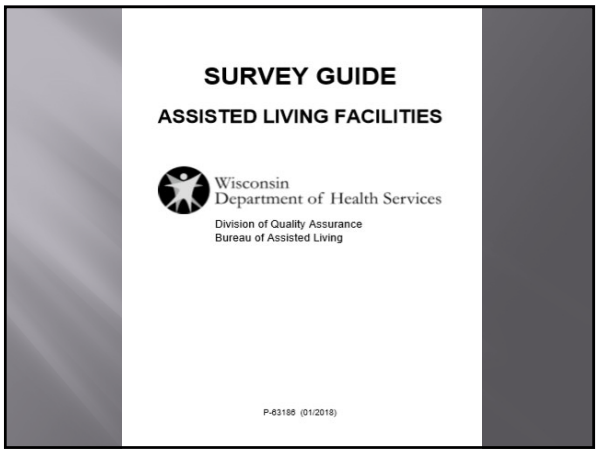
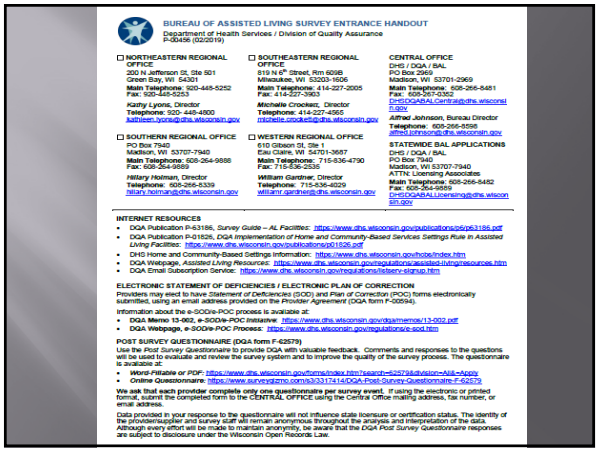
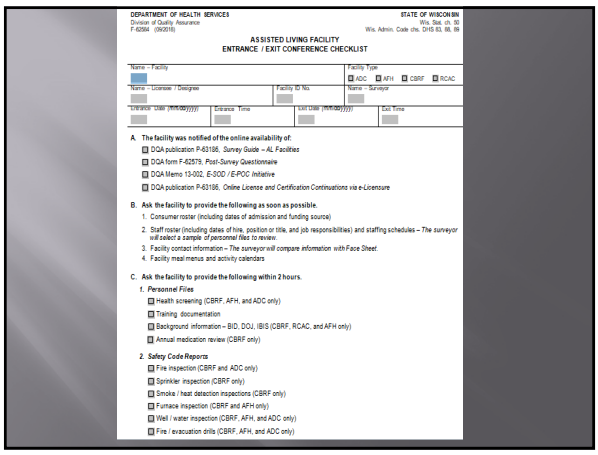

SURVEY GUIDE
ASSISTED LIVING FACILITIES
Wisconsin
Department of Health Services
Division of Quality Assurance
Bureau of Assisted Living
P-83186 (01/2018)

