

REPORTING REQUIREMENTS FOR ASSISTED LIVING FACILITIES



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance
Bureau of Assisted Living

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REPORTING REQUIREMENTS FOR ASSISTED LIVING FACILITIES

DISCLAIMER

This publication is a reference to assist providers in determining when statutes and codes require them to notify the department of certain incidents. Providers are responsible for reading and complying with the current language of the applicable statute or code.

APPLICABLE REPORTING REQUIREMENTS BY ASSISTED LIVING FACILITY TYPE

Community-Based Residential Facility (CBRF)

- Death
- Fire
- Employee/Contractor Misconduct
- Adult-At-Risk Including Elder Adult-At-risk
- Communicable Disease
- Client Missing (Elopement)
- Law Enforcement Intervention
- Incident or Accident
- Catastrophe or Evacuation
- Licensee/Operator and Caregiver Pending Charges
- Change in Service to Clients
- Administrator Change
- Facility Change in Ownership or Location
- Facility Closing

Adult Family Home (AFH) – Licensed

- Death
- Fire
- Employee/Contractor Misconduct
- Adult-At-Risk Including Elder Adult-At-Risk
- Communicable Disease
- Client Missing (Elopement)
- Incident or Accident
- Catastrophe or Evacuation
- Licensee/Operator and Caregiver Pending Charges
- Change in Household Members
- Change in Service to Clients
- Facility Change in Ownership or Location
- Facility Closing

Residential Care Apartment Complex (RCAC)

- Employee/Contractor Misconduct
- Adult-At-Risk Including Elder Adult-At-Risk
- Licensee/Operator and Caregiver Pending Charges
- Facility Change of Ownership
- Facility Closing

INTRODUCTION

The Department of Health Services (DHS) has a reasonable, efficient, and consistent system of regulation, licensing, and certification that effectively encourages compliance; maintains accountability; protects public health and safety; fosters quality of life; promotes provider responsibility; supports consumer awareness, responsibility, and satisfaction; promotes consumer independence and choice; and protects vulnerable adults.

Assisted living facilities are required to report certain incidents to DHS under:

- Wis. Stat. s.. 50.065, Uniform Licensure
- Wis. Stat. s. 146.40

- Wis. Stat. ch. 51, State Alcohol, Drug Abuse, Developmental Disabilities, and Mental Health Act
- Wis. Stat. ch. 252, Communicable Diseases
- Wis. Admin. Code ch. DHS 145, Control of Communicable Diseases
- Wis. Admin. Code ch. DHS 12, Caregiver Background Checks
- Wis. Admin. Code ch. DHS 13, Reporting and Investigation of Caregiver Misconduct
- Wis. Admin. Code ch. DHS 46, Social Services (Elder Abuse Reporting)
- Wis. Admin. Code ch. DHS 83, Community-Based Residential Facilities
- Wis. Admin. Code ch. DHS 88, Licensed Adult Family Homes
- Wis. Admin. Code ch. DHS 89, Residential Care Apartment Complexes

The various types of incidents that require reporting are detailed below. Providers may also self-report incidents or situations that do not require reporting by regulation. All Division of Quality Assurance (DQA) forms may be found on the [DHS website](#).

Unless specified below, completed forms or reports **should be faxed or emailed to the appropriate [DQA Regional Office](#) based on the location of your facility.**

1. DEATH

The program or facility that was providing care, treatment, or services to the client is required under Wisconsin statutes and administrative code to notify DHS if there is cause to believe that the death was related to:

- Use of a physical restraint or seclusion
- Use of psychotropic medication
- Suicide
- Accident or injury

How to Report

If the death was the result of the use of physical restraint or seclusion, psychotropic medication, or suicide, notification to the DQA Death Reporting Coordinator must be made via a completed DQA form F-62470, *Client/Patient/Resident Death Determination*. Additional information on this reporting requirement, including a link to the report form, can be found on the DHS [Client/Patient/Resident Death Webpage](#).

