

Hospice Survey Statistics
July - September 2019

Types of Surveys Conducted this Quarter:		
	Complaint	6
	Recertification	7
	State Licensing	0
	Initials	0
	Verification Visit	3
	Other	0
Total Surveys Performed this Quarter:		16
Federal Tags Cited	Regulation Language	Number of Cites
418.110(c) Physical Environment	PROGRAM DATA. The frequency and detail of the data collection shall be approved by the hospice's governing body.	5
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.</p> <p>(ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the LSC does not apply to hospices.</p> <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.</p> <p>(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.</p> <p>(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</p> <p>(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;</p> <p>(ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;</p> <p>(iii) The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and</p> <p>(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), 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,</p>	5
418.110(d) Fire Protection (cont.)	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.	
418.113(a)(4) Local, State, Tribal Collaboration Process	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	1
418.113(b)(6)(ii) Policies for Evacuation And Primary/Alternate [Means of] Communication	[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:] Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.	1
418.113(d)(2) EP Testing Requirements	(2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following:	1
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

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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;	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
418.60(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
418.78 Volunteers	The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.	1
418.110(e) Patient Areas	The hospice must provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (1) The hospice must provide- space for private patient and family visiting; Accommodations for family members to remain with the patient throughout the night; and Physical space for family privacy after a patient's death. The hospice must provide the opportunity for patients to receive visitors at any hour, including infants and small children. </div> <div style="width: 35%; text-align: right;"> (i) Physical (ii) (iii) (2) </div> </div>	1
418.112(d)(1) Hospice Plan of Care (services identified and assigned)	The hospice plan of care must identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.	1
Total Federal Tags Cited this Quarter:		20



Hospice Survey Statistics July - September 2019		
State Tags Cited	Code Language	Number of Cites
50.065(2)(b) Intro Entity Background Check Requirements	1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subs. 1. to 4.	2
131.19(1) Patient Rights (written notice of 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)(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.	1
131.21(2)(d) Plan of Care (physician's signature to oral orders)	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)3 Plan of Care (measurable outcomes)	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
131.23(2) Infection Control (standard precautions followed)	PREVENTION. The hospice shall follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	1
131.31(6) Employees (quality of care evaluation)	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
131.37(20)(d) Physical Plant (rooms are clean)	FACILITY MAINTENANCE. Rooms shall be kept clean, well-ventilated and tidy.	1
Total State Tags Cited this Quarter:		9
Total Federal Tags Cited this Quarter:		20
Total All Tags Cited this Quarter:		29
Total Complaints Received:		10
Complaints Assigned for Investigation:		7
Received Complaint Subject Areas:	Quality of Care/Treatment (3)	
	Resident/Patient/Client Rights (5)	
	Nursing Services (2)	