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A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24	_		FA28		Complaint	Complaint	Complaint	Complaint	Complete											
A 2406 A 2406 (cont)	SAPPLICABILITY OF PROVISIONS OF THIS SECTION. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (6) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency expertitions of this section, (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department," as defined in paragraph (b) of this section, the hospital must (b) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency medical condition exists. The examination must be emergency medical condition exists. The examination must be requirements of §482.55 of this chapter concerning emergency services personnel and direction; and	2		FA28		Complaint	Complaint	Compaint	Compains	Complaint											
A 2406 (cont)	(c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it dear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.			FA28																	

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Tag A 2409	Regulation (1) General. If an individual at a hospital has an emergency	Cites	# State Cites	Reg_Set_ID	Seis	Category															
	medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (iii/d). The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the roquest as well as indicate that he or she is aware of the risks and benefits of the																				
	transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a																				
A 2409 (cont)	certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section	3		FA28		Complaint	Complaint	Complaint													
A 2409 (cont)	1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is beset/of A transfer to another medical facility will be appropriate only in those cases in which - (0) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual, and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring			FA28																	
A 2409 (cont)	hospital sends to the neceiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (o)(10)(i) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear with a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical			FA28																	
	available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.			FA28																	
C 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.						COVID-19,														
Governing Bo		0	0	6R95		Complaint	Other							L _							
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Tag	Regulation	Cites	# State Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
Emergency Pl	anning (all K tags are counted as federal cites)	5	0																		
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K 0711	Evacuation and Relocation Plan: There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19-2.12 and provides for all of the fire safety plan components per 18/19-2.1 Is.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3	3		K307	Regs for Existing Structures	Complaint, Life Safety Code	Recertificatio n, Life Safety Code	Complaint, Life Safety Code													
K 0712	Fire Drills: Fire drills include the transmission of a fire alarm	3		K307	Structures	Code	Code	Code													
	signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The slife is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19:7.1.4 through 19:7.1.7				Regs for Existing		n, Life Safety														
		2		K307	Structures	Code	Code														
Swing Bed: H	ospital and CAH	0	0																		
Infection Con	trol	45	0																		
A 0747	The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.	9		FA28		Complaint, COVID-19, Other	Complaint, COVID-19, Other, Follow up	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint							
A 0749	The hospital infection prevention and control program, as																				
	documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings;	16		FA28		Complaint, COVID-19, Other	Complaint, COVID-19, Other, Follow up	Recertificatio n, Relicensure		Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint	Complaint, Follow-up	Complaint	Complaint, COVID-19, Other	Complaint, COVID-19, Other	Complaint	Complaint, COVID-19, Other	Complaint
A 0770	Standard: Leadership responsibilities — (1) The governing body must ensure all of the following: (6) Systems are in place and operational for the tracking of all infection surveillance, prevention, and control, and antibiotic use activities, in order to demostrate the implementation, success, and sustainability of such activities.	2		FA28		Complaint, COVID-19, Other	Complaint, COVID-19, Other														
A 0775	[The infection preventionist(s)/infection control professional(s) is responsible for: [iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of infection prevention and control guidelines, policies, and procedures.	3		FA28		Complaint	Complaint, COVID-19, Other	Complaint													

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Tag C 1200	Regulation	Cites	# State Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
C 1200	The CAH must have active facility-wide programs, for the surveillance, prevention, and control of HAIs and other																				
	infectious diseases and for the optimization of antibiotic use																				
	through stewardship. The programs must demonstrate																				
	adherence to nationally recognized infection prevention and																				
	control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the																				
	development and transmission of HAIs and antibiotic-resistant																				
	organisms. Infection prevention and control problems and																				
	antibiotic use issues identified in the programs must be addressed in coordination with the facility-wide quality																				
	assessment and performance improvement (QAPI) program.					Complaint,	Complaint,	Complaint,													
						COVID-19,	COVID-19,	COVID-19,													
C 1206	The infection prevention and control program, as documented	3		6R95	 	Other	Other	Other					 			-		<u> </u>			
1200	in its policies and procedures, employs methods for																				
	preventing and controlling the transmission of infections					Complaint,															
	within the CAH and between the CAH and other healthcare settings:	١,		6R95		COVID-19, Other	Recertificatio	Recertificatio	Recertificatio												
