

HOSPICE SURVEY STATISTICS
April - June 2017

	Department of Health Services, State of Wisconsin	
Federal Tag Cited	Regulation Language	Number of Cites
418.56(c)(3) Content of Plan of Care (measurable outcomes)	[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (3) Measurable outcomes anticipated from implementing and coordinating the plan of care.	5
418.56(d) Review of the Plan of Care (when required)	The hospice interdisciplinary group (in collaboration with the individual's attending physician, (if any) must review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.	5
418.100(e) Professional Management Responsibility (written agreements with contractors)	A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be-- (1) Authorized by the hospice; (2) Furnished in a safe and effective manner by qualified personnel; and (3) Delivered in accordance with the patient's plan of care.	3
418.56(c) Content of Plan of Care (delineated services)	The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:	2
418.56(e)(2) Coordination of Services (follow care plan)	[The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (2) Ensure that the care and services are provided in accordance with the plan of care.	2
418.56(e)(4) Coordination of Services (information sharing)	[The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (4) Provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.	2
418.60(a) Prevention (infection control)	The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	2
418.100(a) Serving the Hospice Patient and Family	The hospice must provide hospice care that- (1) Optimizes comfort and dignity; and (2) Is consistent with patient and family needs and goals, with patient needs and goals as priority.	2
418.52 Patients' Rights	Condition of Participation	1
418.52(c)(1) Rights of the Patient (pain management)	The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;	1
418.52(c)(2) Rights of the Patient (participate in care planning)	[The patient has a right to the following:] (2) Be involved in developing his or her hospice plan of care;	1
418.56 IDG, Care Planning, Coordination of Services	Condition of Participation	1
418.56(c)(2) Content of Plan of Care	[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.	1

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<p>418.56(d) Review of the Plan of Care (measure patient's progress)</p>	<p>A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.</p>	<p align="center">1</p>
<p>418.56(e)(3) Coordination of Services</p>	<p>[The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (3) Ensure that the care and services provided are based on all assessments of the patient and family needs.</p>	<p align="center">1</p>
<p>418.64 Core Services</p>	<p>Condition of Participation</p>	<p align="center">1</p>
<p>418.64(b)(1) Nursing Services</p>	<p>(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.</p>	<p align="center">1</p>
<p>418.104(c) Protection of Information</p>	<p>The clinical record, its contents and the information contained therein must be safeguarded against loss or unauthorized use. The hospice must be in compliance with the Department's rules regarding personal health information as set out at 45 CFR parts 160 and 164.</p>	<p align="center">1</p>
<p>418.106(b) Ordering of Drugs</p>	<p>(1) Only a physician as defined by section 1861(r)(1) of the Act, or a nurse practitioner in accordance with the plan of care and State law, may order drugs for the patient. (2) If the drug order is verbal or given by or through electronic transmission- (i) It must be given only to a licensed nurse, nurse practitioner (where appropriate), pharmacist, or physician; and (ii) The individual receiving the order must record and sign it immediately and have the prescribing person sign it in accordance with State and Federal regulations.</p>	<p align="center">1</p>
<p>418.106(d) Administration of Drugs and Biologicals</p>	<p>(1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home. (2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals: (i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law; (ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group.</p>	<p align="center">1</p>
<p>418.110 Hospices that Provide Inpatient Care</p>	<p>Condition of Participation</p>	<p align="center">1</p>
<p>418.110(d) Fire Protection</p>	<p>(1) Except as otherwise provided in this section-- (i) The hospice must meet the provisions applicable to nursing homes of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). The Director of the Office of the Federal Register has approved the NFPA 101® 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal-register/code-of-federal-regulations/ibr-locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in the edition of the Code are incorporated by reference, CMS will publish a notice in the Federal Register to announce the changes. (ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the LSC does not apply to hospices.</p>	<p align="center">1</p>

