

HHA HEALTH SURVEY STATISTICS
January through March 2012

	Department of Health Services, State of Wisconsin	
Federal Tags Cited	Regulation Language	Number of Cites
484.55(c) Drug Review Regimen	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.	5
484.12(c) Compliance w/accepted professional standards	The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.	4
484.30(a) Duties of the Registered Nurse (re-evaluation)	The registered nurse regularly re-evaluates the patients nursing needs.	4
484.18(a) Plan of Care	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.	3
484.30 Skilled Nursing Services	The HHA furnishes skilled nursing services in accordance with the plan of care.	3
484.30(a) Duties of the Registered Nurse (prepare notes)	The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.	3
484.48 Clinical Records	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
484.18(c) Conformance with Physician's Orders	Drugs and treatments are administered by agency staff only as ordered by the physician.	2
484.30(a) Duties of the Registered Nurse (prevention/rehabilitation)	The registered nurse initiates appropriate preventative and rehabilitative nursing procedures.	2
484.10(c)(2) Right to be Informed and to Participate	The patient has the right to participate in the planning of the care. The HHA must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment.	1

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484.10(e)(1)(i-iii) Patient Liability for Payment	Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay.	1
484.14(g) Coordination of Patient Services (record of case conferences)	The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.	1
484.14(g) Coordination of Patient Services (summary report)	A written summary report for each patient is sent to the attending physician at least every 60 days.	1
484.18 Acceptance of Patient, PoC, Med Super	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.	1
484.18(b) Periodic Review of Plan of Care	The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode.	1
484.18(c) Conformance with Physician's Orders	Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.	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(e) Incorporation of Oasis Data Items	The OASIS data items determined by the Secretary must be incorporated into the HHA's own assessment and must include: clinical record items, demographics and patient history, living arrangements, supportive assistance, sensory status, integumentary status, respiratory status, elimination status, neuro/emotional/behavioral status, activities of daily living, medications, equipment management, emergent care, and data items collected at inpatient facility admission or discharge only.	1
Total Federal Tags Cited for Quarter		38

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State Tags Cited	Code Language	Number of Cites
133.14(2)(b) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs;	4
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.	4
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.	3
133.14(2)(e) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (e) Initiate appropriate preventive and rehabilitative procedures;	2
133.14(5) Skilled Nursing Services	COORDINATION OF SERVICES. A registered nurse shall maintain overall responsibility for coordinating services provided to the patient by the agency.	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 employe shall be oriented to the agency and the job for which he or she is hired.	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
133.08(2)(d) Patient Rights - Policies	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;	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
133.09(3)(a)1. Discharge of Patients	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 or advanced practice nurse prescriber, and has provided written notice to the patient or the patient's legal representative in the timelines specified in this paragraph.	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

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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.	1	
133.21(5)(i) Medical Records	CONTENT. (i) Discharge summary, completed within 30 days following discharge.	1	
50.065(4m)(l) 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	
TOTAL STATE TAGS CITED PER QUARTER		26	
TOTAL ALL TAGS CITED PER QUARTER		64	
	Complaint surveys	4	
	Partial Extended	1	
	Extended	0	
	State licensure only	0	
	Federal Initial & Recertification Surveys	10	
	Verification Visits	1	
	Other	0	
TOTAL SURVEYS PERFORMED:		16	