If the death was the result of accident or injury, no specific form is required for reporting to the Bureau of Assisted Living; however, [DQA form F-02208, Assisted Living Facility Self-Report](#), may be used.

Applicable To

- CBRF – Restraint: Within 24 hours after the death of a client or learning of a death if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medication, or was a suicide; Non Restraint: Within three days of death due to incident or accident **not** related to use of a restraint, psychotropic medications, or suicide.
- AFH – Restraint: Within 24 hours after the death of a client or learning of a death if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medication, suicide, or accidental; Non Restraint: Within three days of death due to incident or accident **not** related to use of a restraint, psychotropic medications, or suicide.

NOTE: Deaths due to natural causes do not need to be reported to the department.

Applicable Statutes and Administrative Codes

- Wis. Stat. § 50.035(5) (CBRF)
- Wis. Stat. § 51.64(2) (CBRF or AFH, if treatment facility for alcohol, drugs, mental illness, developmental disabilities)
- Wis. Admin. Code § DHS 83.12(1)(a), (b), (c) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(e)1, 2 (AFH)

2. FIRE

Facilities are required to report a fire event within the time specified in Wis. Admin. Code. Examples of reportable fire events may include the instance of a fire, event where fire department was contacted, medical treatment required due to smoke, evacuation, and/or temporary relocation of clients.

How to Report

DQA provides an approved fire reporting form, [F-62500, Healthcare Facility Fire Report](#). Reporting may also be done by other means, such as forwarding a copy of a fire department report or a facility letter describing the event and signed by a facility representative.

Mail, email, or fax the form, report, and attachments to:

FIRE AUTHORITY
DQA / Office of Plan Review and Inspection
P.O. Box 2969
Madison, WI 53701-2969
Email: dhsdqaplanreview@wis.gov
Fax: 608-267-0352

Applicable To

- CBRF – within three working days
- AFH (Licensed) – within 72 hours

Applicable Statutes and Administrative Codes

- Wis. Stat. § 50.035(4) (CBRF)
- Wis. Admin. Code § DHS 83.12(4)(e) (CBRF)
- Wis. Admin. Code § DHS 88.05(4)(e) (AFH)

3. EMPLOYEE/CONTRACTOR MISCONDUCT

Wisconsin law (ss.146.40 and ch. DHS 13) requires treatment providers meeting the definition of an “entity” under s.50.065(1)(a), Stats., to report to the Department allegations of abuse or neglect of a client, or misappropriation of client property, by any employee or contractor.

The entity must take immediate action to protect the clients when there are allegations of caregiver misconduct, including:

- Immediately protect clients from subsequent incidents of misconduct (abuse, neglect, misappropriation, and injury of unknown source).
- Investigate all allegations of misconduct.
- Document the results of their investigation.
- Report allegations/incidents to DQA, as appropriate.

Misconduct Definitions

Refer to DQA publication [P-00976, Misconduct Definitions](#), for state definitions under ch. DHS 13. Also, refer to reporting requirements and abuse definitions under ch. DHS 46.

How to Report

A misconduct incident report must be submitted to the DQA Office of Caregiver Quality (OCQ) for allegations involving all employed and contracted staff (non-credentialed and credentialed). OCQ will review reports received by entities or the public for possible investigation and refer reports involving credentialed staff (doctors, RNs, LPNs, social workers, etc.) to the Department of Safety and Professional Services (DSPS) for review. OCQ may also refer reports to other agencies including the Department of Justice, county departments, adult-at-risk agencies, local law enforcement agencies, and others, as appropriate. One or more of these agencies may also respond to an allegation investigated by DQA.

[Submit a misconduct incident report](#) using the Misconduct Incident Reporting (MIR) system. Information on how to [create and register for an account](#) is available on the DHS Caregiver Misconduct Reporting and Investigating Requirements Webpage.

In exigent circumstances when the MIR system cannot be accessed, providers may submit a [Misconduct Incident Report form](#) and supporting documentation via email to DHSOfficeofCaregiverQuality@dhs.wisconsin.gov. Providers may be required to resubmit the report in the MIR system once access is granted or reestablished.

