



Department of Health Services, State of Wisconsin

Hospital Citation Report for April 1, 2017 - June 30, 2017

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Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_ID	Special Purpose Regulation	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category
C 2409	(1) General: If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected	2				Complaint	Complaint		
C 2409 (Cont.)	from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.								
C 2409 (Cont.)	(2) A transfer to another medical facility will be appropriate only in those cases in which - (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, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies,								
C 2409 (Cont.)	treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.								
Governance Body		2	0						
A 0083	The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
Swing Bed: Hospital and CAH		0	0						
Infection Control		8	0						
A 0749	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
A 0749	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	4		FA25		Recertification	Recertification, Complaint, Validation	Complaint	Complaint
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	2				Recertification, Follow-up	Recertification, Follow-up, Validation		
Medical Record Services		14	0						
A 0450	All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.	2		FA25		Recertification, Complaint, Validation	Complaint		
B 0118	Each patient must have an individual comprehensive treatment plan.	3				Recertification, Complaint	Recertification, Follow-up	Recertification	
B 0120	The written plan must include a substantiated diagnosis.	3				Recertification, Complaint	Recertification, Follow-up	Recertification	
B 0121	The written plan must include short-term and long range goals.	3				Recertification, Complaint	Recertification, Follow-up	Recertification	
B 0122	At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response.	3				Recertification, Complaint	Recertification, Follow-up	Recertification	
Medical Staff		8	0						



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A 0358	[The bylaws must] Include a requirement that-- (j) 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 oromaxillofacial surgeon, or other qualified individual in accordance with State law and hospital policy.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
B 0144	The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	3				Recertification, Complaint	Recertification, Follow-up	Recertification	
B 0148	The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.	3				Recertification, Complaint	Recertification, Follow-up	Recertification	



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Nursing Services		2	0						
A 0396	The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical		8	0						
A 0620	The hospital must have a full-time employee who- (i) Serves as director of the food and dietetic services; (ii) Is responsible for daily management of the dietary services; and (iii) Is qualified by experience or training.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
A 0622	There must be administrative and technical personnel competent in their respective duties.	3		FA25		Recertification	Recertification, Complaint, Validation	Complaint	
A 0951	Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.	3		FA25		Complaint	Recertification, Complaint, Validation	Complaint	
Pharmaceutical Services		4	0						
A 0505	Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
C 0276	[The policies include the following:] Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.	2				Recertification, Follow-up	Recertification, Follow-up, Validation		
Organ, Tissue, Eye Procurement		0	0						
Patient Rights		16	0						
A 0115	A hospital must protect and promote each patient's rights.	2		FA25		Recertification	Recertification, Follow-up		
A 0119	[The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.] The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.	2		FA25		Recertification, Complaint	Recertification, Follow-up		
A 0122	At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response.	2		FA25		Recertification	Complaint		
A 0132	The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part (Effective dates).	2		FA25		Recertification, Complaint, Validation	Complaint		
A 0132	The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part (Effective dates).	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
A 0143	The patient has the right to personal privacy.	2		FA25		Recertification	Complaint		
A 0144	The patient has the right to receive care in a safe setting.	2		FA24		Recertification, Follow-up	Recertification, Follow-up		
A 0217	[A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements: (3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.	2		FA25		Recertification, Complaint	Recertification		
Physical Environment (all K tags are counted as federal cites)		31	0						
A 0700	The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.	3		FA24		Recertification, Follow-up	Recertification, Follow-up	Recertification, Follow-up, Validation	
A 0700	The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.	4		FA25		Recertification, Complaint	Recertification, Follow-up	Recertification	Recertification, Complaint, Validation
A 0701	The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.	2		FA25		Recertification, Complaint	Recertification, Follow-up		
A 0709	Life Safety from Fire	3		FA24		Recertification, Follow-up	Recertification, Follow-up	Recertification, Validation	
A 0709	Life Safety from Fire	4		FA25		Recertification, Complaint	Recertification, Follow-up	Recertification	Recertification, Complaint, Validation
C 0220	Condition of Participation	2				Recertification, Follow-up	Recertification, Follow-up, Validation		



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C 0231	Except as otherwise provided in this section-- (i) the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. 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 .	2				Recertification, Follow-up	Recertification, Follow-up, Validation		
C 0231 (cont.)	Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish 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 Life Safety Code does not apply to a CAH. After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the CAH, but only if the waiver does not adversely affect the health and safety of patients.								
K 0281	Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8	2		K307	Regs for Existing Structures	Recertification, Complaint, Life Safety Code	Recertification, Followup, Life Safety Code		
K 0324	Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	2		K307	Regs for Existing Structures	Recertification, Complaint, Life Safety Code	Recertification, Followup, Life Safety Code		
K 0345	Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	3		K307	Regs for Existing Structures	Recertification, Complaint, Life Safety Code	Recertification, Follow-up, Life Safety Code	Recertification, Life Safety Code	
K 0351	Sprinkler System - Installation 2012 EXISTING: Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	2		K307	Regs for Existing Structures	Recertification, Follow-up, Validation, Life Safety Code	Recertification, Validation, Life Safety Code		
K 0521	HVAC -- Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	2		K307	Regs for Existing Structures	Recertification, Follow-up, Life Safety Code	Recertification, Life Safety Code		
OAPI		5	0						
A 0263	The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.	2			FA25	Complaint	Recertification		
A 0283	(a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will ... identify and reduce medical errors. (2) The hospital must measure, analyze, and track ...adverse patient events ... (c) Program Activities (2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital. (e) Executive Responsibilities, The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: ... (3) That clear expectations for safety are established.	3			FA25	Recertification	Recertification, Complaint, Validation	Complaint	



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Chief of Service		0	0						
Psychiatric Services		5	0						
B 0117	Each patient must receive a psychiatric evaluation that must include an inventory of the patient's assets in descriptive, not interpretive fashion.		3			Recertification, Complaint	Recertification, Follow-up	Recertification	
B 0158	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.		2			Recertification, Complaint	Recertification, Follow-up		
Other		0	2						
Z 0012	If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in			2		Recertification, Complaint, Validation	Recertification, Follow-up, Validation		
Z 0012 (Cont.)	The department or entity 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 federal 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.								
Total Federal/State Cites		124	2						
Total Cites		126							