



Department of Health Services, State of Wisconsin

Hospital Citation Report for July 1, 2017 - September 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
Discharge Planning		2	0					
A 0843	The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.	2		FA25		Recertification, Complaint	Complaint	
FMTA1.A		9	0					
A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.	3		FA25		Complaint	Complaint	Complaint
A 2406	Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and	2		FA25		Complaint	Complaint	
A 2406 (Cont.)	(b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act.							
A 2406 (Cont.)	A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1)(B) of the Act. (c) Use of Dedicated Emergency Department for Nonemergency Services. If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be							
A 2406 (Cont.)	appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.							
C 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.	2		6R90		Complaint	Complaint, Follow-up	
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	2		6R90		Complaint	Complaint, Follow-up	
C 2409 (Cont.)	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							



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C 2409 (Cont.)	condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, 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					
C 0272	§485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1). §485.635(a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.	2		6R90		Recertification, State Licensure, Re-licensure	Recertification, State Licensure, Re-licensure, Follow-up	
Swing Bed: Hospital and CAH		0	0					
Infection Control		3	0					
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	3		6R90		Recertification, State Licensure, Re-licensure	Recertification, State Licensure, Re-licensure, Follow-up	Recertification, Validation, Follow-up
Medical Record Services		2	0					
B 0122	The written plan must include the specific treatment modalities utilized.	2		FB01		Recertification, Follow-up	Recertification, Follow-up	
Medical Staff		4	0					
B 0144	The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	2		FB01		Recertification, Follow-up	Recertification, Follow-up	
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.	2		FB01		Recertification, Complaint	Recertification, Follow-up	
Nursing Services		5	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.	3		FA25		Recertification, Complaint	Complaint, Follow-up	Complaint
C 0298	A nursing care plan must be developed and kept current for each inpatient.	2		6R90		Recertification, State Licensure, Re-licensure	Recertification, State Licensure, Re-licensure, Follow-up	

									
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	Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical	0	0						
	Pharmaceutical Services	0	0						
	Organ, Tissue, Eye Procurement	0	0						
	Patient Rights	0	0						
	Physical Environment (all K tags are counted as federal cites)	4	0						
C 0222	The CAH has housekeeping and preventive maintenance programs to ensure that-- all essential mechanical, electrical, and patient care equipment is maintained in safe operating condition;	2	6R90			Recertification, State Licensure, Re-licensure	Recertification, State Licensure, Follow-up		
K 0353	Sprinkler System - Maintenance and Testing. Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) _____ Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	2		K307	Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code		
	OAPI	0	0						
	Chief of Service	0	0						
	Psychiatric Services	0	0						
	Other	0	2						
Z 0026	An entity that commits any of the following acts may be subject to any of the sanctions specified in sub. (2): (a) Hires, employs, or contracts with a caregiver, or permits to reside as a nonclient resident at the entity a person who has direct, regular contact with clients and who the entity knew or should have known is barred under ss. 50.065 (4m) (b), Stats. (b) Violates any provision of initial background information gathering or periodic background information gathering required by ...s. 50.065, Stats.			2		Complaint	Complaint		
	Total Federal/State Cites	31	2						
	Total Cites	33							