



Home Health Agency Survey Statistics Calendar Year 2020		
Types of Surveys Conducted this Quarter:		
Complaint		7
Partial Extended		0
Extended		0
State licensure only		1
Federal Initial & Recertification Surveys		24
Verification Visits		5
Other		0
Total Surveys Performed this Quarter:		37
Federal Tags Cited	Regulation Language	Number of Cites
11-484.60(a)(2)(i-xvi) Plan of Care Must Include the Following	The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient specific interventions and education; measurable outcomes and goals identified by the HHA and patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician may choose to include.	6
01-484.102 Establishment of the Emergency Program (EP)	The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:	3
012-484.102(a)(1)-(2) Plan Based on All-Hazard Risk Assessment	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* (2) Include strategies for addressing emergency events identified by the risk assessment.	3
01-484.102(b) Development of EP Policies and Procedures	(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years.	3
11-484.50(a)(1)(i) Written Notice of Patient's Rights	(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities;	3
11-484.50(c)(10)(I,ii,iii,iv,v) Contact Info Federal/State Funded Entities	Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides: (i) Agency on Aging (ii) Center for Independent Living (iii) Protection and Advocacy Agency, (iv) Aging and Disability Resource Center; and (v) Quality Improvement Organization.	3
11-484.60(a)(1) Plan of Care (individualized, patient specific, involving all health care disciplines)	Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan.	3
11-484.65 Quality Assessment/performance improvement	Condition of participation: Quality assessment and performance improvement (QAPI). The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.	3
11-484.65(b)(1),(2),(3) Program data (used for quality improvement)	(1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. (2) The HHA must use the data collected to (i) Monitor the effectiveness and safety of services and quality of care; and (ii) Identify opportunities for improvement. (3) The frequency and detail of the data collection must be approved by the HHA's governing body.	3
11-484.65(d)(1),(2) Performance Improvement Projects	Standard: Performance improvement projects. Beginning July 13, 2018 HHAs must conduct performance improvement projects. (1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations. (2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.	3
11-484.65(e)(1)(2)(3)(4) Executive Responsibilities for QAPI	Standard: Executive responsibilities. The HHA's governing body is responsible for ensuring the following: (1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained; (2) That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness; (3) That clear expectations for patient safety are established, implemented, and maintained; and (4) That any findings of fraud or waste are appropriately addressed.	3
11-484.70(a) Infection Prevention	Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.	3
11-484.70(b)(1)(2) Infection Control	Standard: Control. The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include: (1) A method for identifying infectious and communicable disease problems; and (2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.	3
11-484.105 Organization and Administration of Services	Condition of participation: Organization and administration of services. The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.	3



Home Health Agency Survey Statistics Calendar Year 2020		
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01-484.102(b)(1) HHA Comprehensive Assessment in Disaster	[(b) Policies and procedures. The HHA must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years.] At a minimum, the policies and procedures must address the following: (1) The plans for the HHA's patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at §484.55.	2
01-484.102(c) Development of Communication Plan	(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC).	2
01-484.102(d)(1) EP Training Program	*[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. ii) Provide emergency preparedness training at least every 2 years. iii) Maintain documentation of all emergency preparedness training. iv) Demonstrate staff knowledge of emergency procedures.v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures.	2
01-484.102(e) Integrated EP Program	(e) [or (f)]Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:] (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program]. (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.	2
11-484.50(c)(2) Be Free From Abuse	Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;	2
11-484.50(c)(5) Receive all Services in the Plan of Care	Receive all services outlined in the plan of care.	2
11-484.50(c)(12) Access to Auxiliary Aids and Language Services	Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services.	2
11-484.65(a)(1),(2) Program Scope (quality improvement indicators)	(1) The program must at least be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care. (2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.	2
11-484.65(c) Program Activities	Standard: Program activities. The HHA's performance improvement activities must--	2
11-484.65(c)(1)(i) High Risk, High Volume, or Problem-Prone Area	(i) Focus on high risk, high volume, or problem-prone areas;	2
11-484.65(c)(1)(ii) Incidence, Prevalence, Severity of Problems	(ii) Consider incidence, prevalence, and severity of problems in those areas; and	2
11-484.65(c)(2) Track Adverse Patient Events	Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions.	2