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418.110(d) Fire Protection (continued)	(2) In consideration of a recommendation by the State survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code which, if rigidly applied would result in unreasonable hardship for the hospice, but only if the waiver would not adversely affect the health and safety of patients. (3) The provisions of the adopted edition of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in hospices. (4) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a hospice may place alcohol-based hand rub dispensers in its facility if (i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities; (ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls; (iii) The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and	
418.110(d) Fire Protection (continued)	(iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00-1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004. The Director of the Office of the Federal Register has approved NFPA Temporary Interim Amendment 00-1(101) for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 C.F.R. part 51. A copy of the code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal-register/code-of-federal-regulations/ibr-locations.html . Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in the edition of the Code are incorporated by reference, CMS will publish a notice in the Federal Register to announce the changes.	
418.110(i) Infection Control	The hospice must maintain an infection control program that protects patients, staff and others by preventing and controlling infections and communicable disease as stipulated in §418.60.	1
418.110(j) Sanitary Environment	The hospice must provide a sanitary environment by following current standards of practice, including nationally recognized infection control precautions, and avoid sources and transmission of infections and communicable diseases.	1
418.110(l) Meal Service and Menu Planning	The hospice must furnish meals to each patient that are- (1) Consistent with the patient's plan of care, nutritional needs, and therapeutic diet; (2) Palatable, attractive, and served at the proper temperature; and (3) Obtained, stored, prepared, distributed, and served under sanitary conditions.	1
418.112(c) Written Agreement	The hospice and SNF/NF or ICF/MR must have a written agreement that specifies the provision of hospice services in the facility. The agreement must be signed by authorized representatives of the hospice and the SNF/NF or ICF/MR before the provision of hospice services.	1
418.112(d) Hospice Plan of Care	In accordance with §418.56, a written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/MR representatives. All hospice care provided must be in accordance with this hospice plan of care.	1
Total Federal Tags		42

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<p>State Tags Cited</p>	<p>Code Language</p>	<p>Number of Cites</p>
<p>131.21(3)(b)3 Plan of Care (measurable outcomes)</p>	<p>PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Measurable outcomes anticipated from implementing and coordinating the plan of care.</p>	<p align="center">5</p>
<p>131.21(3)(c) Plan of Care (review of plan)</p>	<p>PLAN OF CARE. Review of the plan of care. The hospice interdisciplinary group in collaboration with the individual's attending physician, if any, shall review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days. A revised plan of care shall include information from the patient's updated comprehensive assessment and shall note the patient's progress toward outcomes and goals specified in the plan of care. The hospice interdisciplinary group shall primarily meet in person to review and revise the individualized plan of care.</p>	<p align="center">5</p>
<p>131.21(2)(c) Plan of Care (staff member responsible for initial plan)</p>	<p>INITIAL PLAN OF CARE. The initial plan of care shall be developed jointly by the employee who performed the initial assessment and at least one other member of the core team.</p>	<p align="center">2</p>
<p>131.21(3)(b) Plan of Care (content)</p>	<p>PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions.</p>	<p align="center">2</p>
<p>131.23(2) Infection Control</p>	<p>PREVENTION. The hospice shall follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p>	<p align="center">2</p>
<p>131.30(1) Professional Management Responsibility</p>	<p>RESPONSIBILITY. The hospice is responsible for providing services to the patient or family, or both, based on assessed need and as established by the plan of care.</p>	<p align="center">2</p>
<p>50.065(2)(b)intro Entity Background Check Requirements</p>	<p>Every entity shall obtain all of the following with respect to a caregiver of the entity: 1. A criminal history search from the records maintained by the department of justice. 2. Information that is contained in the registry under s. 146.40(4g) 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.</p>	<p align="center">2</p>
<p>50.065(2)(b)intro Entity Background Check Requirements (continued)</p>	<p>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.</p>	

