HOSPICE SURVEY STATISTICS
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Federal Tag Cited	Regulation Language	Number of Cites
L0531 Content of Comprehensive Assessment	[The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.	2
L0543 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
L0547 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
L0579 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
L0629 Superivision 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
L0661 Training	(1) A hospice must provide orientation about the hospice philosophy to all employees and contracted staff who have patient and family contact.	2
L0672 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.	2
L0736 Meal Service and Meal 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.	2
L0762 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
L0515 Rights of the Patient	[The patient has a right to the following:] (4) Choose his or her attending physician;	1

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L0530 Content of Comprehensive Assessment	[The comprehensive assessment must take into consideration the following factors:] (6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following: (i) Effectiveness of drug therapy (ii) Drug side effects (iii) Actual or potential drug interactions (iv) Duplicate drug therapy (v) Drug therapy currently associated with laboratory monitoring.	1
L0552 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
L0559 Quality Assessment & Performance Improvement		1
L0560 Quality Assessment & Performance Improvement	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
L0591 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
L0598 Counseling Services	(3) Spiritual counseling The hospice must: (i) Provide an assessment of the patient's and family's spiritual needs. (ii) Provide spiritual counseling to meet these needs in accordance with the patient's and family's acceptance of this service, and in a manner consistent with patient and family beliefs and desires. (iii) Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the patient's spiritual needs to the best of its ability. (iv) Advise the patient and family of this service.	1
L0655 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.	1

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Federal Tag Cited	Regulation Language	Number of Cites
L0676 Content	[Each patient's record must include the following:] (5) Physician certification and recertification of terminal illness as required in §418.22 and §418.25 and described in §418.102(b) and §418.102(c) respectively, if appropriate.	1
L0679 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
L0680 Protection of Information	The clinical record, its contents and the information contained therein must be safeguarded against loss or unauthorized use. The hospice must be in compliance with the Department's rules regarding personal health information as set out at 45 CFR parts 160 and 164.	1
L0727 Safety Management	Physical plant and equipment. The hospice must develop procedures for controlling the reliability and quality of-- (i) The routine storage and prompt disposal of trash and medical waste; (ii) Light, temperature, and ventilation/air exchanges throughout the hospice; (iii) Emergency gas and water supply; and (iv) The scheduled and emergency maintenance and repair of all equipment.	1
L0728 Fire Protection	(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 (2) In consideration of a recommendation by the State survey agency, CMS may waive, for p (3) The provisions of the adopted edition of the Life Safety Code do not apply in a State if CM	1
L0795 Criminal Background Information	The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.	1
Total Federal Tags		**32**

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State Tags Cited	Code Language	Number of Cites
131.20(3)(g) 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. The comprehensive assessment shall take into consideration the following factor: Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment shall be incorporated into the plan of care and considered in the bereavement plan of care.	2
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
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.	2

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State Tags Cited	Code Language	Number of Cites
131.29(2)(d) Administration	DUTIES OF THE ADMINISTRATOR. The administrator shall do all of the following: Ensure that employees are oriented to the program and their responsibilities, that they are continuously trained and that their performance is evaluated.	2
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:	2
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(2)(d) Patient Rights	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To choose his or her attending physician.	1
131.19(2)(m) Patient Rights	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To be informed of those items and services that the hospice offers and for which the resident may be charged and the amount of charges for those services.	1
131.20(3)(f) 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. The comprehensive assessment shall take into consideration the following factor: Drug profile. A review of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy.	1
131.21(2)(b) Plan of Care	INITIAL PLAN OF CARE. The initial plan of care shall be developed upon conclusion of the assessment under s. DHS 131.20(1)(a).	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
131.22(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

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State Tags Cited	Code Language	Number of Cites
131.25(4)(a)3. Core Services	NURSING SERVICES. Nursing services shall be provided by or under the supervision of a registerd nurse and shall consist of the following: Evaluating the effectiveness of delegated acts performed under the registered nurse's supervision.	1
131.25(6)(c)3. Core Services	COUNSELING SERVICES. Counseling services shall be available to the patient and family to assist the patient and family in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process. Spiritual counseling. The hospice shall do the following: Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the patient's spiritual needs to the best of its ability.	1
131.28(2)(c) Governing Body	The governing body shall do all of the following: Ensure that all services are provided consistent with accepted standards of professional practice.	1
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.	1
131.31(1) Employees	CAREGIVER BACKGROUND CHECKS. Each hospice shall comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.	1
131.31(2) Employees	GENERAL REQUIREMENTS. Prior to beginning patient care, every employee or contracted staff shall be oriented to the hospice program and the job to which he or she is assigned.	1
131.33(2) Clinical Record	DOCUMENTATION AND ACCESSIBILITY. The clinical record shall be completely accurate and up-to-date, readily accessible to all individuals providing services to the patient or the patient's family, or both, and shall be systematically organized to facilitate prompt retrieval of information.	1
131.33(3)(a) Clinical Record	CONTENT. A patient's clinical record shall contain all of the following: The initial, integrated and updated plans of care prepared under s. DHS 131.21.	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
131.33(4)(d) Clinical Record	AUTHENTICATION. Protection of information. Written record policies shall ensure that all record information is safeguarded against loss, destruction and unauthorized usage.	1
Total State	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.	**31**
Total Tags Cited:		**63**

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Surveys Completed:		**0**
	State Licensing	**0**
	Recertification	**8**
	Initials	**0**
	Complaints	**2**
	Revisits	**1**
Total Complaints Received:		**2**
Complaints Assigned for Investigation:		**2**
Complaint Subject Areas:	Admission, Transfer and Discharge Rights (1) Quality of Care/Treatment (1)	