11-484.70 Infection Prevention and Control	Condition of Participation: Infection prevention and control. The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.	2
11-484.75(b)(8) Participate in the HHA's QAPI program	Participation in the HHA's QAPI program; and	2
11-484.105(a) Governing Body (responsibilities)	Standard: Governing body. Standard: A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.	2
11-484.105(b)(1) Administrator must	Standard: Administrator. The administrator must:	2
01-484.102(a) Develop EP Plan, Review and Update Annually	The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:	1
01-484.102(a)(3) EP Program Patient Population	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**	1
01-484.102(a)(4) Local, State, Tribal Collaboration Process	[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years (annually for LTC facilities). The plan must do the	1
01-484.102(b)(2) Homebound HHA/Hospice Inform EP Officials	[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:] *For homebound Hospice at §418.113(b)(2), PACE at §460.84(b)(4), and HHAs at §484.102(b)(2).] The procedures to inform State and local emergency preparedness officials about [homebound Hospice, PACE or HHA] patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.	1



Home Health Agency Survey Statistics Calendar Year 2020		
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01-484.102(b)(3) HHA- Procedures for Followup Staff/Pts.	[(b) Policies and procedures. The HHA must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years.] At a minimum, the policies and procedures must address the following: (3) The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.	1
01-484.102(b)(4) Policies/Procedures for Medical Documentation	[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years (annually for LTC.) At a minimum, the policies and procedures must address the following: [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	1
01-484.102(c)(1) Name and Contact Information	[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC.) The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers. *For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.	1
01-484.102(c)(2) Emergency Officials Contact Information	[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC.) The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.	1
01-484.102(c)(3) Primary/Alternate Means for Communication	[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC.) The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.	1
01-484.102(d) 4-5 Methods for Sharing Information	[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC.) The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).	1
01-484..102(d) EP Training and Testing	*[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.	1
01-484.102(d)(2) EP Testing Requirements	*[For RNCHI at §403.748, ASCs at §416.54, HHAs at §484.102, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHC at §485.920, RHC/FQHC at §491.12, ESRD Facilities at §494.62:] 2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.	1
11-484.50(a)(1)(ii) HHA Administrator Contact Information	(ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.	1
11-484.55(c)(5) A Review of All Current Medications	A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.	1
11-484.55(d) Update of the Comprehensive Assessment	Standard: Update of the comprehensive assessment. The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than-	1
11-484.55(d)(2) Within 48 hours of the patient's return	The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than-	1
11-484.60 Care Planning, Coordination, Quality of Care	Condition of participation: Care planning, coordination of services, and quality of care. Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice.	1
11-484.60(b) Conformance with Physician's Orders	Standard: Conformance with physician orders.	1



Home Health Agency Survey Statistics Calendar Year 2020		
Federal Tags Cited	Regulation Language	Number of Cites
11-484.60(c)(2) Revised Plan of Care	A revised plan of care must reflect current information from the patient's updated comprehensive assessment, and contain information concerning the patient's progress toward the measurable outcomes and goals identified by the HHA and patient in the plan of care.	1
11-484.60(e)(5) Name/Contact Information of Clinical Manager	Name and contact information of the HHA clinical manager. Interpretive Guidelines: The name and contact information of the HHA's clinical manager, including the clinical manager's telephone number and, if the patient prefers electronic communication, e-mail, must be provided to the patient. The HHA explains to the patient when the clinical manager should be contacted for discussion about their services.	1
11-484.64(a)(1)(iii) Activities Leading to Immediate Correction	(iii) Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.	1
11-484.65(c)(3) Improvements are Sustained	The HHA must take actions aimed at performance improvement, and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.	1
11-484.75(b)(1) Interdisciplinary Assessment of the Patient	Ongoing interdisciplinary assessment of the patient: Interpretive Guidelines: The term "interdisciplinary" refers to an approach to healthcare that includes a range of health service workers. "Ongoing interdisciplinary assessment" is the continual involvement of all skilled professional staff involved in a patient's plan of care from the initial assessment through discharge, which should include periodic discussions among the team regarding the patient's health status and recommendations for the plan of care. An interdisciplinary approach recognizes the contributions of various health care disciplines (MDs, RNs, LPN/LVN, PT, OT, SLP, MSW, HH aides) and their interactions with each other to meet the patient's needs.	1
