

HHA HEALTH SURVEY STATISTICS
January Through March 2011

Federal Tags Cited	Regulation Language	Number of Cites
G0121 Compliance with Accepted Professional Std	The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.	7
G0337 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.	4
G0158 Acceptance of Patients, POC, Medical Supervision	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.	3
G0159 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.	2
G0229 Supervision	The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.	2
G0105 Exercise of Rights and Respect for Property	The patient has the right to have his or her property treated with respect.	1
G0108 Right be Informed and to Participate	The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. The HHA must advise the patient in advance of any change in the plan of care before the change is made.	1
G0152 Group of Professional Personnel	A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines.	1
G0153 Group of Professional Personnel	The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.	1
G0155 Advisory and Evaluation Function	The group of professional personnel's meetings are documented by dated minutes.	1
G0164 Periodic Review of Plan of Care	Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.	1
G0170 Skilled Nursing Services	The HHA furnishes skilled nursing services in accordance with the plan of care.	1
G0172 Duties of the Registered Nurse	The registered nurse regularly re-evaluates the patients nursing needs.	1
G0176 Duties of the Registered Nurse	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.	1
G0224 Assignment and Duties of the Home Health Aide	Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.	1
G0226 Assignment and Duties of the Home Health Aide	The duties of a home health aide include the provision of hands on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self administered.	1
G0236 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.	1

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G0336 Completion of the Comprehensive Assessment	When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.	1
G0339 Update 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
Total Federal Tags Cited for Quarter		32

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State Tags Cited	Code Language	Number of Cites
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	4
133.14(2)(b) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs;	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(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.	2
133.05(2)(a) Governance -- Professional Advisory Body	PROFESSIONAL ADVISORY BODY. (a) The home health agency shall establish an advisory group of at least one practicing physician and one registered nurse and appropriate representation from other professional disciplines. A majority of the members shall be persons who are neither owners nor employes of the agency.	1
133.05(2)(b)2. Governance -- Professional Advisory Body	The advisory group shall: 2. Meet at least annually to advise the agency on professional issues, participate in the evaluation of the agency's program and assist the agency in maintaining liaison with other health care providers in a community information program; and	1
133.05(2)(b)3. Governance -- Professional Advisory Body	The advisory group shall: 3. Document all meetings by dated minutes.	1
133.06(4)(c) Administration - Employees	EVALUATION. Every employe shall be evaluated periodically for quality of performance and adherence to the agency's policies and this chapter, in accordance with the written plan of evaluation under sub. (3)(b). Evaluations shall be followed up with appropriate action.	1
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
133.08(2)(g) Patient Rights - Policy	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(2) - Acceptance of Patients	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	1
133.09(3)(a)(2)b. Discharge of Patients	2. The home health agency shall provide the written notice, except when a patient is discharged due to hospital admission that occurs near the end of a 60-day episode of treatment, required under subd. 1. to the patient or the patient's legal representative at least 10 working days in advance of discharge if the reason for discharge is any of the following: b. The home health agency is unable to provide the care required by the patient due to a change in the patient's condition that is not an emergency.	1
133.09(3)(a)(4) Discharge of Patients	Notice of discharge: The home health agency shall insert a copy of the written discharge notice in the patient's medical record.	1
133.09(3)(b) Discharge Summary	The home health agency shall complete a written discharge summary within 30 calendar days following discharge of a patient. The discharge summary shall include a description of the care provided and the reason for discharge. The home health agency shall place a copy of the discharge summary in the former patient's medical record. Upon request, the home health agency shall provide a copy of the discharge summary to the former patient, the patient's legal representative the attending physician or advanced practice nurse prescriber.	1
133.10(1) Required Services	REQUIRED SERVICES. The home health agency shall directly provide at least part-time or intermittent nursing services and provide or arrange for home health aide services.	1

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133.14(2)(c) Skilled Nursing Services	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	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (g) Promptly inform the physician or advanced practice nurse prescriber and other personnel participating in the patient's care of changes in the	1
133.17(1) Home Health Aide Services	PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. HSS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.	1
133.17(3) Home Health Aide Services -- Assignments	Home health aides shall be assigned to specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of care under s. HSS 133.20. These instructions shall be reviewed by the immediate supervisors with their aides.	1
133.18(1) Supervisory Visits	If a patient receives skilled nursing care, a registered nurse shall make a supervisory visit to each patient's residence at least every 2 weeks. The visit may be made when the home health aide is present or when the home health aide is absent. If the patient is not receiving skilled nursing care, but is receiving another skilled service, the supervisory visit may be provided by the appropriate therapist providing a skilled service.	1
133.20(2)(b) Plan of Care	CONTENTS OF PLAN. Each plan developed under sub. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.	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
50.065(3)(b) Complete Background Check Process	Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.	1
TOTAL STATE TAGS CITED PER QUARTER		30
TOTAL ALL TAGS CITED PER QUARTER		62
	Complaint surveys	3
	Partial Extended	0
	Extended	0
	State licensure only	2
	Federal Initial & Recertification Surveys	14
	Verification Visits	0
	Other	0
TOTAL SURVEYS PERFORMED:		19