

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
Federal Tag Cited	Regulation Language	Number of Cites
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:	5
418.56(d) Review of 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.	3
418.56(b) Plan of Care	All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.	2
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.	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
418.100(e) Professional Management Responsibility	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.	2
418.52(a)(1) Notice of Rights and Responsibilities	(1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands.	1
418.52(c)(2) Rights of the Patient	[The patient has a right to the following:] (2) Be involved in developing his or her hospice plan of care;	1

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
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418.54 Initial & Comprehensive Assessment	Condition of Participation	1
418.54(b) Timeframe for Completion of Assessment	The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.	1
418.54(c) Content of Comprehensive Assessment	The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.	1
418.54(c)(2) Content of Comprehensive Assessment	[The comprehensive assessment must take into consideration the following factors:] (2) Complications and risk factors that affect care planning.	1
418.56 IDG,Care Planning, Coordination of Care (Condition of Participation)	Condition of Participation	1
418.56 IDG,Care Planning, Coordination of Care (Identification of Needs)	The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.	1
418.56(c)(1) 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:] (1) Interventions to manage pain and symptoms.	1
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.	1
418.58 Quality Assessment & Performance (Condition of Participation)	Condition of Participation	1
418.58 Quality Assessment & Performance (Content of Assessment)	The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.	1

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
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418.58(d) Performance Improvement Project	Beginning February 2, 2009, hospices must develop, implement and evaluate performance improvement projects.	1
418.58(d)(2) Performance Improvement Project	(2)The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.	1
418.58(e)(1) Executive Responsibilities	The hospice's governing body is responsible for ensuring the following:(1)That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.	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
418.64(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
418.64(d)(1) Counseling Services	Counseling services must include, but are not limited to, the following: (1) Bereavement counseling. The hospice must:(i) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.(ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care. (iii) Ensure that bereavement services reflect the needs of the bereaved.(iv) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c).	1
418.76(d) In- Service Training	A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.	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

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
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418.78(e) Level of Activity	Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.	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
418.104 Clinical Records	A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.	1
418.104(b) Authentication	All entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice.	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
418.110(m) Restraint or Seclusion	All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.	1
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.	1
Federal Tag Cited	Regulation Language	Number of Cites
Total Federal Tags		43

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
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.	5
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.	3
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.	3
131.21(1) Plan of Care	GENERAL REQUIREMENTS. A written plan of care shall be established and maintained for each patient admitted to the hospice program and the patient's family. The hospice plan of care is a document that describes both the palliative and supportive care to be provided by the hospice to the patient and the patient's family, as well as the manner by which the hospice will provide that care. The care provided to the patient and the patient's family shall be in accordance with the plan of care.	2
131.21(3)(b)2 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: A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.	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

**HOSPICE SURVEY STATISTICS
July- September 2015**

	<p>Department of Health Services, State of Wisconsin</p>	
State Tags Cited	Code Language	Number of Cites
<p>131.30(2)(b)3 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: 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.</p>	<p align="center">2</p>
<p>131.17(4)(b)1 Admission</p>	<p>PATIENT ACKNOWLEDGEMENT AND HOSPICE ACCEPTANCE. The person seeking admission to the hospice shall be recognized as being admitted after completion of a service agreement in which the person or the person's representative, if any, acknowledges, in writing, that he or she has been informed about admission policies and services.</p>	<p align="center">1</p>
<p>131.18(2)(a)7 Discharge</p>	<p>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 policy shall include the following as a basis for discharging a patient: The hospice may discharge a patient for the patient's safety and welfare or the safety and welfare of others.</p>	<p align="center">1</p>
<p>131.18(2)(b)1 Discharge</p>	<p>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.</p>	<p align="center">1</p>

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
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131.18(2)(b)2 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 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: Make a serious effort to resolve the problem or problems presented by the patient's behavior or situation.	1
131.18(4) Discharge	PLANNING CONFERENCE. The hospice shall conduct the pre-discharge planning conference with the patient or the patient's representative and review the need for discharge, assess the effect of discharge on the patient, discuss alternative placements and develop a comprehensive discharge plan.	1
131.19(1) Patient Rights	GENERAL INFORMATION. A hospice shall provide each patient and patient's representative, if any, with a written statement of the rights of patients before services are provided, and shall fully inform each patient and patient's representative, if any, of all of the following:	1
131.19(2)(b) Patient Rights	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
131.19(2)(h) Patient Rights	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To be free from restraints and seclusion except as authorized in writing by the attending physician to provide palliative care for a specified and limited period of time and documented in the plan of care.	1
131.19(2)(j) Patient Rights	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.	1
131.19(2)(k) Patient Rights	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.	1
131.20(3) Assessment	CONTENT OF THE COMPREHENSIVE ASSESSMENT. The comprehensive assessment shall identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that shall be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.	1

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
131.21(2)(d) Plan of Care	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)1 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: Interventions to manage pain and symptoms.	1
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.	1
131.21(3)(b)6 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: The interdisciplinary group's documentation of the patient's or representative's, if any, level of understanding, involvement, and agreement with the plan of care, in accordance with the hospice's own policies, in the clinical record.	1
131.21(3)(e)1 Plan of Care	PLAN OF CARE. Contents of the bereavement plan of care. The bereavement plan of care shall include the following: The family and caregiver's specific needs or concerns.	1
131.22(1)(a) Quality assessment & performance improvement	PROGRAM STANDARDS. The hospice shall develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program.	1
131.22(5)(b) Quality Assessment & Performance Improvement	PERFORMANCE IMPROVEMENT PROJECTS. The hospice shall develop, implement, and evaluate performance improvement projects. The hospice shall document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.	1

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July- September 2015**

	<p>Department of Health Services, State of Wisconsin</p>	
State Tags Cited	Code Language	Number of Cites
131.23(3)(a) Infection Control	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.	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
131.26(2)(c)1 Non-Core Services	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.	1
131.28(1) Governing Body	Each hospice shall have a governing body that assumes full legal responsibility for determining, implementing and monitoring the overall conduct and operation of the program, including the quality of the care and services.	1
131.29(1) Administration	ADMINISTRATOR. The administrator shall be responsible for day-to-day operation of the hospice.	1
131.30(2) 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:	1
131.30(2)(b)2 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: 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: Stipulation that services are to be provided only with the authorization of the hospice and as directed by the hospice plan of care for the patient	1

HOSPICE SURVEY STATISTICS
July- September 2015

	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
131.30(2)(b)4 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: 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
131.31(6) Employees	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)(a) Clinical Record	AUTHENTICATION. All entries shall be legible, permanently recorded, dated and authenticated by the person making the entry, and shall include that person's name and title.	1
131.37(13) Physical Plant	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.	1
Total State		48
Total Tags Cited:		91
Surveys Completed:		
State Licensing		0
Recertification		10
Initials		0
Complaints		5
Revisits		2
Total Complaints Received:		5
Complaints Assigned for Investigation:		5
Complaint Subject Areas:	Nursing Services (2) Physican Services (1) Quality of Care/ Treatment (3)	