Applicable To

- CBRF – within seven calendar days
- AFH (Licensed) – immediately
- RCAC – within seven calendar days

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 13.05(3)(a) (CBRF, AFH, RCAC)
- Wis. Admin. Code § DHS 46.90(4) (CBRF, AFH, RCAC)
- Wis. Admin. Code § DHS 83.12(2)(a), (b), (c) (CBRF)
- Wis. Admin. Code § DHS 83.12(3)(b) (CBRF)
- Wis. Admin. Code § DHS 88.11(1) (AFH)

4. ADULT-AT-RISK and ELDER ADULT-AT-RISK

Wis. Stat. §§ 46.90(4)(ab)1 and 55.043(1m)(a) require that any employee of any entity report allegations of abuse, neglect, or exploitation if the adult-at-risk is seen in the course of the person's professional duties and one of the following conditions is true:

- The adult-at-risk has requested the person to make the report.
This first condition is self-explanatory: any entity employee must make a report if they are asked to do so.
- There is reasonable cause to believe that the adult-at-risk is in imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
This second condition requires a concern about future, serious risk: it is not applicable to situations that involve past incidents only.
- Other adults-at-risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.
This third condition applies to reporting past abuse perpetrated on an adult-at-risk only if there is a possibility of harm to others. For example, an entity employee must report if s/he is made aware of a situation involving a specialized transportation driver who allegedly sexually assaulted a client. Even if the client no longer used the transportation service, other adults-at-risk would likely be riding with the van drive in the future.

No reporting is required in two instances:

- The professional believes that filing the report would not be in the best interest of the adult-at-risk and the professional documents the reasons for this belief in the suspected victim's case file.
- A health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his/her religious tradition, and his/her communication with clients is required by his/her religious denomination to be held confidential.

How to Report

If you conclude that you must report an incident involving an adult-at-risk, including an elder adult-at-risk:

- Complete DQA [Misconduct Incident Report](#) and attach relevant internal investigation documents.
- For allegations involving all perpetrators (family member, friend, visitor, resident, stranger, etc.), submit the Misconduct Incident Report within five days to:

Division of Quality Assurance
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969

All incident reports are submitted to DQA staff who will forward reports to other agencies, such as the county department, the elder/adult-at-risk agency, state, or local law enforcement agency, or Board on Aging and Long-Term Care, as appropriate. You may also submit a report directly to one of these agencies.

Applicable To

- CBRF
- AFH (Licensed)
- RCAC

Applicable Statutes and Administrative Codes

- Wis. Stat. § 46.90(4)(ab)1. (CBRF, AFH, RCAC)
- Wis. Stat. § 55.043(1m)(a) (CBRF, AFH, RCAC)

5. COMMUNICABLE DISEASE

Requirements for the timing of reporting communicable disease(s), once the disease or condition is recognized or suspected, vary by disease. In addition to the information listed below, general reporting requirements are described in Wis. Stat. ch. [DHS 252](#), Communicable Diseases. The specific reporting requirements are described in ch. [DHS 145](#), Control of Communicable Diseases. A list of reportable conditions is provided in ch. [DHS 145 - Appendix A](#).

Refer to [DHS Disease Reporting webpages](#) for more details and reporting periods.

How to Report

Category I diseases must be reported **immediately** by telephone (preferred) or fax to the patient's local health officer. Note that any suspected or confirmed outbreak of ANY disease to include, but not limited to, respiratory and gastrointestinal viruses (influenza, norovirus) must be reported immediately.

Category II diseases must be reported within 72 hours either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using a DHS form [F-44151 Acute and Communicable Disease Case Report](#) or DHS form F-44243 [STD Case Report](#) or by other means.

HIV/AIDS should be reported directly to the [Wisconsin AIDS/HIV Program](#).