11-484.80(d) 12 Hours Inservice Every 12 Months	Standard: In-service training. A home health aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.	1
11-484.80(h)(1)(i) Onsite Supervisory Visit Every 14 Days	If home health aide services are provided to a patient who is receiving skilled nursing, physical or occupational therapy, or speech-language pathology services, a registered nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care, and the written patient care instructions described in §484.80(g), must make an onsite visit to the patient's home no less frequently than every 14 days. The home health aide does not have to be present during this visit.	1
11-484.105(b)(1)(iv) Ensure that HHA employs qualified personnel	(iv) Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.	1
11-484.105(d)(2) Direct Support and Administrative Control	The parent HHA provides direct support and administrative control of its branches.	1
11-484.110 Clinical Records	The parent HHA provides direct support and administrative control of its branches.	1
11-484.110(a) Required Items in Clinical Record	The patient's current comprehensive assessment, including all of the assessments from the most recent home health admission, clinical notes, plans of care, and physician or allowed practitioner orders;	1
11-484.110(a)(2) Interventions and Patient Responses	All interventions, including medication administration, treatments, and services, and responses to those interventions;	1
11-484.110(b) Authentication	Standard: Authentication. All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.	1
11-484.110(e) Retrieval of Records	Standard: Retrieval of clinical records. A patient's clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first).	1
Total Federal Tags Cited this Quarter:		109
State Tags Cited		
133.20(2)(a) Plan of Care (specific time standards)	CONTENTS OF PLAN. Each plan developed under sub. (1) shall include: (a) Measureable time-specific goals, with benchmark dates for review, and	4
133.20(1) Plan of Care (content and development)	REQUIREMENT. A plan of care, including physician's, advanced practice nurse prescriber's, or physician assistant's orders, shall be established for every patient accepted for care and shall be incorporated in the patient's medical record. An initial plan shall be developed within 72 hours of acceptance. The total plan of care shall be developed in consultation with the patient, home health agency staff, contractual providers, and the patient's physician, advanced practice nurse prescriber, or physician assistant, and shall be signed and dated by the physician, advanced practice nurse prescriber, or physician assistant within 20 working days following the patient's admission for care.	4
133.6(4)(c) administration - employees (orientation)	EMPLOYEES. (a) Orientation. Prior to beginning patient care, every employe shall be oriented to the agency and the job for which he or she is hired,	3
133.07(1) Evaluation	REQUIREMENT. An evaluation of the home health agency's total program shall be conducted at least once a year by the advisory group required by s. HSS 133.05(2), home health agency staff and consumers.	3
133.20(4) Plan of Care (drug administration standards)	ORDERS. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician, advanced practice nurse prescriber, or physician assistant. The nurse or therapist shall immediately record and sign and date oral orders and obtain the physician's, advanced practice nurse prescriber's, or physician assistant's countersignature and date within 20 working days.	3
133.06(5)(c).Infection Control Monitor and Retraining	Monitor adherence to evidence-based standards of practice related to protective measures. When monitoring reveals a failure to follow evidence-based standards of practice, the home health agency shall provide counseling, education or retraining to ensure staff is adequately trained to complete their job responsibilities.	3
133.05(1)(c) Governance (management responsibility of governing body)	The governing body shall: (c) Oversee the management of the agency;	2
133.05(1)(d) Governance (d)(appoint administrator)	The governing body shall: (d) Appoint an administrator; and	2
133.06(4)(a) Administration - Employees	EMPLOYEES. (a) Orientation. Prior to beginning patient care, every employe shall be oriented to the agency and the job for which he or she is hired,	2
133.06(4)(d)2. Administration - Employees - Health (screen for communicable diseases)	"Continuing employees". Each employee having direct patient contact shall be screened for clinically apparent communicable disease by a physician, physician assistant, or registered nurse based on the likelihood of their exposure to a communicable disease, including tuberculosis. The exposure to a communicable disease may have occurred in the community or in another location.	2
133.07(2) Evaluation (review policy and program implementation)	METHOD OF EVALUATION. The agency shall establish methods to determine whether the established programs and service policies are effective and whether service policies and procedures are substantially followed by agency staff. These methods shall include a review of a sample of patient records to determine whether services are being provided appropriately and the extent to which the needs of patients are met.	2
133.07(3) Evaluation (submit report of findings)	REPORTS. Results of the evaluation shall be recorded in writing and reported to those responsible for the operation of the agency.	2



