

OFFICE OF QUALITY ASSURANCE

**OVERVIEW OF PROVIDERS
SURVEY AND COMPLAINT ACTIVITY,
AND FORFEITURE ACTIONS**

JULY – SEPTEMBER 2006

State of Wisconsin
Department of Health and Family Services

NOTE: Time frame 7/1/06 – 9/30/06

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Long Term Care Provider Certification and Licensure

NOTE: Time frame 7/1/06 – 9/30/06

**Long Term Care (LTC) Providers
By Licensure Type and Region**

Licensure Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
132 Intermediate	1			1		2
132 Skilled	71	100	99	49	79	398
132 Skilled-IMD					2	2
134 Developmentally Disabled	7	4	6		8	25
TOTAL	79	104	105	50	89	427

**Long Term Care (LTC) Providers
By Certification Type and Region**

Certification Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
T18 SNF Only	4	8	2			14
T18 SNF/T19 NF	67	85	87	46	71	356
T19 NF Only		5	10	4	9	28
T19 ICF/MR	7	4	6		8	25
Non-Certified	1	2			1	4
TOTAL	79	104	105	50	89	427

NOTE: Time frame 7/1/06 – 9/30/06

**Long Term Care (LTC) Provider Bed Capacity
By Certification Type and Region**

Certification Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
T18 SNF Only	191	369	35			595
T18 SNF/T19 NF	6055	10829	8576	4706	5741	35907
T19 NF Only		205	1222	110	512	2049
T19 ICF/MR	702	430	131		238	1501
Non-Certified	9	100			77	186
TOTAL	6957	11933	9964	4816	6568	40238

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Survey and Complaint Activity

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Surveys Conducted by Region
(Verification Visits not Included)**

Survey Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Standard (STD)	30	20	24	10	17	101
STD/Initial T18 SNF						
STD/Initial T19 NF						
Initial T18 SNF			1			1
Initial T19 NF						
Initial T18 SNF/T19 NF		1				1
Initial Prelicensure						
CHOW*/Probationary License		1				1
Complaint	30	38	42	15	36	161
Other/Other-Off Cycle Inspection						
Monitoring					3	3
Surveillance						
Verification Visit Violations issued	2	6	3	2		13
Partial Extended	3				1	4
Extended	2	3			1	6
Total	67	69	70	27	58	291

*CHOW = Change of Ownership

** Health Surveys Counted only

NOTE: Time frame 7/1/06 – 9/30/06

**Nursing Home Survey Standard/Extended/Partial
Extended/Revisit and Initial Certification
Survey Summary**

Region	Surveys Completed	*SQC # of Homes	*SQC # of Tags Care	*SQC # of Tags Life	*SQC # of Tags Behavior
Southern	37	2	2		1
Southeastern	30	4	4	2	
Northeastern	28				
Northern	12				
Western	19	1	1		
Total	126	7	7	2	1

*SQC = Substandard Quality of Care

NOTE: Time frame 7/1/06 – 9/30/06

**Nursing Home Informal Dispute Resolutions by Region
Number of Citations and Resolutions (Federal)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-No Change	7	3	1	7	7	25
Aspen-Examples Removed/ Other Wording Change	5	2		2	4	13
Aspen-Tag Removed		3		4	1	8
Aspen-S/S Change				1		1
Aspen-Tag Change				4		4
Aspen=-S/S Change/Examples Removed/Other Wording Change	1	1		1		3
Total	13	9	1	19	12	54

**Nursing Home Informal Dispute Resolutions by Region
Number of Citations and Resolutions (State)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-No Change	5	2	1	6	6	20
Aspen-Examples Removed/Other Wording Change	1	2		2	1	6
Aspen-Tag Removed		4	1	1		6
Aspen-Tag Change				1		1
Total	6	8	2	10	7	33

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Violations of State Codes by Region

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A	5	2	1		1	9
Class B	24	41	20	15	26	126
Class C		2	1	2		5
Correction Order	12	22	15	8	12	69
Total	41	67	37	25	39	209

HFS 132/C50 State Codes with 5 or More Citations

State Code	Brief Description	Number
132.60(8)(c)	Implementation of Care Plans	19
132.60(1)(b)	Resident Care/Decubiti Prevention	16
132.31(1)(L)	Care	16
132.60(5)(a)1	Resident Care/Orders	11
132.60(1)(c)2	Resident Care/Basic Nrsng Care	10
132.60(1)(c)4	Resident Care/Basic Nrsng Care	9
132.31(1)(I)	Personal Possessions	9
132.60(1)	Resident Care/Individual Care	8
132.60(8)(b)	Updating Care Plans	7
132.83(7)(h)1	Ventilation	6
132.60(1)(c)5	Facility Shall provide Pain Assessment/Treatment	6
132.82 (3)(c)1	Fire Inspection/Semi Annual	6
C50.065(3)(b)	Complete Background Check Process	5