Wisconsin Bureau of Communicable Diseases

- **Phone: 608-267-9003**
- **Secure Fax Numbers**

AIDS/HIV Program	608-266-1288
Epidemiology Program	608-261-4976
Immunization Program	608-267-9493
STD Program	608-261-9301
TB Program	608-266-0049

Mail copy to:

Wisconsin State Epidemiologist Bureau of Communicable Diseases *[Specify disease or program.]*
1 West Wilson Street, Room 272
Madison, WI 53703

Applicable To

- CBRF – based on category of communicable disease
- AFH (Licensed) – based on category of communicable disease

Applicable Statutes and Administrative Codes

- Wis. Stat. ch. 252 (AFH, CBRF)
- Wis. Admin. Code § DHS 145.04 (AFH, CBRF)

6. CLIENT MISSING (ELOPEMENT)

Any time a client's whereabouts are unknown, except those instances when a client who is competent chooses not to disclose his or her whereabouts or location to the facility, the incident should be reported to the department. A CBRF shall notify the local law enforcement immediately upon discovering that a client is missing. This reporting requirement does not apply to CBRF clients under the jurisdiction of government correctional agencies or persons recovering from substance abuse.

How to Report

No specific form is required for reporting to the department; however, DQA form [F-02208, Assisted Living Facility Self-Report](#), may be used. All written reports shall include, at a minimum, the time; date; place; individuals involved; details of the occurrence; and the action taken by the provider to ensure clients' health, safety, and well-being.

Applicable To

- CBRF – within three working days
- AFH (Licensed) – within 24 hours

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 83.12(4)(a) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(e)1 (AFH)

7. LAW ENFORCEMENT INTERVENTION

DQA must be notified any time law enforcement personnel are called to the CBRF because of an incident that jeopardizes the health, safety, or welfare of clients or employees. The report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to CBRF clients under the jurisdiction of government correctional agencies.

How to Report

No specific form is required for reporting; however, DQA form [F-02208, Assisted Living Facility Self-Report](#), may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure clients' health, safety, and well-being.

Applicable To

- CBRF – within three working days

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 83.12(4)(b) (CBRF)

8. INCIDENT OR ACCIDENT

Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a client must be reported by a CBRF to DQA. An AFH must report a significant change to a client's status or an accident requiring hospitalization to DQA.

How to Report

No specific form is required for reporting; however, DQA form [F-02208, Assisted Living Facility Self-Report](#), may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure clients' health, safety, and well-being.

Applicable To

- CBRF – within three working days
- AFH (Licensed) – within 24 hours

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 83.12(4)(c) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(e)1. (AFH)

9. CATASTROPHE OR EVACUATION

An event that results in damage to a CBRF or AFH that may present a hazard to the clients must be reported to DQA. Any time a CBRF must evacuate and temporarily relocate clients from the CBRF for reasons other than a fire drill must be reported to the Bureau of Assisted Living.

How to Report

No specific form is required for reporting; however, DQA form [F-02208, Assisted Living Facility Self-Report](#), may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure clients' health, safety, and well-being.

Applicable To

- CBRF – within three working days
- AFH (Licensed) – within seven days

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 83.12(4)(d), (f) (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(d) (AFH)

10. LICENSEE/OPERATOR AND CAREGIVER PENDING CHARGES

Entities must notify DQA when an owner/license holder, administrator, board member, or non-client resident has been convicted of any crime or has been or is being investigated by any governmental agency for any actor offense.

How to Report

No specific form is required for reporting; however, DQA form [F-02208, Assisted Living Facility Self-Report](#), may be used. All written reports shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure clients' health, safety, and well-being.

Applicable To

- CBRF – by next DQA business day
- AFH (Licensed) – within 48 hours
- RCAC – by next DQA business day

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 12.07(2) (AFH, CBRF, RCAC)
- Wis. Admin. Code § DHS 88.03(5)(c) (AFH)

11. CHANGE IN HOUSEHOLD MEMBERS

A licensee shall report to DQA a change in household members, except paid staff.