C 1208	Settings; The infection prevention and control includes surveillance,	4		0000		Otner	n	n	n												
	prevention, and control of HAIs, including maintaining a																				
	clean and sanitary environment to avoid sources and																				
	transmission of infection, and that the program also addresses any infection control issues identified by public health					Recertificatio	Recertificatio	Recertificatio													
	authorities: and	4		6R95		n	n	n	Complaint												
C 1225	(1) The governing body, or responsible individual, must ensure all of the following: (i) Systems are in place and																				
	operational for the tracking of all infection surveillance,																				
	prevention and control, and antibiotic use activities, in order to					Complaint,	Complaint,														
	demonstrate the implementation, success, and sustainability of					COVID-19,	COVID-19,														
C 1231	such activities. (2) The infection prevention and control professional(s) is	2		6R95		Other	Other														
C 1231	responsible for: (i) The development and implementation of																				
	facility-wide infection surveillance, prevention, and control					Complaint,															
	policies and procedures that adhere to nationally recognized					COVID-19,															
	guidelines.	2		6R95		Other	Complaint														
Medical Reco	rd Services		3																		
A 0466	[All records must document the following, as appropriate:]																				
	Properly executed informed consent forms for procedures and																				
	treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.																				
	State law it applicable, to require written patient consent.	4		FA28		Complaint	Complaint	Complaint	Complaint												
A 0467	(1) Drugs and biologicals must be prepared and administered																				
	in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care																				
	as specified under §482.12(c), and accepted standards of																				
	practice. (i) Drugs and biologicals may be prepared and																				
	administered on the orders of other practitioners not specified																				
	under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws,																				
	hospital policies, and medical staff bylaws, rules, and																				
	regulations.																				
A 467 (Cont.)	(2) All drugs and biologicals must be administered by, or	3		FA28	1	Complaint	Complaint	Complaint		<u> </u>	1		 	 	<u> </u>	-					
(COIII.)	under supervision of, nursing or other personnel in																				
	accordance with Federal and State laws and regulations,																				
	including applicable licensing requirements, and in accordance																				
	with the approved medical staff policies and procedures.			FA28						1											
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S 0055	The department shall obtain all of the following with respect																				
	to a person specified under sub. (1) (ag) 1. b. and a person																				
	who is a nonclient resident or prospective nonclient resident of																				
	an entity: 1. A criminal history search from the records								1		1				1	1					
	maintained by the department of justice. 2. Information that is															1					
	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		3	BVI3		Complaint	Complaint	Complaint													
S 0055 (Cont.)	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			BVI3								_							-		
	registration, a contract, employment or permission to reside as															1					
	described in this subdivision, the department need not obtain																				
	the information specified in subds. 1. to 4.															1					
Medical Staff		0	0	BVI3												1		1			
Medical Staff																					

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Nursing Serv	ces	19	0																		
A 0385	The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.	3		FA28		Complaint, COVID-19, Other	Complaint	Complaint, COVID-19, Other													
A 0392	The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for care of any patient.	2		FA28		Recertificatio n, Licensure	Complaint, COVID-19, Other														
A 0395	A registered nurse must supervise and evaluate the nursing care for each patient.	12		FA28		Complaint	Complaint	Complaint	Complaint	Complaint, Follow-up	Complaint	Complaint	Complaint	Complaint	Complaint	COVID-19, Other	Complaint				
C 1046	Nursing services must meet the needs of patients. (1) A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available.	2		6R95		Complaint, COVID-19, Other	Recertificatio n			·											

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Services: Ane	sthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Outpt, Rehab & Surgical		a																		
C 1020	[The policies include the following:] (vi) Procedures that																				
	ensure that the nutritional needs of inpatients are met in																				
	accordance with recognized dietary practices. All patient diets, including therapeutic diets, must be ordered by the																				
	practitioner responsible for the care of the patients or by a																				
	qualified dietitian or qualified nutrition professional as authorized by the medical staff in accordance with State law																				
	governing dietitians and nutrition professionals and that the																				
	requirement of § 483.25(i) of this chapter is met with respect to inpatients receiving post CAH SNF care.					Recertificatio	Recertificatio	Recertificatio	Recertificatio	Recertificatio											
		5		6R95		n	n	n	n	n											
Pharmaceutica	al Services		a																		
A 0405	(1) Drugs and biologicals must be prepared and administered																				
	in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care																				
	as specified under §482.12(c), and accepted standards of																				
	practice. (i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified																				
	under §482.12(c) only if such practitioners are acting in																				
	accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and																				
	regulations.																				