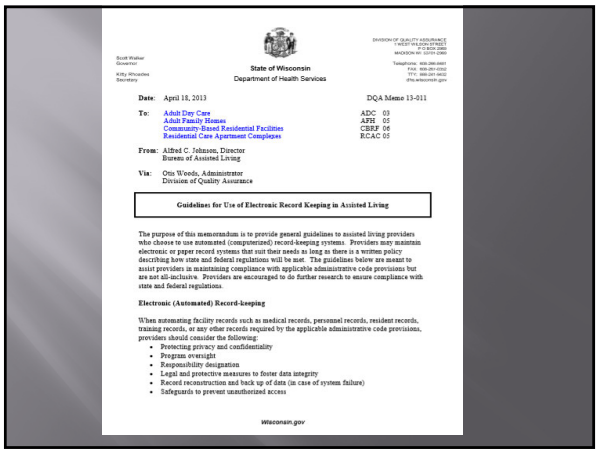
1


BUREAU OF ASSISTED LIVING SURVEY ENTRANCE HANDOUT
Department of Health Services / Division of Quality Assurance
P-80456 (02/2019)
NORTHEASTERN REGIONAL OFFICE
200 N Jefferson St, Ste 501
Green Bay, WI 54301
Main Telephone: 920-448-5252
Fax: 920-448-5253
Kathy Lyons, Director
Telephone: 920- 448-4800
kathleen.lyons@dhs.wisconsin.gov
SOUTHEASTERN REGIONAL OFFICE
819 N 6th Street, Rm 6098
Milwaukee, WI 53203-1606
Main Telephone: 414-227-2005
Fax: 414-227-3963
Michelle Crockett, Director
Telephone: 414-227-4565
michelle.crockett@dhs.wisconsin.gov
CENTRAL OFFICE
DHS / DQA / BAL
PO Box 2969
Madison, WI 53701-2969
Main Telephone: 608-266-8481
Fax: 608-267-0352
DHSDQABALCentral@dhs.wisconsin.gov
Alfred Johnson, Bureau Director
Telephone: 608-266-5596
alfred.johnsonjb@dhs.wisconsin.gov
SOUTHERN REGIONAL OFFICE
PO Box 7940
Madison, WI 53707-7940
Main Telephone: 608-264-9888
Fax: 608-264-9889
Hillary Holman, Director
Telephone: 608-266-8339
hillary.holman@dhs.wisconsin.gov
WESTERN REGIONAL OFFICE
610 Gibson St, Ste 1
Eau Claire, WI 54701-3667
Main Telephone: 715-836-4790
Fax: 715-836-2536
William Gardner, Director
Telephone: 715-836-4029
williamr.gardner@dhs.wisconsin.gov
STATEWIDE BAL APPLICATIONS
DHS / DQA / BAL
PO Box 7940
Madison, WI 53707-7940
ATTN: Licensing Associates
Main Telephone: 608-266-8482
Fax: 608-264-9889
DHSDQABALLicensing@dhs.wisconsin.gov
INTERNET RESOURCES
DQA Publication P-83186, Survey Guide – AL Facilities: https://www.dhs.wisconsin.gov/publications/p6/p83186.pdf
DQA Publication P-01826, DQA Implementation of Home and Community-Based Services Settings Rule in Assisted Living Facilities: https://www.dhs.wisconsin.gov/publications/p01/p01826.pdf
DHS Home and Community-Based Settings Information: https://www.dhs.wisconsin.gov/hcbs/index.htm
DQA Webpage, Assisted Living Resources: https://www.dhs.wisconsin.gov/regulations/assisted-living/resources.htm
DQA Email Subscription Service: https://www.dhs.wisconsin.gov/regulations/listserv-signup.htm
ELECTRONIC STATEMENT OF DEFICIENCIES / ELECTRONIC PLAN OF CORRECTION
Providers may elect to have Statement of Deficiencies (SOD) and Plan of Correction (POC) forms electronically submitted, using an email address provided on the Provider Agreement (DQA form F-00894).
Information about the e-SOD/e-POC process is available at:
DQA Memo 13-002, e-SOD/e-POC Initiative: https://www.dhs.wisconsin.gov/dqa/memos/13-002.pdf
DQA Webpage, e-SOD/e-POC Process: https://www.dhs.wisconsin.gov/regulations/e-sod.htm
POST SURVEY QUESTIONNAIRE (DQA form F-62579)
Use the Post Survey Questionnaire to provide DQA with valuable feedback. Comments and responses to the questions will be used to evaluate and review the survey system and to improve the quality of the survey process. The questionnaire is available at:
Word-Fillable or PDF: https://www.dhs.wisconsin.gov/forms/index.htm?search=62579&division=All&=Apply
Online Questionnaire: https://www.surveygizmo.com/s3/3317414/DQA-Post-Survey-Questionnaire-F-62579
We ask that each provider complete only one questionnaire per survey event. If using the electronic or printed format, submit the completed form to the CENTRAL OFFICE using the Central Office mailing address, fax number, or email address.
Data provided in your response to the questionnaire will not influence state licensure or certification status. The identity of the provider/supplier and survey staff will remain anonymous throughout the analysis and interpretation of the data. Although every effort will be made to maintain anonymity, be aware that the DQA Post Survey Questionnaire responses are subject to disclosure under the Wisconsin Open Records Law.

