WISCONSIN DEPARTMENT of HEALTH SERVICES

Hospice Survey Statistics
Calendar Year 2019

Types of Surveys Conducted in CY 2019		
	Complaint	20
	Recertification	17
	State Licensing	0
	Initials	0
	Verification Visit	7
	Other	0
Total Surveys Performed this Quarter:		**44**

Federal Tags Cited	Regulation Language	Number of Cites
03-418.110(c) Physical Environment	The hospice must maintain a safe physical environment free of hazards for patients, staff, and visitors.	8
03-418.110(d) Fire Protection	(1) Except as otherwise provided in this section -- (i) The hospice must meet the provisions applicable to nursing homes of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). 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: http://www.archives.gov/federal register/code of federal regulations/ibr locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in the edition of the Code are incorporated by reference, CMS will publish a 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 LSC does not apply to hospices. (2) In consideration of a recommendation by the State survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code which, if rigidly applied would result in unreasonable hardship for the hospice, but only if the waiver would not adversely affect the health and safety of patients. (3) The provisions of the adopted edition of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in hospices. (4) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a hospice may place alcohol-based hand rub dispensers in its facility if	8
03-418.110(d) Fire Protection (cont.)	(i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities; (ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls; (iii) The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and(iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00-1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004. The Director of the Office of the Federal Register has approved NFPA Temporary Interim Amendment 00-1(101) for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 C.F.R. 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: http://www.archives.gov/federal register/code of federal regulations/ibr locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in the edition of the Code are incorporated by reference, CMS will publish a notice in the Federal Register to announce the changes.	
03-418.56(c)(3) Content of Plan of Care (measurable outcomes)	[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (3) Measurable outcomes anticipated from implementing and coordinating the plan of care.	7
03-418.112(d)(1) Hospice Plan of Care (care provider responsibilities identfied)	The hospice plan of care must identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.	6
03-418.52(c)(1) Rights of the Patient (pain management)	The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;	5
03-418.60(a)(1) Prevention (infections and communicable diseases)	The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	4
01-418.113(a)(4) Local, State, Tribal Collaboration Process	(iii) The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and	2

WISCONSIN DEPARTMENT of HEALTH SERVICES

Hospice Survey Statistics
Calendar Year 2019

Federal Tags Cited	Regulation Language	Number of Cites
01-418.113(b)(6)(ii) Policies for Evacuation And Primary/Alternate [Means of] Communication	Guidance is pending and will be updated in future release.	2
03-418.56(c) Content of Plan of Care	The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:	2
03-418.56(d) Review of the Plan of Care (timeline)	The hospice interdisciplinary group (in collaboration with the individual's attending physician, (if any) must review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.	2
03-418.64(b)(1) Nursing Services	(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.	2
03-418.78 Volunteers (supervision)	The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.	2
03-418.110(e) Patient Areas	The hospice must provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients. (1) The hospice must provide- (i) Physical space for private patient and family visiting; (ii) Accommodations for family members to remain with the patient throughout the night; and (iii) Physical space for family privacy after a patient's death. (2) The hospice must provide the opportunity for patients to receive visitors at any hour, including infants and small children.	2
03-418.112(b) Professional Management	The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation, and make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility according to §418.100 and §418.108.	2
01-403.748(a) Develop EP Plan, Review and Update Annuallly	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
01-418.113(d)(2) EP Testing Requirements	*[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do 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 an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility- based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise 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 a 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.	1
03-418.52 Patients' Rights (condition of participation)	Condition of Participation	1
03-418.52(a)(1) Notice of Rights and Reponsibilities (clear language used)	(1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands.	1
03-418.52(a)(2) Notice of Rights and Reponsibilities (informed of advance directive policies)	(2) The hospice must comply with the requirements of subpart I of part 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law.	1
03-418.52(c)(4) Rights of the Patient (choose attending physician)	The patient has a right to the following: (4) Choose his or her attending physician;	1
03-418.52(c)(6) Rights of the Patient (freedom from abuse)	The patient has a right to the following: (6) Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;	1
03-418.56(b) Plan of Care (interdisciplinary collaboration)	All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.	1

