The hospital must ensure that the initial implementation of the patient's discharge plan (i) is completed, (ii) the patient and family members (or interested persons) must be counseled to prepare them for post-hospital care.

The hospital must provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the department or in a place or places likely to be noticed by all individuals entering the department, as well as to all other individuals seeking examination or treatment for a medical condition, but the requirements of §482.55 of this chapter concerning emergency medical services personnel and direction; and

The hospital must reassess its discharge planning process on an ongoing basis. The reassessment must include a review of the discharge plans to ensure that they are responsive to the needs of patients, family members, and others. The hospital must develop written discharge needs.

As needed, the patient and family members or interested persons must be counseled to understand the patient's discharge plan. (5) As needed, the patient and family members or interested persons must be counseled to understand the patient's discharge plan.

The hospital must arrange for the initial implementation of the patient's discharge plan (i) is completed, (ii) the patient and family members (or interested persons) must be counseled to prepare them for post-hospital care.
The governing body must be responsible for services the hospital provides.

The infection control officer or officers must develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

Each patient must have an individual comprehensive treatment plan. This plan must include the following: (A) a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

The governing body must ensure that services rendered in the hospital whether or not they are furnished under contracts, are furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure their contract services (including any for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

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The governing body must ensure an individual comprehensive treatment plan.

The recertification process must specify items necessary to review of the grievance and the priorities of a request as well as indicate that the person is aware of the risks and benefits of the transfer. (B) A physician (as defined in section 1861(r)(1) of the Act) has signed a certification that, based on the information available at the time of transfer, the medical benefit reasonably expected from the provision of appropriate medical treatment at another medical facility, outweigh the increased risks to the individual unless - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, to the woman unless - (ii) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the risks and benefits upon which it is based.

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### Hospital Citation Report for April 1, 2017 – June 30, 2017

This report has been prepared in response to a request from the Rural Wisconsin Health Cooperative and the Wisconsin Hospital Association. This is not a regulatory document.

<table>
<thead>
<tr>
<th>Tag</th>
<th>Regulation</th>
<th>Fed Cites</th>
<th>State Cites</th>
<th>Deficiency #1</th>
<th>Survey Category</th>
<th>Deficiency #2</th>
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<th>Deficiency #4</th>
<th>Survey Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>(The bylaws must)</td>
<td>Include a requirement that: (i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oral-maxillofacial surgeon, or other qualified individual in accordance with State law and hospital policy.</td>
<td>1</td>
<td>Follow-up</td>
<td>Certification</td>
<td></td>
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<tr>
<td>B</td>
<td>The director must monitor and evaluate the quality and appropriateness of services and treatment provided for the medical staff.</td>
<td>3</td>
<td>Complaint</td>
<td>Certification</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C</td>
<td>The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans, to deliver skilled nursing care and therapy, and to direct, monitor, and evaluate the nursing care furnished.</td>
<td>3</td>
<td>Complaint</td>
<td>Certification</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
The hospital must be constructed, arranged, and maintained FA24
in a manner that the safety and well-being of patients are assured.

The hospital must have a full-time employee who: (i) Serves as the
fire chief and the fire department, (ii) is responsible for the daily
management of the fire service, and (iii) Is available 24 hours a
day to respond to a fire alarm.

Surgical services must be consistent with needs and
resources. Policies governing surgical care must be designed
to ensure the safety of the patient, and to provide facilities for
diagnosis and treatment and for special hospital services
as deemed necessary.

A hospital must have written policies and procedures
outlining, in an easily accessible manner, the following:

- Rules for the storage, handling, dispensation, and administration of drugs and
  biologicals. These rules must provide that there is a
  drug management plan that is approved by the appropriate
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  not available for patient use.
### Regulations

#### 1.1

**Regulation:**


**Description of deficiency:**

The hospital must develop, implement and maintain an approved program complying with the requirements of NFPA 90A-1999 (incorporated by reference).

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 1.21

**Regulation:**

Sprinkler systems installed on the property of the hospital shall comply with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 25, Standard for the Inspection, Maintenance, and Testing of Premises Exposed to Fire, or equivalent, in accordance with 18.5.2.1, 19.5.2.1, and 18.3.2.5.2.

