

**HHA HEALTH SURVEY STATISTICS**  
**October through December 2012**

Department of Health Services, State of Wisconsin		
		
Federal Tags Cited	Regulation Language	Number of Cites
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.	3
484.18(c) Conformance with Physician Orders	Drugs and treatments are administered by agency staff only as ordered by the physician.	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
484.12(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.	2
484.14(g) Coordination of Patient Services (personnel coordinate efforts)	The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.	2
484.14(g) Coordination of Patient Services (personnel coordinate efforts)	A written summary report for each patient is sent to the attending physician at least every 60 days.	2
484.30(a) Duties of the Registered Nurse (re-evaluation)	The registered nurse regularly re-evaluates the patients nursing needs.	2
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.	2
484.10(e)(1) Patient Liability for Payment	The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.	1
484.14 Organization, Services & Administration	Condition of participation: Organization, Services & Administration	1
484.14 Organization, Services & Administration (subunit organization)	If an agency has subunits, appropriate administrative records are maintained for each subunit.	1
484.14(b) Governing Body (legal responsibility)	A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the operation of the agency.	1
484.14(b) GOVERNING BODY (professional advice)	The governing body arranges for professional advice as required under §484.16.	1
484.18 ACCEPTANCE OF PATIENT, PoC, MED SUPER	Condition of Participation: Acceptance of Patients, Plan of Care, and Medical Supervision.	1
484.18 ACCEPTANCE OF PATIENT, PoC, MED SUPER (reasonable belief in treatment)	Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.	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

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484.18(b) Periodic Review of Plan of Care (triggering conditions)	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(b) Periodic Review of Plan of Care (warning of changes)	Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.	1
484.30 Skilled Nursing Services (plan of care)	The HHA furnishes skilled nursing services in accordance with the plan of care.	1
484.30(a) Duties of the Registered Nurse (monitors patient)	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
484.36(d)(2) Supervision (biweekly visits)	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.	1
484.48(a) Retention of Records (5 years for most record types)	Clinical records are retained for 5 years after the month the cost report to which the records apply is filed with the intermediary, unless State law stipulates a longer period of time. Policies provide for retention even	1
484.48(b) Protection of Records (unauthorized use)	Clinical record information is safeguarded against loss or unauthorized use.	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
<b>Total Federal Tags Cited for Quarter</b>		<b>35</b>

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Department of Health Services, State of Wisconsin		
		
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
133.20(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
133.12 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)(b) Skilled Nursing Services	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs;	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
133.08(2)(b) Patient Rights - Policies	Each patient receiving care from the agency shall have the following rights: (b) To be fully informed, prior to or at the time of admission, of services available from the agency and of related charges, including any charges for services for which the patient or a private insurer may be responsible;	1
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.	1
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(2) Medical Records	SECURITY. Medical record information shall be safeguarded against loss, destruction or unauthorized use. Written procedures shall be established to control use and removal of records and to identify conditions for release of information.	1
133.21(3) Medical Records	RETENTION. For the purposes of this chapter medical records shall be retained for a minimum of 5 years following discharge. Arrangements shall be made for the storage and safekeeping of records if the agency goes out of business.	1
133.21(5)(h) Medical Records	CONTENT. (h) Summaries of reviews of the plan of care; and	1
<b>TOTAL STATE TAGS CITED PER QUARTER</b>		<b>20</b>
<b>TOTAL ALL TAGS CITED PER QUARTER</b>		<b>55</b>
	Complaint surveys	2
	Partial Extended	0
	Extended	0
	State licensure only	1
	Federal Initial & Recertification Surveys	7
	Verification Visits	2
	Other	0
<b>TOTAL SURVEYS PERFORMED:</b>		<b>12</b>