WISCONSIN DEPARTMENT of HEALTH SERVICES

Hospice Survey Statistics
Calendar Year 2019

Federal Tags Cited	Regulation Language	Number of Cites
03-418.56(c)(4) Content of the Plan of Care (reference needed drugs and treatment)	[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (4) Drugs and treatment necessary to meet the needs of the patient.	1
03-418.58 Quality Assessment and Performance Improvement	The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.	1
03-418.62(b) Licensed Professional Services (responsibility to participate in planning)	Licensed professionals must actively participate in the coordination of all aspects of the patient's hospice care, in accordance with current professional standards and practice, including participating in ongoing interdisciplinary comprehensive assessments, developing and evaluating the plan of care, and contributing to patient and family counseling and education;	1
03-418.76(h)(1)(i) Supervision of Hospice Aides (RN makes periodic onsite visits)	(I) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.	1
03-418.78(e) Level of Activity (volunteer involvement quota)	Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.	1
03-418.100(e) Professional Management Responsibility (oversight for contracted services)	A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be-- (1) Authorized by the hospice; (2) Furnished in a safe and effective manner by qualified personnel; and (3) Delivered in accordance with the patient's plan of care.	1
03-418.100(g)(3) Training (inservice training of volunteers)	(3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.	1
03-418.102(b) Initial Certification of Terminal Illness	The medical director or physician designee reviews the clinical information for each hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination: (1) The primary terminal condition; (2) Related diagnosis(es), if any; (3) Current subjective and objective medical findings; (4) Current medication and treatment orders; and (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness.	1
03-418.418.104(f) Retrieval of Clinical Record (available when requested)	The clinical record, whether hard copy or in electronic form, must be made readily available on request by an appropriate authority.	1
03-414.112 Residents of SNF/NF or ICF/MR	Condition of Participation	1
Total Federal Tags Cited this Quarter:		**72**

WISCONSIN DEPARTMENT of HEALTH SERVICES

Hospice Survey Statistics
Calendar Year 2019

State Tags Cited	Code Language	Number of Cites
131.21(3)(b)3 Plan of Care (measurable outcomes)	PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Measurable outcomes anticipated from implementing and coordinating the plan of care.	7
131.19(2)(a) Patient Rights (pain management)	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.	5
131.21(3)(b) Plan of Care (include all stakeholders and therapies)	PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions.	4
131.23(2) Infection Control (prevent communicable diseases)	PREVENTION. The hospice shall follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	4
131.30(2)(a) Professional Management Responsibilty (monitor contractors)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Ensure that there is continuity of care for the patient or the patient's family, or both, in the relevant care setting.	4
131.31(6) Employees (evaluation)	EVALUATION. A hospice shall evaluate every employee annually for quality of performance and adherence to the hospice's policies. Evaluations shall be followed up with appropriate action.	3
131.21(3)(c) Plan of Care (assessment schedule)	PLAN OF CARE. Review of the plan of care. The hospice interdisciplinary group in collaboration with the individual's attending physician, if any, shall review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days. A revised plan of care shall include information from the patient's updated comprehensive assessment and shall note the patient's progress toward outcomes and goals specified in the plan of care. The hospice interdisciplinary group shall primarily meet in person to review and revise the individualized plan of care.	2
131.25(4)(a)1 Core Services	NURSING SERVICES. Nursing services shall be provided by or under the supervision of a registerd nurse and shall consist of the following: Regularly assessing the patient's nursing needs, implementing the plan of care provisions to meet those needs and reevaluating the patient's nursing needs.	2
131.30(2)(c) Professional Management Responsibility	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Evaluate the services provided under a contractual arrangement on an annual basis.	2
131.37(20)(d) Physical Plant (rooms are clean)	FACILITY MAINTENANCE. Rooms shall be kept clean, well-ventilated and tidy.	2
50.06(2)(b)intro Entity Background Check Requirements	2. Every entity shall obtain all of the following with respect to a caregiver of the entity: 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.	2
131.18(2) Discharge	WRITTEN POLICY. The hospice shall have a written policy that details the manner in which the hospice is able to end its obligation to a patient. This policy shall be provided to the patient or patient's representative, if any, as part of the acknowledgement and authorization process at the time of the patient's admission.	1
131.19(1) Patient Rights (provide written statement of rights)	GENERAL INFORMATION. A hospice shall provide each patient and patient's representative, if any, with a written statement of the rights of patients before services are provided, and shall fully inform each patient and patient's representative, if any, of all of the following:	1