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131.18(2)(b)1 Discharge	WRITTEN POLICY. The hospice shall have a written policy that details the manner in which the hospice is able to end its obligation to a patient. This policy shall be provided to the patient or patient's representative, if any, as part of the acknowledgement and authorization process at the time of the patient's admission. The hospice shall do all of the following before it seeks to discharge a patient whose behavior or the behavior of other persons in the patient's home, is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired: Advise the patient that a discharge for cause is being considered.	1
131.19(2)(a) Patient Rights (pain management)	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.	1
131.19(2)(b) Patient Rights (participate in planning)	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To participate in planning care and in planning changes in care.	1
131.21(2)(d) Plan of Care (physicians' oral orders)	INITIAL PLAN OF CARE. The registered nurse shall immediately record and sign a physician's oral orders and shall obtain the physician's counter-signature within 20 days.	1
131.21(3)(b)2 Plan of Care (content)	PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.	1
131.21(3)(d) Plan of Care (bereavement plan)	PLAN OF CARE. Bereavement plan of care. The hospice core team shall review and update the bereavement plan of care.	1
131.25(4)(a)1 Core Services	NURSING SERVICES. Nursing services shall be provided by or under the supervision of a registered nurse and shall consist of the following: Regularly assessing the patient's nursing needs, implementing the plan of care provisions to meet those needs and reevaluating the patient's nursing needs.	1
131.30(2) Professional Mgmt Responsibility (contracting out duties)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall:	1
131.30(2)(b) Professional Mgmt Responsibility (responsibility for service delivery)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following:	1

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131.30(2)(b)3 Professional Management Responsibility (responsible for contractor's performance)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following: The manner in which the contracted services are coordinated and supervised by the hospice.	1
131.30(2)(b)4 Professional Management Responsibility (role delineation between hospice management and contractor)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following: The delineation of the roles of the hospice and service provider in the admission process, assessment, interdisciplinary group meetings and ongoing provision of palliative and supportive care.	1
131.30(2)(b)6 Professional Management Responsibility (contractor's qualifications set forth)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following: The qualifications of the personnel providing the services.	1
131.30(2)(c) Professional Management Responsibility (annual evaluation of contractor performance)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Evaluate the services provided under a contractual arrangement on an annual basis.	1
131.31(1) Employees (background checks)	CAREGIVER BACKGROUND CHECKS. Each hospice shall comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.	1
131.31(6) Employees (annual evaluation)	EVALUATION. A hospice shall evaluate every employee annually for quality of performance and adherence to the hospice's policies. Evaluations shall be followed up with appropriate action.	1
131.33(4)(b) Clinical Record (record of services provided)	AUTHENTICATION. A written record shall be made for every service provided on the date the service is provided. This written record shall be incorporated into the clinical record no later than 7 calendar days after the date of service.	1
131.33(4)(d) Clinical Record (safeguarding against loss)	AUTHENTICATION. Protection of information. Written record policies shall ensure that all record information is safeguarded against loss, destruction and unauthorized usage.	1

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<p>131.37(13) Physical Plant (kitchen)</p>	<p>KITCHEN. The kitchen shall be located on the premises, or a satisfactory sanitary method of transportation of food shall be provided. If there is a kitchen on the premises, it shall meet food service needs and be arranged and equipped for proper refrigeration, heating, storage, preparation and serving of food. Adequate space shall be provided for proper refuse handling and washing of waste receptables, and for storage of cleaning compounds.</p>	<p align="center">1</p>
<p>131.39(5)(d)1d Fire Safety (smoke detector placement)</p>	<p>SMOKE DETECTOR LOCATION. Smoke detectors shall be located at each of the following locations: In each common use room, including living rooms, dining rooms, family rooms, lounges and recreation rooms but not including kitchens, bathrooms or laundry rooms.</p>	<p align="center">1</p>
<p>131.39(6)(a)1 Fire Safety (heat detector placement: kitchen)</p>	<p>HEAT DETECTION. Hospice facilities licensed after June 1, 1992 which were not previously licensed shall install at least one heat detector integrated with the smoke detection system at each of the following locations: The kitchen.</p>	<p align="center">1</p>
<p>131.39(6)(a)2 Fire Safety (heat detector placement: garage)</p>	<p>HEAT DETECTION. Hospice facilities licensed after the effective date of this chapter [revisor to insert date] which were not previously licensed shall install at least one heat detector integrated with the smoke detection system at each of the following locations: Any attached garage.</p>	<p align="center">1</p>
<p>Total State</p>		<p align="center">41</p>
<p>Total Tags Cited:</p>		<p align="center">83</p>

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	Department of Health Services, State of Wisconsin	
	Surveys Completed:	State Licensing Recertification Initials Complaints Other Revisits
Total Complaints Received:		3
Complaints Assigned for Investigation:		3
Complaint Subject Areas:	Admission, Transfer and Discharge Rights (1) Nursing Services (1) Physician Services (1)	