2


DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
F-62894 (09/2018)
STATE OF WISCONSIN
Wis. Stat. ch. 50
Wis. Admin. Code chs. DHS 83, 88, 89
ASSISTED LIVING FACILITY
ENTRANCE / EXIT CONFERENCE CHECKLIST
Name – Facility
Facility Type
ADC AFH CBRF RCAC
Name – Licensee / Designee
Facility ID No.
Name – Surveyor
Entrance Date (mm/dd/yyyy)
Entrance Time
Exit Date (mm/dd/yyyy)
Exit Time
A. The facility was notified of the online availability of:
DQA publication P-83186, Survey Guide – AL Facilities
DQA form F-62579, Post-Survey Questionnaire
DQA Memo 13-002, E-SOD / E-POC Initiative
DQA publication P-83186, Online License and Certification Continuations via e-Licensure
B. Ask the facility to provide the following as soon as possible.
1. Consumer roster (including dates of admission and funding source)
2. Staff roster (including dates of hire, position or title, and job responsibilities) and staffing schedules – The surveyor will select a sample of personnel files to review.
3. Facility contact information – The surveyor will compare information with Face Sheet.
4. Facility meal menus and activity calendars
C. Ask the facility to provide the following within 2 hours.
1. Personnel Files
Health screening (CBRF, AFH, and ADC only)
Training documentation
Background information – BID, DOJ, IBIS (CBRF, RCAC, and AFH only)
Annual medication review (CBRF only)
2. Safety Code Reports
Fire inspection (CBRF and ADC only)
Sprinkler inspection (CBRF only)
Smoke / heat detection inspections (CBRF only)
Furnace inspection (CBRF and AFH only)
Well / water inspection (CBRF, AFH, and ADC only)
Fire / evacuation drills (CBRF, AFH, and ADC only)

3



State of Wisconsin
Department of Health Services

Date: April 18, 2013 DQA Memo 13-011

To: Adult Day Care ADC 03
Adult Family Homes AFH 05
Community-Based Residential Facilities CBRF 06
Residential Care Apartment Complexes RCAC 05

From: Alfred C. Johnson, Director
Bureau of Assisted Living

Via: Otis Weeds, Administrator
Division of Quality Assurance

Guidelines for Use of Electronic Record Keeping in Assisted Living

The purpose of this memorandum is to provide general guidelines to assisted living providers who choose to use automated (computerized) record-keeping systems. Providers may maintain electronic or paper record systems that suit their needs as long as there is a written policy describing how state and federal regulations will be met. The guidelines below are meant to assist providers in maintaining compliance with applicable administrative code provisions but are not all-inclusive. Providers are encouraged to do further research to ensure compliance with state and federal regulations.

Electronic (Automated) Record-keeping

When automating facility records such as medical records, personnel records, resident records, training records, or any other records required by the applicable administrative code provisions, providers should consider the following:

- Protecting privacy and confidentiality
- Program oversight
- Responsibility designation
- Legal and protective measures to foster data integrity
- Record reconstruction and back up of data (in case of system failure)
- Safeguards to prevent unauthorized access

Wisconsin.gov

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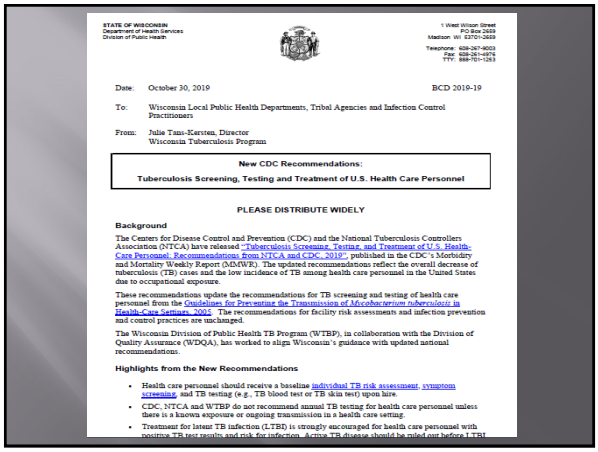

STATE OF WISCONSIN
Department of Health Services
Division of Public Health

Date: October 30, 2019 BCD 2019-19

To: Wisconsin Local Public Health Departments, Tribal Agencies and Infection Control Practitioners

From: Julie Tans-Kersten, Director
Wisconsin Tuberculosis Program

New CDC Recommendations:
Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel

PLEASE DISTRIBUTE WIDELY

Background

The Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association (NTCA) have released "Tuberculosis Screening, Testing, and Treatment of U.S. Health-Care Personnel: Recommendations from NTCA and CDC, 2019", published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The updated recommendations reflect the overall decrease of tuberculosis (TB) cases and the low incidence of TB among health care personnel in the United States due to occupational exposure.

These recommendations update the recommendations for TB screening and testing of health care personnel from the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. The recommendations for facility risk assessments and infection prevention and control practices are unchanged.

The Wisconsin Division of Public Health TB Program (WTBP), in collaboration with the Division of Quality Assurance (WDQA), has worked to align Wisconsin's guidance with updated national recommendations.