WISCONSIN DEPARTMENT of HEALTH SERVICES

Hospice Survey Statistics
Calendar Year 2019

State Tags Cited	Code Language	Number of Cites
131.19(2)(d) Patient Rights (to chose attending physician)	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To choose his or her attending physician.	1
131.19(2)(g) Patient Rghts (freedom from abuse)	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property.	1
131.19(2)(h) Patient Rights (freedom from restraints)	RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To be free from restraints and seclusion except as authorized in writing by the attending physician to provide palliative care for a specified and limited period of time and documented in the plan of care.	1
131.21(2)(d) Plan of Care (RN must sign plan of care)	INITIAL PLAN OF CARE. The registered nurse shall immediately record and sign a physician's oral orders and shall obtain the physician's counter-signature within 20 days.	1
131.21(3)(b)4 Plan of Care (content)	PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Drugs and treatment necessary to meet the needs of the patient.	1
131.22(1)(b) Quality Assessment and Performance Improvement	PROGRAM STANDARDS. The hospice's governing body shall ensure that the program reflects the complexity of its organization and services, involves all hospice services including those services furnished under contract or arrangement, focuses on indicators related to improved palliative outcomes, and takes actions to demonstrate improvement in hospice performance.	1
313.24(2) Employee Health (screen for Tuberculosis)	PHYSICAL HEALTH OF NEW EMPLOYEES. Each new employee, prior to 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 employee's duties. The screening shall occur within 90 days prior to the employee having direct patient contact.	1
131.24(3) Employee Health (screen for communicable disease)	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.	1
131.25(1) Core Services (volunteer involvement)	GENERAL REQUIREMENTS. A hospice is responsible for providing care and services to a patient and, as necessary, the patient's family, based on the plan of care developed by the core team. Volunteers shall participate in the delivery of program services.	1
131.26(2)(c)1 Non-core Services (at least fortnitely monitoring and review)	NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows: Supervision of nurse aides. A registered nurse shall make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the nurse aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The nurse aide does not have to be present during this visit.	1
131.30(2) Professional Management Responsibility (monitor contracted services)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall:	1
131.30(2)(b)4 Professional Management Responsibility (responsibility for contract services)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following: The delineation of the roles of the hospice and service provider in the admission process, assessment, interdisciplinary group meetings and ongoing provision of palliative and supportive care.	1
131.30(2)(b)5 Professional Management Responsibility (evaluate contractor performance)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following: A method of evaluation of the effectiveness of those contracted services through the quality assurance program under s. DHS 131.22.	1
131.30(2)(b)6 Professional management responsibility (responsibility for contractor's competence)	CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Be responsible for all services delivered to the patient or the patient's family, or both, through the contract. The written contract shall include all of the following: The qualifications of the personnel providing the services.	1

WISCONSIN DEPARTMENT of HEALTH SERVICES

Hospice Survey Statistics
Calendar Year 2019

State Tags Cited	Code Language	Number of Cites
131.32(2)(b) Medical Director (verify admitted patient's terminal status)	The medical director shall do all of the following: Ensure that the terminal status of each individual admitted to the program has been established.	1
131.33(2) Clinical Record (standards)	DOCUMENTATION AND ACCESSIBILITY. The clinical record shall be completely accurate and up-to-date, readily accessible to all individuals providing services to the patient or the patient's family, or both, and shall be systematically organized to facilitate prompt retrieval of information.	1
131.37(1) Physical Plant (LSC standards apply)	GENERAL REQUIREMENTS. The building of a freestanding hospice shall be constructed and maintained so that it is functional for the delivery of hospice services, appropriate to the needs of the community and protects the health and safety of the patients. The provisions of this section apply to all new, remodeled and existing construction unless otherwise noted. Wherever a requirement in this section is in conflict with the applicable Life Safe Code under s. DHS 131.38, the Life Safety Code shall take precedence.	1
131.37(24(a) Physical Plant (staff trained in emergency plan)	FACILITY MAINTENANCE. The licensee, administrator and all staff who work in the hospice facility shall be trained in all aspects of the emergency plan.	1
131.39(5)(c)1 Fire Safety	SMOKE DETECTOR INSTALLATION AND TESTING. Smoke detectors shall be installed, tested and maintained in accordance with the manufacturer's recommendations, except that they shall be tested not less than once a month. The hospice shall maintain a written record of tests.	1
Total State Tags Cited this Quarter:		**58**
Total Federal Tags Cited this Quarter:		**72**
Total All Tags Cited this Quarter:		**130**
Total Complaints Received:		**33**
Complaints Assigned for Investigation:		**31**
Received Complaint Subject Areas:	Nursing Care Services (6)	
	Quality of Care/Treatment (11)	
	Administrative/Personnel (1)	
	Admission, Transfer & Discharge Rights (2)	
	Resident/Patient/ClientnAssessment (1)	
	Resident/Patient/Client Rights (12)	