How to Report

Report changes in non-client residents with the following:

- Name
- Relationship to licensee
- Date of birth

Applicable To

AFH (Licensed) – within seven days

Applicable Statutes and Administrative Codes

Wis. Admin. Code § DHS 88.03(5)(b) (AFH)

12. CHANGE IN SERVICE TO CLIENTS

The facility shall report in writing to the department any change in the type of individual served, capacity, or class (if applicable). The change may need approval by the department prior to implementation.

The facility may also be required to provide a written notice of any change in type of individual served, capacity or class to each client and each client's guardian, designated representative, service coordinator, placing agency, and third party payee.

How to Report

Submit written information regarding service changes. Include a copy of your modified program statement, if modified, or other modified facility documentation.

Applicable To

- CBRF – change in client group, 30 days in advance, not implement until department approval; Change in capacity or class, not implement until department approval.
- AFH (Licensed) – a significant and ongoing change in the type or amount of services to be provided if the change adversely affects any client who needs the service, within seven days of change; Change in client group, 30 days in advance.

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 83.14(2)(b) and (c) (CBRF)
 - Wis. Admin. Code § DHS 88.03(5)(a) (AFH – Services)
 - Wis. Admin. Code § DHS 88.04(2)(c) (AFH – Individuals)
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13. ADMINSTRATOR CHANGE

The licensee must report a change in administrator.

How to Report

Submit written information regarding administrator change. Include a copy of the administrator's documentation showing that the administrator requirements are met.

Applicable To

CBRF – within seven days

Applicable Statutes and Administrative Codes

- Wis. Admin. Code § DHS 83.14(2)(e) (CBRF – Administrator change)
 - Wis. Admin. Code § DHS 83.15(1) (CBRF – Administrator qualifications)
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14. FACILITY CHANGES IN OWNERSHIP OR LOCATION

If you plan on selling your facility or moving to a new location, you must submit notification of your intent to DQA. Whenever ownership of a facility is transferred from the person or persons named in the license/certification to any other person or persons, the transferee must obtain a new license/certification. Facility licenses/certifications are non-transferrable. A change of ownership requires a new facility application and required documentation to be submitted by the new licensee/operator for department review and approval.

How to Report

Submit notification of your intent to sell facility or change the persons named in the license.

Applicable To

- CBRF – at least 30 days before the final change of ownership
- AFH (Licensed) – at least 30 days prior to transfer
- RCAC – at least 30 days prior to making the change

Applicable Statutes and Administrative Codes

- Wis. Stat. § 50.03(13) (CBRF)
- Wis. Stat. § 50.033(2) (AFH – License non-transferable)
- Wis. Admin. Code § DHS 83.10(1)(a) (CBRF)
- Wis. Admin. Code § DHS 89.54 (RCAC)

15. FACILITY CLOSING

If closing your facility, you must submit notification of your closure a minimum of 30 days prior to the closing. However, if any clients of a CBRF are being re-located, a relocation plan may be required and submitted to the department first. The closure date is dependent on the number of clients to be relocated and may not be set until the relocation plan is approved. If relocating less than five clients, the closure date may be set no less than 30 days after relocation plan approval. If relocating five to 50 clients, the closure date may be set no less than 90 days after relocation plan approval. If relocating more than 50 clients, the closure date may be set no less than 120 days after relocation plan approval. Refer to the [Resident Relocation Manual webpages](#) for more information.

How to Report

Submit written plan for closing facility or notice of intent to sell facility. If submitting a relocation plan, see Wis. Stat. § 50.03(14)(c)8 for the information that must be submitted.

Applicable To

- CBRF – at least 30 days before closing and in writing
- AFH (Licensed) – within seven days
- RCAC – 30 days prior to making the change

Applicable Statutes and Administrative Codes

- Wis. Stat. § 50.03(14) (CBRF)
- Wis. Stat. § 50.033(2) (AFH – License non-transferable)
- Wis. Admin. Code § DHS 83.11 (CBRF)
- Wis. Admin. Code § DHS 88.03(5)(a) (AFH)
- Wis. Admin. Code § DHS 89.54 (RCAC)