A 0405 (Cont.)	(2) All drugs and biologicals must be administered by, or	2		FA28		Complaint	Complaint														
A 0403 (Cont.)	under supervision of, nursing or other personnel in																				
	accordance with Federal and State laws and regulations,																				
	including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.																				
C 0922 Organ Tissue	(3) Drugs and biologicals are appropriately stored; , Eye Procurement	0	0	6R95		n	n														
Organ, 1135uc	, Lyc 1 local cancer.		Ţ																		
-																					
Patients' Righ	ts	28	O)																	
A 0117	A hospital must inform each patient, or when appropriate, the							1										ı			
A 0117	patient's representative (as allowed under State law), of the																				
	patient's rights, in advance of furnishing or discontinuing patient care whenever possible.																				
	patient care whenever possible.	3		FA28		Complaint	Complaint	Complaint													
A 0122	At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a							Complaint,													
	response	3		FA28		Complaint	Complaint	Follow-up													
A 0123	At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision																				
	that contains the name of the hospital contact person, the																				
	steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of						Complaint,														
A 0131	completion	2		FA28	-	Complaint	Follow-up	ļ	1		1	-	1					1			
A 0131	The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding																				
	his or her care. The patient's rights include being informed of																				
	his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This																				
	right must not be construed as a mechanism to demand the																				
	provision of treatment or services deemed medically unnecessary or inappropriate.																				
		6		FA28		Complaint	Complaint	Complaint	Complaint	Complaint	Complaint										
A 0132	The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in																				
	the hospital comply with these directives, in accordance with																				
	§489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part																				
	(Effective dates).	3		FA28		Complaint	Complaint	Complaint													

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A 0144	The patient has the right to receive care in a safe setting.	3		FA28		Complaint	Recertificatio n, COVID-19 Other	Complaint, COVID-19, Other													
A 0166	The use of restraint or seclusion must be— (i) in accordance with a written modification to the patient's plan of care.	2		FA28		Complaint	Complaint														
A 0168	The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under \$482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.	4		FA28		Complaint	Complaint, Follow-up	Complaint	Complaint												
A 0182	If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered runse, the trained registered runse must consult the attending physician or other licensed practitioner who is responsible for the care of the patient as soon as possible after the completion of the 1- hour face-to-face evaluation.	2		FA28		Complaint	Complaint	Complaint	Compania												
Physical Envir	conment (all K tags are counted as federal cites)	109	O																		
A 0700	The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.			FA28		Recertificatio	e Complaint	Complaint	Complaint	Complaint, COVID-19, Other											
A 0709	Life Safety from Fire - Interpretive Guidelines: The hospital must ensure that the life safety from fire requirements are met.	5		FA28		Recertificatio		Complaint	Complaint	Complaint, COVID-19, Other											
C 0910	\$485.623 Condition of Participation: Physical Plant and Environment. Interpretive Guidelines §485.623: This CoP applies to all Locations of the CAH, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations. The CAH'S department or services responsible for the CAH'S building and equipment maintenance (both facility equipment and patient care equipment) must be incorporated into the CAH'S QA program and be in compliance with the QA requirements.	7		6R95		Recertificatio n	Recertificatio	Recertificatio		Recertificatio n, Follow-up	Recertification	Recertificatio	n								
C 0914	The CAH has housekeeping and preventive maintenance programs to ensure that—(1) All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition;	3		6R95		Recertificatio	r Recertificatio	n Recertification	n												
C 0926	There is proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.	3		6R95		Recertificatio	r Recertificatio	n Recertification	n												
C 0930	§485.623(c) Standard: Life Safety From Fire (1) Except as otherwise provided in this section: (i) The CAH must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments Th 12-1, Tha 12-2, Tha 12-3, and Tha 12-4.) (ii)Notivithstanding paragraph (40)(ii) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.	-		6R95		Recertification	Recertificatio	Recertificatio n, COVID-19,	Recertificatio	Recertificatio	Recertificatio	Recertificatio									

