HHA HEALTH SURVEY STATISTICS
July through September 2012

	Department of Health Services, State of Wisconsin	
Federal Tags Cited	**Regulation Language**	**Number of Cites**
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.	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
484.55(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.	3
484.18 ACCEPTANCE OF PATIENT, PoC, MED SUPER (written plan of care)	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.	2
484.30 Skilled Nursing Services (plan of care)	The HHA furnishes skilled nursing services in accordance with the plan of care.	2
484.30(a) Duties of the Registered Nurse (re-evaluation)	The registered nurse regularly re-evaluates the patients nursing needs.	2
484.10 PATIENT RIGHTS	The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights.	1
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(b) GOVERNING BODY (professional advice)	The governing body arranges for professional advice as required under §484.16.	1
484,14(b) GOVERNING BODY (management)	The governing body oversees the management and fiscal affairs of the agency.	1
484.14(c) ADMINISTRATOR (organizes personnel)	The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff.	1
484.14(c) ADMINISTRATOR (employs qualified staff)	The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations.	1
484.14(f) PERSONNEL HOURLY/PER VISIT CONTRACT	If personnel under hourly or per visit contracts are used by the HHA, there is a written contract between those personnel and the agency that specifies the following: (1) Patients are accepted for care only by the primary HHA. (2) The services to be furnished. (3) The necessity to conform to all applicable agency policies, including personnel qualifications. (4) The responsibility for participating in developing plans of care. (5) The manner in which services will be controlled, coordinated, and evaluated by the primary HHA. (6) The procedures for submitting clinical and progress notes, scheduling of visits, periodic patient evaluation. (7) The procedures for payment for services furnished under the contract.	1
484.14(g) Coordination of Patient Services (personnel coordenate efforts)	All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.	1

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484.14(i) INSTITUTIONAL PLANNING	The overall plan and budget is prepared under the direction of the governing body of the HHA by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the HHA.	1
484.16 GROUP OF PROFESSIONAL PLANNERS	Conditions of participation -- group of professional personnel.	1
484.16 GROUP OF PROFESSIONAL PLANNERS (representation)	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
484.16 GROUP OF PROFESSIONAL PLANNERS (annual policy review)	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
484.16(a) ADVISORY AND EVALUATION FUNCTION	The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.	1
484.18 ACCEPTANCE OF PATIENT, PoC, MED SUPER	Condition of Participation: Acceptance of Patients, Plan of Care, and Medical Supervision.	1
484.18(a) PLAN OF CARE (contents)	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.	1
484.18(a) PLAN OF CARE (participation)	The therapist and other agency personnel participate in developing the plan of care.	1
484.30 SKILLED NURSIN SERVICES	Condition of Participation: Skilled Nursing Services.	1
484.30(a) DUTIES OF THE REGISTERED NURSE (regular evaluation)	The registered nurse regularly re-evaluates the patients nursing needs.	1
484.30(a) DUTIES OF THE REGISTERED NURSE (initiate/review PoC)	The registered nurse initiates the plan of care and necessary revisions.	1
484.30(a) DUTIES OF THE REGISTERED NURSE (skilled services)	The registered nurse furnishes those services requiring substantial and specialized nursing skill.	1
484.30(a) DUTIES OF THE REGISTERED NURSE (prevention/rehabilitation)	The registered nurse initiates appropriate preventative and rehabilitative nursing procedures.	1
484.30(a) DUTIES OF THE REGISTERED NURSE (counseling)	The registered nurse counsels the patient and family in meeting nursing and related needs.	1
484.30(a) Duties of the Registered Nurse (in-service training)	The registered nurse participates in in-service programs, and supervises and teaches other nursing personnel.	1
484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE (agency policy)	The licensed practical nurse furnishes services in accordance with agency policy.	1
484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE (prepping material)	The licensed practical nurse prepares equipment and materials for treatments, observing aseptic technique as required.	1
484,36(b)(2)(iii) COMPETENCY EVALUATION AND IN-SERVICE TRAINING	The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient.	1
484.36(c)(1) ASSIGNMENT & 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

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484.52 EVALUATION OF THE AGENCY'S PROGRAM	Condition of Participation: Evaluation of the Agency's Program.	1
484.52 EVALUATION OF THE AGENCY'S PROGRAM (annual review)	The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers.	1
484.52 EVALUATION OF THE AGENCY'S PROGRAM (content)	The evaluation consists of an overall policy and administrative review and a clinical record review.	1
484.52 EVALUATION OF THE AGENCY'S PROGRAM (standards)	The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.	1
484.52 EVALUATION OF THE AGENCY'S PROGRAM (reporting)	Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.	1
484.52 EVALUATION OF THE AGENCY'S PROGRAM (recording findings)	Results of the evaluation are maintained separately as administrative records.	1
484.52 POLICY AND ADMINISTRATIVE REVIEW (best practices)	As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient.	1
484.52 POLICY AND ADMINISTRATIVE REVIEW (data collection)	Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.	1
484.52(a) CLINICAL RECORD REVIEW (record sampling)	At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement.	1
484.52(a) CLINICAL RECORD REVIEW (60 day review)	There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.	1
Total Federal Tags Cited for Quarter		**52**

	Department of Health Services, State of Wisconsin	
State Tags Cited	**Code Language**	**Number of Cites**
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.	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
133.21(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.	2
133.05(1)(c) GOVERNANCE	The governing body shall: (c) Oversee the management of the agency;	1
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)1. Governance - Professional Advisory Body	The advisory group shall: 1. Review annually and make recommendations to the governing body concerning the agency's scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation;	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
133.06(2)(a) ADMINISTRATION	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(4)(e) Administration - Employees	CONTINUING TRAINING. A program of continuing training shall be provided to all employes as appropriate for the client population and the employe's duties.	1
133.07(1) EVALUATION	REQUIREMENT. An evaluation of the home health agency's total program shall be conducted at least once a year by the advisory group required by s. HSS 133.05(2), home health agency staff and consumers.	1
133.07(2) EVALUATION	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(3) EVALUATION	REPORTS. Results of the evaluation shall be recorded in writing and reported to those responsible for the operation of the agency.	1
133.07(4) EVALUATION	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

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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
133.14(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)(e) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (e) Initiate appropriate preventive and rehabilitative procedures;	1
133.14(2)(h) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (h) Arrange for counseling the patient and family in meeting related needs;	1
133.14(2)(j) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (j) Supervise and teach other personnel.	1
133.19(1)(a) Services Under Contract	TERMS. The contract shall contain: (a) A statement that patients are accepted for care only by the primary home health agency;	1
133.19(1)(c) Services Under Contract	TERMS. The contract shall contain: (c) Agreement to conform to all applicable agency policies including personnel qualifications;	1
133.19(1)(d) Services Under Contract	TERMS. The contract shall contain: (d) A statement about the contractor's responsibility for participating in developing plans of treatment;	1
133.19(1)(e) Services Under Contract	TERMS. The contract shall contain: (e) A statement concerning the manner in which services will be controlled, coordinated and evaluated by the primary agency; and	1
133.19(1)(f) Services Under Contract	TERMS. The contract shall contain: (f) Procedures for submitting clinical and progress notes, scheduling visits, and undertaking periodic patient evaluation.	1
TOTAL STATE TAGS CITED PER QUARTER		**29**
TOTAL ALL TAGS CITED PER QUARTER		**81**
	Complaint surveys	7
	Partial Extended	0
	Extended	0
	State licensure only	0
	Federal Initial & Recertification Surveys	2
	Verification Visits	4
	Other	0
TOTAL SURVEYS PERFORMED:		**13**