

Department of Health Services					
Division of Quality Assurance					
Hospital Citation Report for October 1, 2011 - December 31, 2011					
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Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_ID	Special Purpose Regulation Sets
<b>Discharge Planning</b>		<b>2</b>	<b>2</b>		
C 0379	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Transfer, and discharge rights (§483.12(a)(6)): "The written notice specified in paragraph (a)(4) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement that the resident has the right to appeal the action to the State; (v) The name, address and telephone number of the State long term care ombudsman; (vi) For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and (vii) For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act."	1		6R40	
		1		6R40	
R 0233	Discharge planning. The discharge planning program shall: Provide that every patient receive relevant information concerning continuing health needs and is appropriately involved in his or her own discharge planning;		1	GAWM	
			1	GAWM	
<b>EMTALA</b>		<b>0</b>	<b>0</b>		
<b>Governing Body</b>		<b>1</b>	<b>1</b>		
C 0272		1		6R40	

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R 0200			1	GAWM	
<b>Swing Bed: Hospital and CAH</b>		<b>0</b>	<b>0</b>		
<b>Infection Control</b>		<b>8</b>	<b>9</b>		
A 0747		1		FA19	
A 0748		1		FA19	
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.	1		FA19	
		1		FA19	
A 0756		1		FA19	
C 0278	[The policies include the following:] a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	1		6R40	
		1		6R40	
		1		6R40	
R 0294	The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the prevention, control and investigation of infections and communicable diseases.		1	GAWM	
			1	GAWM	
			1	GAWM	
R 0295			1	GAWM	
R 0298			1	GAWM	
R 0310			1	GAWM	

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R 0313	Sanitary environment. A sanitary environment shall be maintained to avoid sources and transmission of infection		1	GAWM	
			1	GAWM	
			1	GAWM	
<b>Medical Record Services</b>		<b>18</b>	<b>15</b>		
A 0449		1			
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.	1		FA19	
		1			
A 0457		1		FA19	
C 0300		1		6R40	
C 0302		1		6R40	
C 0304	For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;	1		6R40	
		1		6R40	
		1		6R40	
C 0305		1		6R40	

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C 0306	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] all orders of doctors of medicine or osteopathy or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics and progress notes describing the patient's response to treatments; [and]	1		6R40	
		1		6R40	
C 0307	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] dated signatures of the doctor of medicine or osteopathy or other health care professional.	1		6R40	
		1		6R40	
		1		6R40	
		1		6R40	
C 0308		1		6R40	
C 0395		1		6R40	
R 0430	There shall be a written nursing care plan for each patient which shall include the elements of assessment, planning, intervention and evaluation.		1	GAWM	
			1	GAWM	
R 0431	Documentation of nursing care shall be pertinent and concise and shall describe patient needs, problems, capabilities and limitations. Nursing interventions and patient responses shall be noted.		1	GAWM	
			1	GAWM	
R 0462			1	GAWM	
R 0467			1	GAWM	
R 0469			1	GAWM	
R 0471			1	GAWM	

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R 0496	AUTHENTICATION OF ALL ENTRIES. Documentation. All entries in medical records by medical staff or other hospital staff shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.		1	GAWM	
			1	GAWM	
			1	GAWM	
			1	GAWM	
R 0757			1	GAWM	
R 0810	Medical records. Adequate medical records to permit continuity of care after provision of emergency services shall be maintained on all patients. The emergency room patient record shall contain: a. Patient identification; b. History of disease or injury; c. Physical findings; d. Laboratory and x-ray reports, if any; e. Diagnosis; f. Record of treatment; g. Disposition of the case; h. Authentication as required by s. HFS 124.14(3)(b); and i. Appropriate time notations, including time of the patient's arrival, time of physician notification, time of treatments, including administration of medications, and time of patient discharge or transfer from the service.		1	GAWM	
			1	GAWM	
<b>Medical Staff</b>		<b>0</b>	<b>2</b>		
R 0378	Content. Medical staff by-laws and rules shall include: A statement specifying categories of personnel duly authorized to accept and implement medical staff orders. All orders shall be recorded and authenticated. All verbal and telephone orders shall be authenticated by the prescribing member of the medical staff in writing within 24 hours of receipt.		1	GAWM	
			1	GAWM	
<b>Nursing Services</b>		<b>6</b>	<b>3</b>		