Highlights from the New Recommendations

- Health care personnel should receive a baseline individual TB risk assessment, symptom screening, and TB testing (e.g., TB blood test or TB skin test) upon hire.
- CDC, NTCA and WTBP do not recommend annual TB testing for health care personnel unless there is a known exposure or ongoing transmission in a health care setting.
- Treatment for latent TB infection (LTBI) is strongly encouraged for health care personnel with positive TB test results and risk for infection. Active TB disease should be ruled out before LTBI

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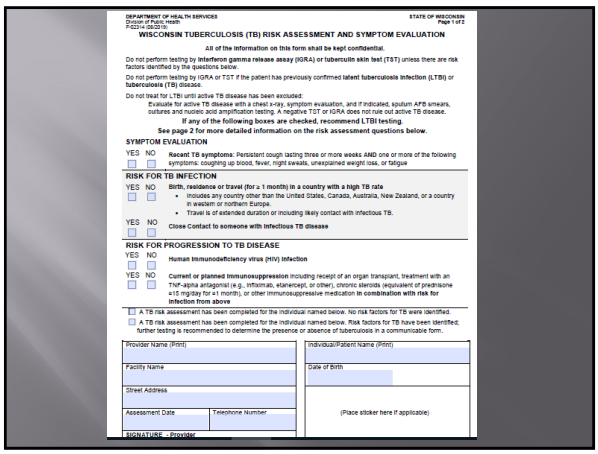


DEPARTMENT OF HEALTH SERVICES
Division of Public Health
P-42214 (08/2019)

STATE OF WISCONSIN
Page 1 of 2

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

All of the information on this form shall be kept confidential.

Do not perform testing by **interferon gamma release assay** (IGRA) or **tuberculin skin test** (TST) unless there are risk factors identified by the questions below.

Do not perform testing by IGRA or TST if the patient has previously confirmed **latent tuberculosis infection (LTBI)** or **tuberculosis (TB) disease.**

Do not treat for LTBI until active TB disease has been excluded:
Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.
See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO **Recent TB symptoms:** Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

RISK FOR TB INFECTION

YES NO **Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate**
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO **Close Contact to someone with infectious TB disease**

RISK FOR PROGRESSION TO TB DISEASE

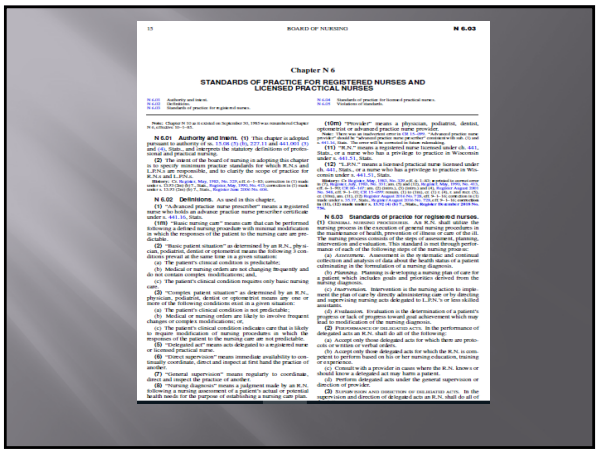
YES NO **Human immunodeficiency virus (HIV) infection**

YES NO **Current or planned immunosuppression** including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication **in combination with risk for infection from above**

☐ A TB risk assessment has been completed for the individual named below. No risk factors for TB were identified.
☐ A TB risk assessment has been completed for the individual named below. Risk factors for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Provider Name (Print)		Individual/Patient Name (Print)
Facility Name		Date of Birth
Street Address		(Place sticker here if applicable)
Assessment Date	Telephone Number	
SIGNATURE - Provider		

6



15 BOARD OF NURSING N 6.03

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.
N 6.02 Definitions.
N 6.03 Standards of practice for registered nurses.
N 6.04 Standards of practice for licensed practical nurses.
N 6.05 Violations of standards.

Note: Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10–1–85.

N 6.01 Authority and intent. (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (2) and (4), Stats., and interprets the statutory definitions of professional nursing and practice.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

History: Cr. Register, May, 1985, No. 353, eff. 6–1–85; correction in (2) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1995, No. 473; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, December, 2000, No. 540.

N 6.02 Definitions. As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advanced practice nurse prescriber certificate under s. 441.16, Stats.

(1m) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

(a) The patient's clinical condition is predictable;

(b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

(c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

(a) The patient's clinical condition is not predictable;

(b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or

(c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse.

(6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

(8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.

(10m) "Provider" means a physician, podiatrist, dentist, optometrist or advanced practice nurse prescriber.