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Tag	Regulation	Cites	# State Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0131	Multiple Occupancies - Sections of Health Care Facilities. Sections of health care facilities classified as other occupancies meet all of the following: They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy																				
	regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623				Regs for Existing		Recertificatio n, Life Safety														
K 0131	Multiple Occupancies - Sections of Health Care Facilities: Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.3, 42 CFR 482.41, 42 CFR 485.623	2		K307	Structures Regs for New Structures	Recertificatio n. Life Safety Code	Recertification, Life Safety Code, Follow up														
K 0211	Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1	2		K307	Regs for Existing Structures	Complaint, Life Safety Code	Recertificatio n, Life Safety Code														
K 0222	Egress Doors: Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times, or other such reliable means available to the staff at all times, 18.2.2.5.1, 18.2.2.6, 19.2.2.5.1, 19.2.2.6. SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or	5		K307	Regs for Existing Structures	Complaint, Life Safety Code	Recertification r, Life Safety Code	Recertificatio n, Life Safety Code	Recertificatio n. Life Safety Code	Recertificatio n, Life Safety Code											
K 0222 (Cont.)	Security Locking requirements are being met. In addition, the locks must be electrical locks that fall safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. In 8.2.2.5.8, 19.2.2.5.2, TA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised			K307	Regs for Existing Structures																

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Tag K 0222 (Cont.)	Regulation automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-	Cites	# State Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0222 (Cont.)	CONTROLLED EGRESS LOCKING ARRANGEMENTS																				
	Access-Controlled Egress Door assemblies installed in																				
	accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING																				
	ARRANGEMENTS Elevator lobby exit access door locking in																				
	accordance with 7.2.1.6.3 shall be permitted on door																				
	assemblies in buildings protected throughout by an approved,																				
	supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4				n																
	supervised automatic sprinker system. 10.2.2.2.4, 17.2.2.2.4				Regs for Existing																
				K307	Structures																
K 0225	Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with				Regs for Existing	Recertificatio	Recertificatio			1											
	7.2.	2		K307	Existing Structures	n, Life Safety Code	n, Life Safety Code														
K 0255	Suite Separation, Hazardous Content, and Subdivision All																				
I	suites are separated from the remainder of the building																				
	(including from other suites) by construction meeting the separation provisions for corridor construction (18.3.6.2-																				
	18.3.6.5 or 19.3.6.2-19.3.6.5). Existing approved barriers shall																				
	be allowed to continue to be used provided they limit the																				
	transfer of smoke. Intervening rooms have no hazardous areas and hazardous areas within suites comply with 18/19.2.5.7.1.3.																				
	Subdivision of suites shall be by noncombustible or limited-																				
	combustible construction. 18.2.5.7.1.2 through 18.2.5.7.1.4,				n	Recertificatio	Recertificatio n, Life Safety														
	19.2.5.7.1.2, 19.2.5.7.1.3, 19.2.5.7.1.4				Regs for Existing	n, Life Safety	Code, Follow														
		2		K307	Structures	Code	up														
K 0291	Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.				Regs for Existing	Recertificatio n, Life Safety	Recertificatio n, Life Safety														
	18.2.9.1, 19.2.9.1	2		K307	Structures	Code	Code														
K 0293	Exit Signage 2012 EXISTING Exit and directional signs are																				
	displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system.																				
	19.2.10.1 (Indicate N/A in one-story existing occupancies with							Recertificatio													
	less than 30 occupants where the line of exit travel is obvious.)				Regs for Existing	Recertificatio n, Life Safety		n, Life Safety Code, Follow													
		3		K307	Structures	Code	Code	up													
K 0321	Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4																				
	hour fire rated doors) or an automatic fire extinguishing																				
	system in accordance with 8.7.1 or 19.3.5.9. When the																				
	approved automatic fire extinguishing system option is used,																				
	the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors																				
	shall be self-closing or automatic-closing and permitted to																				
	have nonrated or field-applied protective plates that do not																				
	exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient																				
	in REMARKS.																				
