



Hospice Survey Statistics
January - March 2019

Types of Surveys Conducted this Quarter:		
	Complaint	8
	Recertification	3
	State Licensing	0
	Initials	0
	Other	0
Total Surveys Performed this Quarter:		11
Federal Tags Cited	Regulation Language	Number of Cites
418.52(c)(1) Rights of the Patient	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;	2
418.56(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
418.56(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.	2
418.60(a) Prevention	The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	2
418.112(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)(1) Hospice Plan of Care	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
418.56(c)(4) 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:] (4) Drugs and treatment necessary to meet the needs of the patient.	1
418.56(d) Review of the Plan of Care	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.	1
418.112 Residents of SNF/NF or ICF/MR	Condition of Participation	1
Total Federal Tags Cited this Quarter:		15



**Hospice Survey Statistics
January - March 2019**

State Tags Cited	Code Language	Number of Cites
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.	2
131.21(3)(b) Plan of Care	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.	2
131.21(3)(b)3 Plan of Care	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.	2
131.23(2) Infection Control	PREVENTION. The hospice shall follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	2
131.30(2)(a) Professional Management Responsibility	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.	2
131.21(3)(b)4 Plan of Care (pain palliation: needed drugs and treatments)	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: Drugs and treatment necessary to meet the needs of the patient.	1
131.21(3)(c) Plan of Care	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.	1
131.30(2)(c) Professional Management Responsibility	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
Total State Tags Cited this Quarter:		13
Total Federal Tags Cited this Quarter:		15
Total All Tags Cited this Quarter:		28
Total Complaints Received:		10
Complaints Assigned for Investigation:		8
	Nursing Services (3)	
	Quality of Care/Treatment (2)	
	Resident/Patient/Client Assessment (1)	
	Resident/Patient/Client Rights (2)	
	Administration/Personnel (1)	
	Admission, Transfer & Discharge Rights (1)	