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Class A and Class B State Violations Cited

Description of Violation	Number
Resident Care/Basic Nrsrg Care	21
Implementation of Care Plans	17
Resident Care/Decubiti Prevention	16
Care	16
Personal Possessions	9
Resident Care/Individual Care	8
Updating of Care Plans	6
Facility Should Provide Plan Assessment/Treatment	6
Nursing Assignments	4
Admissions/Destructive Residents	3
Resident Care/Orders	3
Treatment	3
Resident Care/Notification of Change	2
Abuse (resident)	2
Diagnostic Services	2
Admission Procedures/Initial Care Plan	2
Admissions/Communicable Disease	2
Activity Program	2
Resident Care Emergencies	2
Maintenance of Equipment	1
Abuse and Restraints	1
Reviewing Complaints	1
Medical Records-Content Nursing	1

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Class A and Class B State Violations Cited (continued)

Description of Violation	Number
Medical Director-Coordinator	1
DON/Policies and Procedures	1
Social Services	1
Other Equipment	1
Housekeeping	1
Total	135

Nursing Home Federal Grid Placement for All Survey Types by Region*

Grid Level	Southern	Southeastern	Northeastern	Northern	Western	Total
A			2			2
B		3	8			11
C	2		11	3	1	17
D	50	85	62	43	58	298
E	7	46	7	12	30	102
F	2	12	1	4	1	20
G	9	12	4	5	12	42
H		2				2
I						
J	5	1	1		4	11
K	2	1				3
L		2				2
Total	77	164	96	67	106	510

*Health Only

NOTE: The above data was reported from ASPEN. It includes federal surveyor grid placements.

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home F-Tags with 10 or More Citations

Tag	Brief Description	Number
F0309	Quality of Care	35
F0324	Accidents	35
F0225	Staff Treatment of Residents	30
F0315	Urinary Incontinence	27
F0281	Comprehensive Care Plans	20
F0444	Preventing Spread of Infection	20
F0157	Notification of Changes	19
F0241	Dignity	19
F0279	Comprehensive Care Plans	17
F0314	Pressure Sores	14
F0253	Housekeeping/Maintenance	12
F0272	Comprehensive Assessments	12
F0514	Clinical Records	12
F0312	Activities of Daily Living	11
F0323	Accidents	11
F0371	Sanitary Conditions-Food Prep & Service	11
F0329	Unnecessary Drugs	10
F0332	Medication Errors	10

NOTE: The above data was reported from ASPEN.

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Complaints Received by ACTS Complainant Type

Type	Number
ACTS-Anonymous	47
ACTS-Current Staff	9
ACTS-Entity Self-Report	133
ACTS-Family	96
ACTS-Former Staff	5
ACTS-Friend	13
ACTS-Ombudsman	18
ACTS-Other Health Providers	7
ACTS-Other	5
ACTS-Other State Agency	3
ACTS-Physician	1
ACTS-Resident/Patient/Client	18
ACTS-State Survey Agency	7
Total	362

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

Nursing Home Complaint Survey Summary

Region	Surveys Completed	*SQC # of Homes	*SQC # / Tags Care	*SQC #/Tags Life	*SQC #/Tags Behavior
Southern	30	2	2		
Southeastern	38				
Northeastern	42	1	1		
Northern	15				
Western	36	1	1		
Total	161	4	4		

*SQC = Substandard Quality of Care

Nursing Home Complaint Investigation Results By ACTS Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
Accidents	6	6	12
Administration/Personnel	1	1	2
Admission, Transfer & Discharge Rights	8	4	12
Death-General (No Category)	1	1	2
Dietary Services	13	1	14
Falsification of Records/Reports	3	1	4
Fraud False Billing	1	1	2

NOTE: Time frame 7/1/06 – 9/30/06

**Nursing Home Complaint Investigation Results
By ACTS Subject Area of Complaint
(Continued)**

Subject Area	# Unsubstantiated	# Substantiated	Total
Infection Control	8		8
Misappropriation of Property	5	2	7
Nursing Services	28	2	30
Other	1		1
Other Services	2		2
Physical Environment	12	4	16
Physician Services	1		1
Quality of Care/Treatment	109	43	152
Quality of Life	10	1	11
Rehabilitation Services	6	1	7
Resident/Patient/Client Abuse	12	5	17
Resident/Patient/Client Assessment	1		1
Resident/Patient/Client Rights	17	4	21
Unqualified Personnel	1		1
Total	246	77	323