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A 0392	The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.	1		FA19	
		1		FA19	
A 0395		1		FA19	
C 0297		1		6R40	
C 0298	A nursing care plan must be developed and kept current for each inpatient.	1		6R40	
		1		6R40	
R 0417	Care determinants. A registered nurse shall plan, supervise and evaluate the care of all patients, including the care assigned to other nursing personnel.		1	GAWM	
			1	GAWM	
R 0421			1	GAWM	
			1	GAWM	
<b>Services: Anesthesia, Emrgcy, Food &amp; Dietetic, Nucl Medicine, Respiratc</b>		<b>12</b>	<b>14</b>		
A 0940		1		FA19	
A 1005		1		FA19	
C 0279	[The policies include the following:] If the CAH furnishes inpatient services, procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §485.25(i) is met with respect to inpatients receiving posthospital SNF care.	1		6R40	
		1			
		1			

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C 0320	Surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body of the CAH in accordance with the designation requirements under paragraph (a) of this section.	1		6R40	
		1		6R40	
		1		6R40	
C 0322	(1) A qualified practitioner, as specified in paragraph (a) of this section, must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed. (2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia. (3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.	1		6R40	
		1		6R40	
		1		6R40	
C 0400		1		6R40	
R 0544			1	GAWM	
R 0552	Sanitary conditions shall be maintained in the storage, preparation and distribution of food.		1	GAWM	
			1	GAWM	
			1	GAWM	
R 0554			1	GAWM	
R 0559			1	GAWM	
R 0576			1	GAWM	
R 0658	Hospitals which have surgery, anesthesia, dental or maternity services shall have effective policies and procedures, in addition to those set forth under s. HFS 124.12 (9), relating to the staffing and functions of each service in order to protect the health and safety of the patients.		1	GAWM	
			1	GAWM	

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			1	GAWM	
R 0662	Policies. There shall be adequate provisions for immediate postoperative care. A patient may be directly discharged from post-anesthetic recovery status only by an anesthesiologist, another qualified physician or a registered nurse anesthetist.		1	GAWM	
			1	GAWM	
R 0673			1	GAWM	
R 0765			1	GAWM	
<b>Pharmaceutical Services</b>		<b>3</b>	<b>6</b>		
C 0276	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.	1		6R40	
		1		6R40	
		1		6R40	
R 0510			1	GAWM	
R 0513			1	GAWM	
R 0517	Storage and equipment. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security. In a pharmacy, current reference materials and equipment shall be provided for the compounding and dispensing of drugs. Hospitals utilizing automated dispensing systems must meet the requirements under Phar 7.09.		1	GAWM	
			1	GAWM	
R 0524			1	GAWM	

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R 0528			1	GAWM	
<b>Organ Tissue, Eye Procurement</b>		<b>2</b>	<b>2</b>		
C 0345	[The CAH must have and implement written protocols that:] incorporate an agreement with an OPO designated under part 486 of this chapter, under which it must notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the CAH. The OPO determines medical suitability for organ donation and, in the absence of alternative arrangements by the CAH, the OPO determines medical suitability for tissue and eye donation, using the definition of potential tissue and eye donor and the notification protocol developed in consultation with the tissue and eye banks identified by the CAH for this purpose;	1		6R40	
		1		6R40	
R 0264	Anatomical gifts. Every hospital shall comply with the Anatomical Gift Act under s.157.06, Stats.		1	GAWM	
			1	GAWM	
<b>Patient Rights</b>		<b>7</b>	<b>5</b>		
A 0118		1		FA19	
A 0133		1		FA19	
C 0152		1		6R40	
C 0362		1		6R40	
C 0364		1		6R40	

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C 0372	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Resident rights - married couples (§483.10(m)): "The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement."	1		6R40	
		1		6R40	
R 0237			1	GAWM	
R 0243			1	GAWM	
R 0244			1	GAWM	
R 0247			1	GAWM	
R 0250			1	GAWM	
<b>Physical Environment (all K tags are counted as federal cites)</b>		<b>79</b>	<b>3</b>		
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.	1		FA19	
		1		FA19	
A 0701		1		FA19	
A 0724		1		FA19	
C 0220	Physical Plant and Environment	1		6R40	
		1		6R40	
		1		6R40	
C 0221		1		6R40	
C 0222		1		6R40	
C 0226		1		6R40	