	19.3.2.1, 19.3.5.9 Area utomatic				Regs for	Recertificatio	Recertificatio	Recertificatio	Recertificatio												
	Sprinkler@eparationN/A®	4		K307	Existing Structures	n, Life Safety Code	n, Life Safety Code	n, Life Safety Code	n, Life Safety Code												
K 0321 (Cont.)	b. Laundries (larger than 100 square feet)																				
	c. Repair, Maintenance, and Paint Shops																				
I	d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons)				1					1											
	f. Combustible Storage Rooms/Spaces				1					1											
	(over 50 square feet)																				
	g. Laboratories (if classified as Severe Hazard - see K322)				Regs for New																
	riazaru - see K322)				Structures								1					1			

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K 0341	A fire alarm system is installed with systems and components					,	, ,	,			,	,	,		,		,			,	,
	approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm																				
	Code to provide effective warning of fire in any part of the																				
	building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy,																				
	detection is also installed at notification appliance circuit																				
	power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission																				
	paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8				Regs for	Recertificatio															
		2		K307	Existing Structures	n, Life Safety Code															
K 0345	Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an																				
	approved program complying with the requirements of NFPA																				
	 National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, 																				
	maintenance and testing are readily available. 9.6.1.3, 9.6.1.5,				Regs for	Recertificatio	Complaint,	Recertificatio	Recertificatio	Complaint,	Complaint,	Recertificatio	Recertificatio								
	NFPA 70, NFPA 72	8		K307	Existing Structures	n, Life Safety Code	Life Safety Code	n, Life Safety Code	n, Life Safety Code	Life Safety Code	Life Safety Code	n, Life Safety Code	n, Life Safety Code								
K 0351	Spinkler System - Installation 2012 EXISTING Nursing homes,																				
	and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler																				
	system in accordance with NFPA 13, Standard for the																				
	Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted																				
	for sprinkler protection in specific areas where state or local																				
	regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the																				
	area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13,																				
	Standard for Installation of Sprinkler Systems. 19.3.5.1,																				
	19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)				Regs for	Recertificatio	Recertificatio														
	(1)	2		K307	Existing Structures	n, Life Safety Code	n, Life Safety Code														
K0353	Sprinkler System - Maintenance and Testing: Automatic																				
	sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the																				
	Inspection, Testing, and Maintaining of Water-based Fire																				
	Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and																				
	readily available. a) Date sprinkler system last checkedb) Who provided system test																				
	c) Water system supply																				
	source Provide in REMARKS information on coverage for any non-required or partial																				
	automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25				Regs for	Recertificatio	Recertificatio														
				K307	Existing	n, Life Safety	n, Life Safety														
K 0354	Sprinkler System - Out of Service: Where the sprinkler system	2		KJU/	Structures	Code	Lode														
	is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected																				
	and risks are determined, recommendations are submitted to																				
	management or designated representative, and the fire department and other authorities having jurisdiction have																				
	been notified. Where the sprinkler system is out of service for																				
	more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved																				
	fire watch is provided until the sprinkler system has been																				
	returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)				Regs for	Recertificatio	Recertificatio														
		2		K307	Existing Structures	n, Life Safety Code	n, Life Safety Code														

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K 0361	Corridors - Areas Open to Corridor: Spaces (other than patient	Cites	Founce cares	keg_set_ID	Sea	Category	category	Category	category	category	category	Category	Category	category	Category	category	category	Category	category	category	category
	sleeping rooms, treatment rooms and hazardous areas),																				
	waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the				Regs for	Recertificatio	Recertificatio														
	criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1				Regs for Existing	n, Life Safety															
Y/ 00/0		2		K307	Structures	Code	Code														
K 0363	Corridor - Doors - Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or																				
	hazardous areas resist the passage of smoke and are made of 1																				
	3/4 inch solid-bonded core wood or other material capable of																				
	resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of																				
	smoke. Corridor doors and doors to rooms containing																				
	flammable or combustible materials have positive latching																				
	hardware. Roller latches are prohibited by CMS regulation.						1														1
	These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance																				
	between bottom of door and floor covering is not exceeding 1						1														1
	inch. Powered doors complying with 7.2.1.9 are permissible if				n	Recertificatio	Recertificatio	Recertificatio	Recertificatio n, Life Safety	n	Recertificatio										
	provided with a device capable of keeping the				Regs for Existing	n, Life Safety	n, Life Safety		n, Life Safety Code, Follow-	n, Life Safety	n, Life Safety										
		6		K307	Structures	Code	Code	Code	up	Code	Code										
K 0363	door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices																				
	that release when the door is pushed or pulled are permitted.																				