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

**Facilities for People with Developmental Disabilities (FDD)
Survey and Complaint Activity**

NOTE: Time frame 7/1/06 – 9/30/06

FDD Surveys Conducted by Region
(Verification Visits Not Included)**

Survey Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Fundamental	4		1		2	7
STD/Initial T19 NF						
Initial T19 NF						
Initial Prelicensure						
CHOW*/Probationary License						
Complaint	2	2			1	5
Monitoring						
Other/Other-Off Cycle Inspection						
Surveillance						
Verification Visit Violations cited						
Partial Extended						
Extended					2	2
Total	6	2	1		5	14

*CHOW = Change of Ownership

** Health counted only

NOTE: Time frame 7/1/06 – 9/30/06

**FDD Informal Dispute Resolutions by Region
Number of Citations and Resolutions (Federal)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total

*No IDR's for this timeframe

**FDD Informal Dispute Resolutions by Region
Number of Citations and Resolutions (State)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total

*No IDR's for this timeframe

FDD Violations of State Codes by Region

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A						
Class B		3				3
Class C						
Correction Order	3					3
Total	3	3				6

HFS 134/C50 State Codes with 3 or More Citations*

State Code	Brief Description	Number

*None for the timeframe

NOTE: Time frame 7/1/06 – 9/30/06

FDD Class A and Class B State Violations Cited

Description of Violation	Number
Medication/Administration Trng	1
Resident Safety	1
Med Treatments and Therapies	1
Total	3

FDD Federal Deficiencies

Level	Total
Condition	2
Standard	41
Element	
Life Safety Code – Standard	17
Life Safety Code- Element	
Total	60

FDD Tags with 3 or More Citations this Quarter

Tag	Brief Description	Number
W242	Individual Program Plans	3
W249	Program Implementation	3

*Health Only

NOTE: Time frame 7/1/06 – 9/30/06

FDD Condition Deficiencies

Tag	Brief Description	Number
W195	Active Treatment Services	1
W318	Health Care Services	1
Total		2

FDD Complaints Received by ACTS Complainant Type

Type	Number
Anonymous	2
Entity Self-Report	3
Family	1
Former Staff	1
Other	1
Other State Agency	1
Total	9

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

FDD Complaint Investigation Results By ACTS Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
Death - General	1		1
Dietary Services	1		1
Infection Control	1		1
Nursing Services	2		2
Quality of Care/Treatment	3	2	5
Quality of Life	3		3
Resident/Patient/Client Abuse	2		2
Total	13	2	15

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

Non-Long Term Care Survey and Complaint Activity

NOTE: Time frame 7/1/06 – 9/30/06

Non-Long Term Care (Non-LTC) Providers by Type

Type	Number
Swing Bed Hospital	65
General Acute Hospital	84
Alcohol Hospital	2
Special Psychiatric Hospital	13
Critical Access Hospital	58
Comprehensive Outpatient Rehab Facility	4
Ambulatory Surgical Center	44
End Stage Renal Dialysis	107
Hospice	68
AODA/Mental Health	1175
Prospective Payment Exemption	47
Portable X-Ray	7
Home Health Agency	166
Rural Health Clinic	48
Outpatient Rehabilitation Agency	47
Total	1935

NOTE: Time frame 7/1/06 – 9/30/06

Branch/Extension Offices

Type	Number
AODA/Mental Health	357
Home Health Agency – Branch	51
Hospice – Branch	30
Outpatient Rehab Agency –Extension	66
Total	504

NOTE: Time frame 7/1/06 – 9/30/06

Non-LTC Surveys Conducted (Verification Visits Not Included)*

Provider Type	Survey Type	Number
Home Health Agency	Annual	10
	Complaint	6
	Initial Certification	2
	Partial Extended	2
	Validation-Random Sample	1
Hospital – General Acute	Annual	1
	Complaint	19
Hospital –Critical Access	Complaint	4
Hospital – Special Psychiatric	Annual	2
	Complaint	1
	Verification Visit	2
Hospice	Annual	3
	Complaint	6
	Verification Visit	1
Ambulatory Surgery Center	Initial Certification	1
PPE	Initial Certification	1
End Stage Renal Dialysis	Annual	3
	Initial Certification	1
TOTAL		66