**Description of deficiency:**

Construction of clothes closets of Type II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

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#### 1.32

**Regulation:**

An automatic fire extinguishing system is required in accordance with NFPA 17, Standard for the Installation and Maintenance of Fire Sprinkler Systems, or, in residential occupancies where space limitations prohibit sprinklers, an automatic extinguishing system shall be installed in accordance with 18.5.2.1, 19.5.2.1, and 18.3.2.5.2.

**Description of deficiency:**

Sprinkler facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed in hazardous areas, but shall not be specified for corridors. (18.3.2.5.2 through 18.3.2.5.3, 19.3.2.5.2, 19.3.2.5.3, 19.3.2.5.4).

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

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#### 1.5.11

**Regulation:**


**Description of deficiency:**

(3) That clear expectations for safety are established.

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 1.5.21

**Regulation:**

Sprinkler systems installed on the property of the hospital shall comply with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 25, Standard for the Inspection, Maintenance, and Testing of Premises Exposed to Fire, or equivalent, in accordance with 18.5.2.1, 19.5.2.1, and 18.3.2.5.2.

**Description of deficiency:**

Construction of clothes closets of Type II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 1.5.22

**Regulation:**

The hospital must develop, implement and maintain an approved program complying with the requirements of NFPA 90A-1999 (incorporated by reference).

**Description of deficiency:**

The hospital must develop, implement and maintain an approved program complying with the requirements of NFPA 90A-1999 (incorporated by reference).

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 2.1

**Regulation:**

Healthcare facilities shall comply with the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association, except as otherwise provided in this section—(i) the CAH may waive specific provisions of the Life Safety Code that, if strictly applied, would result in unreasonable hardship on the CAH, but only if the CAH does not adversely affect the health and safety of patients.

**Description of deficiency:**

That clear expectations for safety are established.

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

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#### 2.9

**Regulation:**

Performance improvement activities must track medical staff performance, patient events, and overall outcomes.

**Description of deficiency:**

Performance improvement activities must track medical staff performance, patient events, and overall outcomes.

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

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#### 2.13

**Regulation:**

In hospitals, sprinklers are not required in clothes closets of Type II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.

**Description of deficiency:**

Sprinkler facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed in hazardous areas, but shall not be specified for corridors. (18.3.2.5.2 through 18.3.2.5.3, 19.3.2.5.2, 19.3.2.5.3, 19.3.2.5.4).

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 3.18

**Regulation:**

Illumination of Means of Egress

**Description of deficiency:**

Illumination of means of egress, including exit discharges, is arranged in accordance with NFPA 101-1999, unless the facility is primarily used as a hospital, which includes all hospital departments and services; involves all hospital departments and services; reflects the complexity of the hospital's organization and arrangement; and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must measure, analyze, and track adverse patient events... (c) Program Activities ......

**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 4.5

**Regulation:**


**Description of deficiency:**


**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

---

#### 12.1.1

**Regulation:**

The hospital must develop, implement and maintain an approved program complying with the requirements of NFPA 90A-1999 (incorporated by reference), The hospital must develop, implement and maintain an approved program complying with the requirements of NFPA 90A-1999 (incorporated by reference), The hospital must develop, implement and maintain an approved program complying with the requirements of NFPA 90A-1999 (incorporated by reference).

**Description of deficiency:**

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**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

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#### 12.1.3

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**Description of deficiency:**

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**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.

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**Description of deficiency:**

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**Verification:**

Follow-up, life safety code validation, or as otherwise required by the Code.
| Tag  | Regulation | Purpose Regulation | Deficiency #1 | Survey Category | Deficiency #2 | Survey Category | Deficiency #3 | Survey Category | Deficiency #4 | Survey Category |
|------|------------|--------------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|----------------|
| 4117 | Psychiatric Services |            |               |                |               |                |               |                |               |                |                |
|      | Psychiatric Services |            |               |                |               |                |               |                |               |                |                |
| 4118 | Each patient must receive a psychiatric evaluation that must include an inventory of the patient's assets in descriptive and interpretative fashion. |            |               |                |               |                |               |                |               |                |                |
| 4118 | The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program. |            |               |                |               |                |               |                |               |                |                |
| 4122 | The department, in the interest of public health, may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the national bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. |            |               |                |               |                |               |                |               |                |

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