	Nonrated protective plates of unlimited height are permitted.																				
	Dutch doors meeting 19.3.6.3.6 are permitted. Door frames																				
	shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is																				
	sprinklered. Fixed fire window assemblies are allowed per 8.3.																				
	In sprinklered compartments there are no restrictions in area																				
	or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485. Show																				
	in REMARKS details of doors such as fire protection ratings,				Regs for																
	automatics closing devices, etc.			K307	Existing																
K 0372	Subdivision of Building Spaces - Smoke Barrier Construction:			K307	Structures																
	2012 EXISTING - Smoke barriers shall be constructed to a 1/2-																				
	hour fire resistance rating per 8.5. Smoke barriers shall be																				
	permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC																				
	systems where an approved sprinkler system is installed for																				
	smoke compartments adjacent to the smoke barrier. 19.3.7.3,																				
	8.6.7.1(1) Describe any mechanical smoke control system in				Regs for	Recertificatio	Recertificatio	Recertificatio	Recertificatio	Recertificatio											
	REMARKS.	5		K307	Existing Structures	n, Life Safety Code	n, Life Safety Code	n, Life Safety Code	n, Life Safety Code	n, Life Safety Code											
K 0511	Utilities - Gas and Electric Equipment using gas or related																				
	gas piping complies with NFPA 54, National Fuel Gas Code,																				
	electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in					Recertificatio		Recertificatio													
	service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1,				Regs for Existing	Recertificatio n, Life Safety	Recertificatio n, Life Safety														
	9.1.2	4		K307	Structures	Code	Code	Code	Code												
K 0753	Combustible Decorations – Combustible decorations shall be prohibited unless one of the following is met: o Flame																				
	retardant or treated with approved fire-retardant coating that																				
	is listed and labeled for product. o Decorations meet NFPA						1														1
	701. o Decorations exhibit heat release less than 100						1														1
	kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the																				
	walls, ceilings and non-fire-rated doors in accordance with																				
	18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing																				
	occupancies are in such limited quantities that a hazard of fire				Regs for	Recertificatio	Recertificatio														
	development or spread is not present.	2		K307	Existing Structures	n, Life Safety Code	n, Life Safety Code			l		1				1					1

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K 0908	Gas and Vacuum Piped Systems - Inspection and Testing			ACG_SCC_ID						emeger)					emager)		canger,				
	Operations: The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99)	3		K307	Regs for Existing Structures	Recertificatio n, Life Safety Code	Recertificatio n, Life Safety Code														
K 0911	Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS- 2567. Chapter 6 (NFPA 99)	4		K307	Regs for Existing Structures	Recertificatio n, Life Safety Code	Recertificatio n, Life Safety Code	Recertificatio n, Life Safety Code, Follow- up	Recertificatio n, Life Safety Code												
K 0914	Electrical Systems - Maintenance and Testing: Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months.			K307	Regs for Existing Structures	Recertificatio n, Life Safety Code	Recertificatio n, Life Safety Code		Recertificatio	Recertificatio n, Life Safety Code	Recertificatio n, Life Safety Code										
K 0914 (Cont.)	Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.36, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained or equivale tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)			K307	Regs for Existing Structures																
K 0918	Electrical Systems - Essential Electric System Maintenance and Testing: The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to anually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 limes a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of	3		K307	Regs for Existing Structures	Recertification n. Life Safety Code	Recertification n. Life Safety Code	Recertification n, Life Safety Code													
K 0918 (Cont.)	stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing and circuits are marked, readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations, 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	3		K307	Regs for Existing Structures	ar white	and the second	ar white													

