

HOSPICE SURVEY STATISTICS
July - September 2018

	Department of Health Services, State of Wisconsin	
Federal Tag Cited	Regulation Language	Number of Cites
418.52 Patients' Rights	Condition of participation	1
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;	1
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.	1
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(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
418.60(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.	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
418.76(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
418.104(a)(1) Content	Each patient's record must include the following: (1) The initial plan of care, updated plans of care, initial assessment, comprehensive assessment, updated comprehensive assessments, and clinical notes.	1
418.110(c) Physical Environment	The hospice must maintain a safe physical environment free of hazards for patients, staff, and visitors.	1

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418.110(d) Fire Protection	<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>	1
418.110(d) Fire Protection (cont.)	<p>(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 (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),</p>	
418.110(d) Fire Protection (cont.)	<p>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.</p>	
418.112(d) Hospice Plan of Care (coordination w. SNF/NF or ICF/MR representatives)	<p>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.</p>	1

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<p>418.112(e)(1)(ii) Coordination of Services</p>	<p>[The designated interdisciplinary group member is responsible for:] (ii) Communicating with SNF/NF or ICF/MR representatives and other health care providers participating in the provision of care for the terminal illness and related conditions and other conditions to ensure quality of care for the patient and family.</p>	<p>1</p>
<p>Total Federal Tags</p>		<p>14</p>

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	<p align="center">Department of Health Services, State of Wisconsin</p>	
<p>State Tags Cited</p>	<p>Code Language</p>	<p>Number of Cites</p>
<p>131.19(2)(a) Patient Rights (pain management)</p>	<p>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.</p>	<p align="center">1</p>
<p>131.21(1) Plan of Care (content and purpose)</p>	<p>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.</p>	<p align="center">1</p>
<p>131.21(3)(b)4 Plan of Care (drug therapy)</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: Drugs and treatment necessary to meet the needs of the patient.</p>	<p align="center">1</p>
<p>131.21(3)(c) Plan of Care (review, periodic and as needed)</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">1</p>
<p>131.23(2) Infection control (prevention)</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">1</p>
<p>131.23(3)(a) Infection control (quality control standard)</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>131.25(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>131.30(2) Professional Management Responsibility (continuing responsibilities of hospice for contract 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:</p>	<p align="center">1</p>
<p>131.33(3)(c) Clinical Record (documentation of services)</p>	<p>CONTENT. A patient's clinical record shall contain all of the following: Complete documentation of all services provided to the patient or the patient's family or both, including:</p>	<p align="center">1</p>

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131.38(1) Fire Protection (basic responsibilities)	BASIC RESPONSIBILITY. The hospice shall provide fire protection adequate to ensure the safety of patients, staff and others on the hospice's premises. Necessary safeguards such as extinguishers, sprinkling and detection devices, fire and smoke barriers and ventilation control barriers shall be installed to ensure rapid and effective fire and smoke control.	1
131.39(5)(c)2 Fire Safety (installation and testing)	SMOKE DETECTOR INSTALLATION AND TESTING. Smoke detection systems and integrated heat detectors, if any, shall be tested annually for reliability and sensitivity by a reputable service company in accordance with the specifications in National Fire Protection Association (NFPA) standard 73E and the manufacturer's specifications. Detectors found to have a sensitivity outside the approved range shall be replaced. Detectors listed as field adjustable may be either adjusted within the approved range or replaced. A detector's sensitivity may not be tested or measured using a spray device that administers an unmeasured concentration of aerosol into the detector.	1
Total State Tags		12
Total Tags Cited:		26
Surveys Completed:		11
State Licensing		0
Recertification		7
Initials		0
Complaints		4
Other		0
Revisits		0
Total Complaints Received:		3
Complaints Assigned for Investigation:		3
Complaint Subject Areas:	Nursing Services (1) Quality of Care/Treatment (1) Administrative Services (1)	