(11) "Registered nurse" or "R.N." means a person licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

(12) "L.P.N." means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

History: Cr. Register, May, 1985, No. 353, eff. 6–1–85; amended to correct error in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1995, No. 473, eff. 6–1–95; CR 00–148; am. (1) (intro.), (2) (intro.) and (3), Register August 2001 No. 548, eff. 9–1–01; CR 07–099: renum. (1) to (1m), (2) and (3), (5) to (8) and (10) to (12) and am. (1m), cr. (1), (10m) and (11m), r. (9), Register December 2008 No. 636, eff. 1–1–09; correction in (10m), (11) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 660; (11) made under s. 35.93 (4) (b) 7., Stats., Register December 2013 No. 701.

N 6.03 Standards of practice for registered nurses. (1) GENERAL NURSING PROCESSES. As R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of assessment, planning, implementation and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient which includes pertinent medical history.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Implementation.* Implementation is the nursing action to implement the nursing plan of care which includes direct care, delegation and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may result in revision of the nursing plan of care.

(2) PERFORMANCE OF DELEGATED ACTS. In the performance of delegated acts an R.N. shall do all of the following:

(a) Accept only those delegated acts for which there are protocols or written or verbal orders.

(b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of provider.

(3) SUPERVISION AND DIRECTION OF DELEGATED ACTS. In the supervision and direction of delegated acts an R.N. shall do all of

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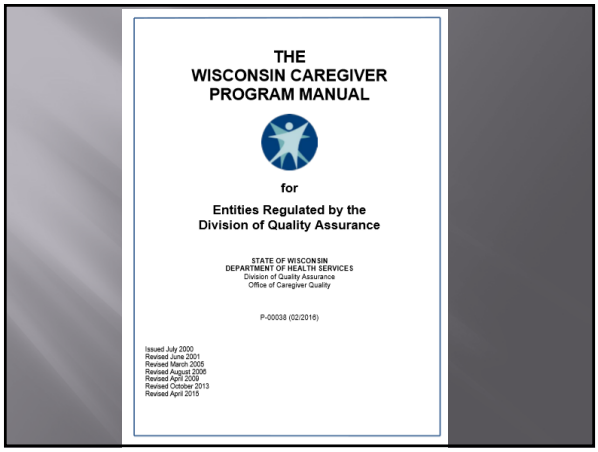


THE
WISCONSIN CAREGIVER
PROGRAM MANUAL

for

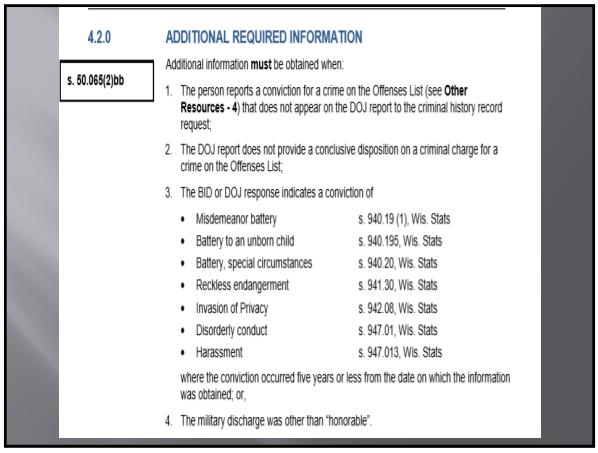
Entities Regulated by the
Division of Quality Assurance

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Office of Caregiver Quality

P-00038 (02/2016)

Issued July 2000
Revised June 2001
Revised March 2005
Revised August 2006
Revised April 2009
Revised October 2013
Revised April 2015

8



4.2.0 ADDITIONAL REQUIRED INFORMATION

s. 50.065(2)bb

Additional information **must** be obtained when:

1. The person reports a conviction for a crime on the Offenses List (see **Other Resources - 4**) that does not appear on the DOJ report to the criminal history record request;
2. The DOJ report does not provide a conclusive disposition on a criminal charge for a crime on the Offenses List;
3. The BID or DOJ response indicates a conviction of
   - Misdemeanor battery — s. 940.19 (1), Wis. Stats
   - Battery to an unborn child — s. 940.195, Wis. Stats
   - Battery, special circumstances — s. 940.20, Wis. Stats
   - Reckless endangerment — s. 941.30, Wis. Stats
   - Invasion of Privacy — s. 942.08, Wis. Stats
   - Disorderly conduct — s. 947.01, Wis. Stats
   - Harassment — s. 947.013, Wis. Stats

   where the conviction occurred five years or less from the date on which the information was obtained; or,
4. The military discharge was other than "honorable".

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