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Tag	Regulation	Cites	# State Cites	Reg_Set_ID	Sets	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category
K 0919	Electrical Equipment - Other: List in the REMARKS section																				
l	any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are																				
	deficient. This information, along with the applicable Life																				
	Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99)				Regs for Existing	Complaint, Life Safety	Recertification														
		2		K307	Structures	Code	Code														
K 0920	Electrical Equipment - Power Cords and Extension Cords: Power strips in a patient care vicinity are only used for																				
	components of movable patient-care-related electrical																				
	equipment (PCREE) assembles that have been assembled by																				
	qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for				Regs for Existing	Recertificatio	Recertificatio n, Life Safety														
	non-	2		K307	Structures	Code	Code														
K 0920 (Cont.)	PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for																				
(COIII.)	PCREE meet UL 1363A or UL 60601-1. Power strips for non-																				
	PCREE in the patient care rooms (outside of vicinity) meet UL																				
	1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions.																				
	Extension																				
K 0920 (Cont.)	cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed																				
(Cont.)	immediately upon completion of the purpose for which it was																				
	installed and meets the conditions of 10.2.4., 10,2,3,6 (NFPA																				
QAPI	99), 10.2.4 (NFPA 99), 400-8	_																			
QAPI		5																			
A 0283	(b) Program Data (2) [The hospital must use the data collected																				
	to] (ii) Identify opportunities for improvement and changes that will lead to improvement. (c) Program Activities																				
	(1) The hospital must set priorities for its performance																				
	improvement activities that— (i) Focus on high-risk, high-																				
	volume, or problem-prone areas; (ii) Consider the incidence, prevalence, and severity of problems in those																				
A 0282 (Cont.)	areas; and (iii) Affect health outcomes, patient safety, and	2	!	FA28		Complaint	Complaint														
A 0203 (Cont.)	quality of care. (3) The hospital must take actions aimed at																				
	performance improvement and, after implementing those																				
	actions, the hospital must measure its success, and track performance to ensure that improvements are sustained.																				
				FA28																	—
A 0286	(a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows																				
	measurable improvement in indicators for which there is																				
	evidence that it will identify and reduce medical errors.																				
	(2) The hospital must measure, analyze, and trackadverse patient events (c) Program Activities (2) Performance																				
	improvement activities must track medical errors and																				
		1		FA28		Complaint	Complaint	Complaint													
A 0286 (Cont.)	adverse patient events, analyze their causes, and implement	ľ						- Janpanik													
	preventive actions and mechanisms that include feedback and																				
	learning throughout the hospital. (e) Executive Responsibilities, The hospital's governing body (or organized																				
	group or individual who assumes full legal authority and																				
	responsibility for operations of the hospital), medical staff, and	1								1											
	administrative officials are responsible			FA28																	
A 0286 (Cont.)	and accountable for ensuring the following: (3) That clear expectations for safety are established.	1		FA28						1											
Chief of Servi		0			·				1												
										1				1		1					
Psychiatric Se	rvices	0)																	
r sychiatric Se																					

X	WISCONSIN DEPARTMENT OF HEALTH SERVICES Hospital Citation Report for Janua (Tags must have been cited twice or more during the service of the	ary 1, 20																			
Tag	Regulation	# Fed Cites	# State Cites	Reg_Set_ID	Regulation	Deficiency #1 Survey Category	#2 Survey	Deficiency #3 Survey Category	Deficiency #4 Survey Category	#5 Survey	Deficiency #6 Survey Category	Deficiency #7 Survey Category	Deficiency #8 Survey Category	#9 Survey	Deficiency #10 Survey Category	Deficiency #11 Survey Category	#12 Survey	Deficiency #13 Survey Category	#14 Survey	#15 Survey	Deficiency #16 Survey Category
	Total Federal/State Cites:	239	3																		
	Total Cites:	242																			