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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: <a href="http://www.archives.gov/federal_register/code_of_federal-regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal-regulations/ibr_locations.html</a> . 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. After consideration of State survey agency findings, CMS may waive specific provisions of this Code.	1		6R40	
		1		6R40	
		1		6R40	
K 0011	If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 18.1.1.4.1, 18.1.1.4.2	1		K202	Regs for New Structures
		1		K202	Regs for New Structures
K 0012		1		K201	Regs for Existing Structures
K 0012		1		K202	Regs for New Structures
K 0017		1		K201	Regs for Existing Structures

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K 0017		1		K202	Regs for New Structures
K 0018	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0019		1		K201	Regs for Existing Structures
K 0020		1		K201	Regs for Existing Structures
K 0020		1		K202	Regs for New Structures
K 0022	Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0025		1		K201	Regs for Existing Structures
K 0025		1		K202	Regs for New Structures
K 0027	Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures

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K 0029	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0033		1		K201	Regs for Existing Structures
K 0034	Stairways and smokeproof towers used as exits are in accordance with 7.2.19.2.2.3, 19.2.2.4	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0038	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0039		1		K201	Regs for Existing Structures
K 0043		1		K201	Regs for Existing Structures
K 0045		1		K201	Regs for Existing Structures
K 0046	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0050		1		K201	Regs for Existing Structures
K 0050		1		K202	Regs for New Structures

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K 0051	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0052		1		K201	Regs for Existing Structures
K 0056	If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0062		1		K201	Regs for Existing Structures
K 0062		1		K202	Regs for New Structures
K 0064	Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures

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K 0067	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0069	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	1		K201	Regs for Existing Structures
				K201	Regs for Existing Structures
K 0071		1		K201	Regs for Existing Structures
K 0074		1		K201	Regs for Existing Structures
K 0076	Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0077	Piped in medical gas systems comply with NFPA 99, Chapter 4.	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0106		1		K201	Regs for Existing Structures
K 0130	OTHER LSC DEFICIENCY NOT ON 2786	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures

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K 0134		1		K201	Regs for Existing Structures
K 0144		1		K201	Regs for Existing Structures
K 0144		1		K202	Regs for New Structures
K 0147	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	1		K201	Regs for Existing Structures
		1		K201	Regs for Existing Structures
K 0154		1		K201	Regs for Existing Structures
K 0154		1		K202	Regs for New Structures
R 0865	GENERAL. The buildings of the hospital shall be constructed and maintained so that they are functional for diagnosis and treatment and for the delivery of hospital services appropriate to the needs of the community and with due regard for protecting the health and safety of the patients. The provisions of this section apply to all new, remodeled and existing construction unless otherwise noted.		1	GAWM	
			1	GAWM	
R 0896			1	GAWM	
QAPI		4	2		
A 0263		1			
A 0264		1			
A0267		1			
C 0337		1		6R40	

Division of Quality Assurance					
Hospital Citation Report for October 1, 2011 - December 31, 2011					
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Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_ID	Special Purpose Regulation Sets
R 0323	The governing body shall ensure that the hospital has a written quality assurance program for monitoring and evaluating the quality of patient care and the ancillary services in the hospital on an ongoing basis. The program shall promote the most effective and efficient use of available health facilities and services consistent with patient needs and professional recognized standards of health care.		1	GAWM	
			1	GAWM	
<b>Chief of Service</b>		<b>0</b>	<b>0</b>		
<b>Psychiatric Services</b>		<b>0</b>	<b>0</b>		
<b>Other</b>		<b>9</b>	<b>5</b>		
C 0151	The CAH is in compliance with applicable Federal laws and regulations related to the health and safety of patients.	1		6R40	
		1		6R40	
		1		6R40	
C 0240		1		6R40	
C 0270		1		6R40	
C 0282		1		6R40	

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C 0385	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Patient activities (§483.15(f) of this chapter), except that the services may be directed either by a qualified professional meeting the requirements of §485.15(f)(2), or by an individual on the facility staff who is designated as the activities director and who serves in consultation with a therapeutic recreation specialist, occupational therapist, or other professional with experience or education in recreational therapy. Quality of Life - activities (§483.15(f)) "(1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. (2) The activities program must be directed by a qualified professional who- (i) Is a qualified therapeutic recreation specialist or an activities professional who- (A) Is licensed or registered, if applicable, by the State in which practicing; and (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting bo	1		6R40	
		1		6R40	
C 0386		1		6R40	
R 0578			1	GAWM	
R 0724			1	GAWM	
R 0727			1	GAWM	
R 0821			1	GAWM	
Z 0012			1	BVI3	
Total Federal/State Cites		151	69		
Total Cites		220			