

**HOSPICE SURVEY STATISTICS**  
**April - June 2018**

	<p align="center"><b>Department of Health Services, State of Wisconsin</b></p>	
<b>Federal Tag Cited</b>	<b>Regulation Language</b>	<b>Number of Cites</b>
418.52(c) Content of Plan of Care (organization and content)	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:	4
418.52(c)(3) Content of Plan of Care (measuring 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.	2
418.56(c)(2) Content of Plan of Care (scope and frequency of services)	[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
418.56(e)(4) Coordination of Services	[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.	1
418.64(b)(1) Nursing Services	(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.	1
418.76(d)(2) In-Service Training	(2) The hospice must maintain documentation that demonstrates the requirements of this standard are met.	1
418.76(h)(1)(i) Supervision of Hospice Aides	(i) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.	1
418.100 Organizational Environment	Condition of participation	1
418.100(b) Governing Body and Administrator	A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.	1
418.100(f)(ii) Hospice Multiple Locations	(ii) The multiple location must be part of the hospice and must share administration, supervision, and services with the hospice issued the certification number.	1
418.112(d) Hospice Plan of Care (coordination w. SNF/NF or ICF/MR representatives)	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
<b>Total Federal Tags</b>		<b>15</b>

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<p><b>State Tags Cited</b></p>	<p><b>Code Language</b></p>	<p><b>Number of Cites</b></p>
<p>131.21(3)(b) Plan of Care (Content of Plan)</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">4</p>
<p>131.21(3)(b)3 Plan of Care (Outcome measurement)</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">2</p>
<p>131.21(3)(b)2 Plan of Care (patient &amp; family goals)</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: A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p>	<p align="center">1</p>
<p>131.24(3) Employee health (screen for communicable diseases)</p>	<p>CONTINUING EMPLOYEES. Each employee having direct patient contact shall be screened for clinically apparent communicable disease by a physician, physician assistant, or registered nurse based on the likelihood of their exposure to a communicable disease, including tuberculosis. The exposure to a communicable disease may have occurred in the community or in another location.</p>	<p align="center">1</p>
<p>131.25(4)(a)1 Core Services (nursing services)</p>	<p>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.</p>	<p align="center">1</p>
<p>131.26(2)(c)1 Non-core Services (nurse aide services)</p>	<p>NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows: Supervision of nurse aides. A registered nurse shall make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the nurse aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The nurse aide does not have to be present during this visit.</p>	<p align="center">1</p>
<p>131.28(2)(d) Governing Body (appoint administrator)</p>	<p>The governing body shall do all of the following: Appoint an administrator and delegate to the administrator the authority to operate the hospice in accordance with policies established by the governing body.</p>	<p align="center">1</p>
<p>131.30(2)(c) Professional Management Responsibility (annual evaluation of contracted services)</p>	<p>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.</p>	<p align="center">1</p>
<p>131.31(3)(c) Employees (orientation to job duties)</p>	<p>ORIENTATION PROGRAM. A hospice's orientation program shall include all of the following: Information concerning specific job duties.</p>	<p align="center">1</p>

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131.37(24)(a) Physical Plant (emergency evacuation)	EMERGENCY PLAN. Each hospice shall have a written plan posted in a conspicuous place which specifies procedures for the orderly evacuation of patients in case of an emergency. The plan shall include an evacuation diagram. The evacuation diagram shall in addition be posted in a conspicuous location in the facility.	1
131.38(2) Fire Protection (Compliance w. Life Safety Code)	LIFE SAFETY CODE. Facilities shall meet the applicable provisions of the 2012 edition of the Life Safety Code (LSC).	1
131.39(5)(c)1 Fire Safety (smoke detectors tested monthly)	SMOKE DETECTOR INSTALLATION AND TESTING. Smoke detectors shall be installed, tested and maintained in accordance with the manufacturer's recommendations, except that they shall be tested not less than once a month. The hospice shall maintain a written record of tests.	1
131.39(5)(d)1c Fire Safety (smoke detector location: hallways)	SMOKE DETECTOR LOCATION. Smoke detectors shall be located at each of the following locations: In every corridor, spaced not more than 30 feet apart and not further than 15 feet from any wall.	1
131.39(5)(d)1d Fire Safety (smoke detector location: common rooms)	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.	1
<b>Total State Tags</b>		<b>18</b>
<b>Total Tags Cited:</b>		<b>33</b>
<b>Surveys Completed:</b>		<b>11</b>
<b>State Licensing</b>		<b>0</b>
<b>Recertification</b>		<b>7</b>
<b>Initials</b>		<b>0</b>
<b>Complaints</b>		<b>4</b>
<b>Other</b>		<b>0</b>
<b>Revisits</b>		<b>0</b>
<b>Total Complaints Received:</b>		<b>3</b>
<b>Complaints Assigned for Investigation:</b>		<b>3</b>
<b>Complaint Subject Areas:</b>	Nursing Services (1) Quality of Care/Treatment (1) Administrative Services (1)	