

HOSPICE SURVEY STATISTICS
January - March 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	[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.	3
418.56 IDG, Care Planning, Coordination of Services	Condition of Participation	2
418.5(c) Content of Plan of Care	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
418.76(h)(1) Supervision of Hospice Aides	(l) 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.	2
418.112(b) Professional Management	The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation, and make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility according to §418.100 and §418.108.	2
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.	2
418.56(e)(2) 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-] (2) Ensure that the care and services are provided in accordance with the plan of care.	1
418.60 Infection Control (Condition of Participation)	Condition of Participation	1
418.60 Infection Control	The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.	1
418.60(b)(1) Control	The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that- (1) Is an integral part of the hospice's quality assessment and performance improvement program; and	1
418.60(b)(2) Control	[The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that-] (2) Includes the following: (i) A method of identifying infectious and communicable disease problems; and (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.	1
418.110(h) Plumbing Facilities	The hospice must- (1) Have an adequate supply of hot water at all times; and (2) Have plumbing fixtures with control valves that automatically regulate the temperature of the hot water used by patients.	1
Total Federal Tags		19

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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">3</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>131.26(2)(c)1 Non-core 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">2</p>
<p>131.30(2)(a) Professional Management Responsibility</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: Ensure that there is continuity of care for the patient or the patient's family, or both, in the relevant care setting.</p>	<p align="center">2</p>
<p>131.19(2)(f) Patient Rights (copy of clinical record)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To request and receive an exact copy of one's clinical record.</p>	<p align="center">1</p>
<p>131.19(2)(j) Patient Rights (private communication)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To privately communicate with others without restrictions.</p>	<p align="center">1</p>
<p>131.19(2)(k) Patient Rights (receive visitors)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To receive visitors at any hour, including small children, and to refuse visitors.</p>	<p align="center">1</p>
<p>131.23(1) Infection Control (general)</p>	<p>INFECTION CONTROL PROGRAM. The hospice shall maintain and document an effective infection control program that protects patients, families, visitors, and hospice employees by preventing and controlling infections and communicable diseases.</p>	<p align="center">1</p>
<p>131.23(3) Infection Control (surveillance program)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases.</p>	<p align="center">1</p>
<p>131.23(a) Infection Control (quality assessment)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the hospice's quality assessment and performance improvement program.</p>	<p align="center">1</p>
<p>131.23(b) Infection Control (coordination)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that include the following:</p>	<p align="center">1</p>

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<p>131.23(3)(b)1 Infection Control (communicable disease identification)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that include the following: A method of identifying infectious and communicable disease problems.</p>	<p align="center">1</p>
<p>131.23(3)(b)2 Infection Control</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that include the following: A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.</p>	<p align="center">1</p>
<p>131.30(2)(c) Professional Management Responsibility</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>Total State</p>		<p align="center">19</p>
<p>Total Tags Cited:</p>		<p align="center">38</p>

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	Department of Health Services, State of Wisconsin	
	Surveys Completed:	8
	State Licensing	0
	Recertification	4
	Initials	0
	Complaints	1
	Other	0
	Revisits	3
	Total Complaints Received:	6
	Complaints Assigned for Investigation:	8
Complaint Subject Areas:	Quality of Care/Treatment (4) Nursing Services (1) Other Services (1)	