*Heath Counted Only

NOTE: Time frame 7/1/06 – 9/30/06

**Non-LTC Federal Deficiencies
(All Survey Types)**

Provider Type	Condition	Standard	Element	LSC-Standard	LSC-Element	Total
Critical Access Hosp		6				6
Hospital-Acute	6	50		27		83
HHA		28				28
Hospice		15				15
Ambulatory Surgical Ctr		3				3
ESRD		23				23
Hospital-Psychiatric	3	24		18		45
PPE		2		4		6
Total	9	151		49		209

NOTE: Time frame 7/1/06 – 9/30/06

**HFS 133 State Codes with 3 or More Citations
(HOME HEALTH AGENCY)**

Tag	Brief Description	Number
133.21(1)	Medical Records	5
133.20(4)	Plan of Treatment	3

**HFS 131 State Codes with 3 or More Citations*
(HOSPICE)**

Tag	Brief Description	Number

*None for this timeframe

**HFS 124 State Codes with 3 or More Citations
(CRITICAL ACCESS, GENERAL ACUTE, GENERAL
ALCOHOL, SPECIAL PSYCHIATRIC HOSPITALS)**

Tag	Brief Description	Number
124.14(5)(a)1	Medical Record Services	5
124.27(1)	General Requirements and Definitions	4
124.24(2)(d)1	Emergency Services-Emergency Service	4

NOTE: Time frame 7/1/06 – 9/30/06

Non-LTC Complaints Received by ACTS Provider Type

Provider Type	Number
Home Health Agency	12
Hospice	6
Hospital – General Acute	43
Hospital – Psychiatric	8
Hospital – Critical Access	6
Rural Health Clinic	1
Ambulatory Surgical Center	1
Total	77

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

Non-LTC Complaints Received by ACTS Complainant Type

Type	Hospice	Gen Hospital	Home Health	Psyc Hosp	Crit Access Hosp	ASC	RHC	Total
Anonymous		1	1	1				3
Current Staff		2				1	1	4
Entity Self-Report		1						1
Family	4	17	3		4			28
Former Staff	1		1					2
Other	1	1	1		1			4
Other Health Providers		3	1		1			5
Resident/Patient/Client		18	5	6				29
State Survey Agency				1				1
Total	6	43	12	8	6	1	1	77

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
General Acute Hospitals**

Subject Area	# Unsubstantiated	# Substantiated	Total
Admission, Transfer & Discharge	1		1
Emtala Patient Dumping	2		2
Infection Control		1	1
Nursing Services	2	2	4
Other Services	1	2	3
Physician Services		1	1
Pharmaceutical Services		1	1
Physical Environment		3	3
Quality of Care/Treatment	2	3	5
Resident/Patient/Client Right		4	4
Total	8	17	25

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Psychiatric Hospitals**

Subject Area	# Unsubstantiated	# Substantiated	Total
Nursing Services		1	1
Quality of Care/Treatment	1		1
Total	1	1	2

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Critical Access Hospital**

Subject Area	# Unsubstantiated	# Substantiated	Total
Emtala (Patient Dumping)	3	1	4
Quality of Care/Treatment		1	
Resident/Patient/Client Rights		1	1
Total	3	3	6

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Home Health Agencies**

Subject Area	# Unsubstantiated	# Substantiated	Total
Nursing Services	2		2
Other	2		2
Other Services	2	1	3
Quality of Care/Treatment		1	1
Rehabilitation Services		1	1
Total	6	3	9

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint –
Hospice**

Subject Area	# Unsubstantiated	# Substantiated	Total
Admission, Transfer & Discharge Rights	1	1	2
Nursing Services	1		1
Other	1		1
Physician Services	1		1
Quality of Care/Treatment	1	1	2
Total	5	2	7

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results
By ACTS Subject Area of Complaint – ESRD**

Subject Area	# Unsubstantiated	# Substantiated	Total
Infection Control	1		1
Total	1		1

NOTE: The above data was reported from ACTS

NOTE: Time frame 7/1/06 – 9/30/06

Long Term Care and Non-Long Term Care Enforcement Actions

NOTE: Time frame 7/1/06 – 9/30/06

State Forfeitures Processed – Nursing Homes and FDDs

State Class	Total Assessed	Original Amount Due	Actual Amount Due	Amount Paid
A	5	\$ 223,600	\$ 205,400	\$ 33,800
B	48	\$ 435,095	\$ 349,176	\$ 121,964
C	3	\$ 10,520	\$ 10,520	\$ 10,520
Total	56	\$ 669,215	\$ 565,096	\$ 166,284

State Forfeitures Processed – Hospice

# of Invoices Issued	Actual Amount Due	Amount Paid
1	\$ 525	\$ 525

NOTE: Time frame 7/1/06 – 9/30/06