



Department of Health Services, State of Wisconsin

**Hospital Citation Report for October 1, 2016 - December 31, 2016**

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Tag	Regulation	# Fed Cites	# State Cites	Special Purpose Regulation Sets	Summary: Deficiency #1	Deficiency #1 Survey Category	Summary: Deficiency #2	Deficiency #2 Survey Category
<b>Discharge Planning</b>		0	0					
<b>EMTALA</b>		4	0					
A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.	2			<a href="#">Deficiency #1</a>	Complaint	<a href="#">Deficiency #2</a>	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.	2			<a href="#">Deficiency #1</a>	Complaint	<a href="#">Deficiency #2</a>	Complaint
A2406 (cont.)	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 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.							
A 2406 (cont.)	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							
<b>Governing Bod</b> If an individual comes to a hospital's dedicated emergency dep		0	0					
<b>Swing Bed: Hospital and CAH</b>		0	0					
<b>Infection Control</b>		8	4					
A 0713	The hospital must have procedures for the proper routine storage and prompt disposal of trash.	2			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	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			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	2			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up
R 0313	Sanitary environment. A sanitary environment shall be maintained to avoid sources and transmission of infection.		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up



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R 0563	All garbage and kitchen refuse not disposed of through a garbage disposal unit shall be kept in watertight metal or plastic containers with close-fitting covers and disposed of daily in a safe and sanitary manner.		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
<b>Medical Record Services</b>		<b>6</b>	<b>2</b>					
B 0103	The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.	2			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification
B 0118	Each patient must have an individual comprehensive treatment plan.	2			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up
B 0125	The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.	2			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up
R 0837	ADDITIONAL MEDICAL RECORD REQUIREMENTS. The medical records maintained by a psychiatric hospital shall document the degree and in-tensity of the treatment provided to individuals who are furnished services in the facility. A patient's medical record shall contain: The psychiatric evaluation, including a medical history containing a record of mental status and noting the onset of illness, the circumstances leading to admission, attitudes, behavior, an estimate of intellectual functions, memory functioning, orientation and an inventory of the patient's personality assets recorded in descriptive fashion;		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
<b>Medical Staff</b>		<b>4</b>	<b>0</b>					
B 0144	The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	2			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	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			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up
<b>Nursing Services</b>		<b>2</b>	<b>0</b>					
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			<a href="#">Deficiency #1</a>	Complaint	<a href="#">Deficiency #2</a>	Complaint



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Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical		2	2					
C 0320	If a CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body, or responsible individual, of the CAH in accordance with the designation requirements under paragraph (a) of this section.	2			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up
R 0564	Food and non-food supplies stored in the same room shall be clearly labeled and shall be stored in separate areas.		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
Pharmaceutical Services		0	0					
Organ, Tissue, Eye Procurement		0	0					
Patient Rights		5	2					
A 0122	At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response.	3			<a href="#">Deficiency #1</a>	Complaint	<a href="#">Deficiency #2</a>	Recertification, Follow-up
A 0123	At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.	2			<a href="#">Deficiency #1</a>	Complaint	<a href="#">Deficiency #2</a>	Complaint
R 0250	Patient rights and responsibilities. Every hospital shall have written policies established by the governing board on patient rights and responsibilities which shall provide that: Every patient shall be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints, including the address where complaints may be filed with the department; and		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
Physical Environment (all K tags are counted as federal cites)		85	2					
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.	5			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
A 0709	Life Safety from Fire	4			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
C 0220	Condition of Participation	3			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up
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> .	3			<a href="#">Deficiency #1</a>	Recertification	<a href="#">Deficiency #2</a>	Recertification, Follow-up



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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 0017	Corridor walls shall form a barrier to limit the transfer of smoke. Such walls shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.4, 18.3.6.5	2		Regs for New Structures	<a href="#">Deficiency #1</a>	Recertification, Life Safety Code, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code, Follow-up
K 0056	There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1.	2		Regs for New Structures	<a href="#">Deficiency #1</a>	Recertification, Life Safety Code, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code, Follow-up
K 0100	General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	3		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0133	Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code
K 0161	Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered	3		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code



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K 0161 (cont.)	Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.			Regs for Existing Structures				
K 0200	Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.	3		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0211	Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0222	Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0222 (cont.)	18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4			Regs for Existing Structures				
K 0293	Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0300	Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	4		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code



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K 0311	Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0321	Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0321 (cont.)	19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)			Regs for Existing Structures				
K 0341	Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, 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		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, 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		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code



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K 0353	<p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p>	4		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code
K 0355	<p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10</p>	3		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0362	<p>Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.</p> <p>Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7</p>	4		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0363	<p>Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials.</p>	4		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code
K 0363 (cont.)	<p>Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p>			Regs for Existing Structures				



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K 0374	Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9	3		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0712	Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0918	Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Validation, Life Safety Code
K 0918 (cont.)	are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)			Regs for Existing Structures				
K 0920	Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards.	2		Regs for Existing Structures	<a href="#">Deficiency #1</a>	Recertification, Validation, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Life Safety Code



Department of Health Services, State of Wisconsin

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K 0920 (cont.)	All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5			Regs for Existing Structures				
R 0944	Carpeting. Carpeting may not be installed in rooms used primarily for food preparation and storage, dish and utensil washing, cleaning of linen and utensils, storage of janitor supplies, laundry processing, hydrotherapy, toileting and bathing, resident isolation or patient examination.		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up, Life Safety Code	<a href="#">Deficiency #2</a>	Recertification, Follow-up, Life Safety Code
<b>QAPI</b>		<b>5</b>	<b>4</b>					
A 0273	(a) 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 improve health outcomes ... (2) The hospital must measure, analyze, and track quality indicators ... and other aspects of performance that assess processes of care, hospital service and operations. (b) Program Data (1) The program must incorporate quality indicator data including patient care data, and other relevant data, for example, information submitted to, or received from, the hospital's Quality Improvement Organization. (2) The hospital must use the data collected to-- (i) Monitor the effectiveness and safety of services and quality of care; and .... (3) The frequency and detail of data collection must be specified by the hospital's governing body.	2			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
A 0286	(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			<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
R 0327	Monitoring and evaluation of the quality of care given patients shall focus on identifying patient care problems and opportunities for improving patient care.		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
R 0329	For each of the monitoring and evaluation activities, a hospital shall document how it has used data to initiate changes that improve quality of care and promote more efficient use of facilities and services. Quality assurance activities shall: Emphasize identification and analysis of patterns of patient care and suggest possible changes for maintaining consistently high quality patient care and effective and efficient use of services.		2		<a href="#">Deficiency #1</a>	Recertification, Follow-up	<a href="#">Deficiency #2</a>	Recertification, Follow-up
<b>Chief of Service</b>		<b>0</b>	<b>0</b>					
<b>Psychiatric Services</b>		<b>0</b>	<b>0</b>					



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Other		0	0					
	Total Federal/State Cites	121	16					
	Total Cites	137						