Home Health Agency Survey Statistics Calendar Year 2020		
State Tags Cited		
133.08(2) Patient Rights - Policies (notice of rights)	POLICIES. The home health agency shall provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. Each patient receiving care from the agency shall have all of the following rights:	2
133.08(2)(a) Patient Rights - Policies (notice of patient responsibilities)	Each patient receiving care from the agency shall have the following rights: (a) To be fully informed, as evidenced by home health agency documentation, of all rules and regulations governing patient responsibilities;	2
133.08(3) Patient Rights - Policies (notice of grievance procedures)	COMPLAINTS. At the same time that the statement of patient rights is distributed under sub. (2), the home health agency shall provide the patient or guardian with a statement, provided by the department, setting forth the right to and procedure for registering complaints with the department.	2
133.05(2)(a) Governance - Professional Advisory Council	PROFESSIONAL ADVISORY BODY. (a) The home health agency shall establish an advisory group of at least one practicing physician and one registered nurse and appropriate representation from other professional disciplines. A majority of the members shall be persons who are neither owners nor employees of the agency.	1
133.06(2)(a) Administration (duties of administrator)	DUTIES OF THE ADMINISTRATOR. The administrator shall: (a) Be knowledgeable about this chapter, and shall take all reasonable steps to ensure compliance of the agency with the requirements of this chapter;	1
133.06(4)(d)1. Administration - Employees - Health (screen for tuberculosis)	1. Physical health of new employees. Each new employee having direct patient contact shall be certified in writing by a physician, physician assistant or registered nurse as having been screened for tuberculosis, and clinically apparent communicable disease that may be transmitted to a patient during the normal performance of the employee's duties. The screening shall occur within 90 days prior to the employee having direct patient contact.	1
133.06(4)(d)3. Administration - Employees - Health (screen for infectious disease)	Disease surveillance. Agencies shall develop and implement written policies for control of communicable diseases which take into consideration control procedures incorporated by reference in ch. HSS 145 and which ensure that employes with symptoms or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician, physician assistant or advanced practical nurse.	1
133.06(4)(e) Administration - Employees (continuing training)	CONTINUING TRAINING. A program of continuing training shall be provided to all employes as appropriate for the client population and the employee's duties.	1
133.07(4) Evaluation (review policy and program outcomes)	MANAGEMENT REVIEW. The agency shall periodically review its policies and administrative practices to determine the extent to which they promote appropriate, adequate, effective and efficient patient care.	1
133.08(2)(d) Patient Rights - Policies (right to participate in Care Planning)	Each patient receiving care from the agency shall have the following rights: (d) To be fully informed of one's own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research;	1
133.08(2)(h) Patient Rights - Policies (informed of care planning)	Each patient receiving care from the agency shall have the following rights: (h) To be taught, and have the family taught, the treatment required, so that the patient can, to the extent possible, help himself or herself, and the family or other party designated by the patient can understand and help the patient.	1
133.09(3)(a)4. Discharge of Patients (written notice)	Notice of discharge: The home health agency shall insert a copy of the written discharge notice in the patient's medical record.	1
133.09(3)(a)5.b. Discharge of Patients (notice of rights)	Notice of discharge The home health agency shall include in every written discharge notice to a patient or the patient's legal representative all of the following: b. A notice of the patient's right to file a complaint with the department and the department's toll - free home health hotline telephone number and the address and telephone number of the department's bureau of quality assurance.	1
133.14(2)(b) Skilled Nursing Services (periodic reevaluate patient needs)	DUTIES OF THE REGISTERED NURSE. The registered nurse shall: (b) Regularly reevaluate the patient's needs.	1
133.20(3) Plan of Care (interdisciplinary input)	REVIEW OF PLAN. The total plan of care shall be reviewed by the attending physician, advanced practice nurse prescriber, or physician assistant, and appropriate agency personnel as often as required by the patient's condition, but no less often than every 60 days. The agency shall promptly notify the physician, advanced practice nurse prescriber, or physician assistant of any changes in the patient's condition that suggest a need to modify the plan of care.	1
133.21(5)(d) Medical Records (plan of care)	CONTENT. (d) Plan of care.	1
133.21(5)(g) Medical Records (progress notes)	CONTENT. (g) Progress notes, as frequently as necessary to document patient status and services provided.	1
133.21(6) Medical Records	FORM OF ENTRIES. All entries in the medical record shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.	1
50.065(2)(b)intro	1. A criminal history search from the records maintained by the department of justice. 2. Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4.	1
Total State Tags Cited this Quarter:		54
Total Federal Tags Cited this Quarter:		109
Total All Tags Cited this Quarter:		163