve patient's needs)	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.	2
133.09(2) Service Agreement (inform of charges)	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
133.09(3)(a)4. Discharge of Patients (written notice)	Notice of discharge: The home health agency shall insert a copy of the written discharge notice in the patient's medical record.	2
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.	2
133.14(2)(e) Skilled Nursing Services (initiate rehabilitative procedures)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (e) Initiate appropriate preventive and rehabilitative procedures	2
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	2
133.08(2)(j) Family or Rep Exercise Rights	Each patient receiving care from the agency shall have all of the following rights: (j) To have the patient's family or legal representative exercise the patient's rights when the patient has been judged incompetent by a court of law.	2
50.065(2)(b)intro	1. A criminal history search from the records maintained by the department of justice. 2. Information maintained by the department of justice 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 subds. 1. to 4.	2
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.	2
133.05(1)(c) Governance (management responsibility of governing body)	The governing body shall: (c) Oversee the management of the agency;	1
133.05(1)(d) Governance (d)(appoint administrator)	The governing body shall: (d) Appoint an administrator; and	1
133.06(2)(2) Administration (duty to ensure compliance)	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 (supervise staff recruitment and training)	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)(d)3. Administration - Employees - Health (screen for infectious disease)	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 practical nurse.	1



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133.07(2) Evaluation (review policy and program implementation)	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 (review policy and program outcomes)	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) Patient Rights - Policies (provide patients notice of rights)	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
133.08(2)(c) Patient Rights - Policies (inform of charges)	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 (respect for dignity)	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
133.09(3)(b) Discharge Summary (content and availability)	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, advanced practice nurse prescriber, or physician assistant.	1
133.13 (Emergency Notification (inform health care provider of health changes)	Home health agency personnel shall promptly notify a patient's physician, advanced practice nurse prescriber, physician assistant, or other appropriate medical personnel and guardian, if any, of any significant changes observed or reported in the patient's condition.	1
133.14(2)(c) Skilled Nursing Services (initiate plan of care)	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 (inform health care provider of condition changes)	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(j) Skilled Nursing Services (supervision)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (j) Supervise and teach other personnel.	1
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.	1
133.21(5)(h) Medical Records	CONTENT. (h) Summaries of reviews of the plan of care.	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
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
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
<b>Total State Tags Cited this Quarter:</b>		<b>113</b>
<b>Total Federal Tags Cited this Quarter:</b>		<b>196</b>
<b>Total All Tags Cited this Quarter:</b>		<b>309</b>