83.12 Investigation, notification and reporting requirements

Q. Someone with diabetes has suffered a heart attack and then is admitted to the hospital. Is this a reportable incident? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. This would not be a reportable incident or accident because heart disease is a common complication of diabetes and to have a resident who is admitted because of a disease does not need to be reported to us.

83.12 Investigation, notification and reporting requirements

Q. A resident has increased suffering due to Parkinson's disease falls and sustains a hip fracture requiring hospitalization. Is this a reportable incident? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes it is reportable because the fall itself is not a natural progression of the disease process and is unintended.

83.12 Investigation, notification and reporting requirements

Q. A resident falls and hurts their ankle and is taken to the emergency room. An X-Ray is taken and revels no fracture, the ankle is wrapped and the resident is sent home. Is this a reportable incident? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. This is a non-reportable incident because there is no serious treatment give at the emergency room.

83.12 Investigation, notification and reporting requirements

Q. An X-Ray is taken and reveals a fracture, the ankle is capped and the resident returns home. Is this a reportable incident? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes, this is a reportable incident.

83.12 Investigation, notification and reporting requirements

Q. Is there any specific format for reporting an incident? Posted 6/2/09*Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. There is not specific form/format for reporting. We ask that the staff describe in as much detail that they can of what occurred and what the reportable incident is so the department can make a decision on how to proceed. Documenting as much information possible saves footwork, paperwork by the department and may avoid an onsite visit.

83.12 Investigation, notification and reporting requirements

Q. Who do we report a reportable incident to? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Report to the regional director

83.12 Investigation, notification and reporting requirements

Q. What are the e-mail addresses? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. The department website has all of the regions listed with their directors', addresses, telephone numbers, e-mail addresses etc. All e-mails are firstname.lastname.@wisconsin.gov

DHS 83.12 Investigation, notification and reporting requirements

Q. Can the report be sent by e-mail? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Not many reports come in that way. If regional director is on vacation and it is a very serious incident, it may cause problems. You should send an e-mail to your regional director and ask them how you should report incidents.

83.12 Investigation, notification and reporting requirements

Q. Does the diagnosis for admission have to directly relate to the incident? Example is of the resident being taken to the emergency room because they hurt their ankle. X-rays were taken etc., nothing was found, but resident was originally taken to the emergency room because of dehydration not because of their ankle. Is that reportable? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. No because it is not a result of an incident or accident.

83.12 Investigation, notification and reporting requirements

Q. What about a mental health client who has many unsubstantiated emergency room visits. If there isn't anything wrong should each and every visit still be reported? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Not reportable, but documentable.

83.12 Investigation, notification and reporting requirements

Q. How does the department handle incidents reported? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. There are 3 decision points on how department handles incidents reported. 1. Open for investigation 2. Look into the next time we are out visiting your facility. 3. File. Not getting any more info from facility about incident then what is already reported. Facility has a good history of reporting complete information.

This is why getting as much information about incident in initial reporting is highly recommended.

83.21 All Employee Training
83.22 Task Specific Training

Q. Can current department approved training programs be used to fulfill requirements under DHS 83.21 and 83.22? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes, those department-approved courses can be used to fulfill those requirements as long as there is some revision made to it. With in each of those areas: all employee training and task specific training, we have topic specific areas that need to be covered. You need to make sure the curriculum you are using is covering all of those topic areas. For example under all employee training for client groups the specific training topics shall include as applicable characteristics of the client group served, activities, safety risks, environmental considerations, the disease process, communication skills, nutritional needs, and vocational abilities. So you can certainly use your department-approved training that you have in the past as long as it covers all of those areas and if it does not make sure you modify it and revise it so that it does.

NOTE: If there are revisions that are being made to those department approved training programs they do not have to be submitted to the department for further approval.

83.21 All Employee Training
83.22 Task Specific Training
Q. Is there training content that needs to be filed for training required in DHS 83.21 and 83.22? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes, the rules specify those topic areas that each training needs to cover. Develop your training around those training topics that are required.

DHS 83.25 Continuing Education

Q. Can videos be used to meet continuing education requirements and who is qualified to provide continuing education training? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. A component of education is to insure the transfer of knowledge to the learner. We want to be cautious, and the use of videos alone doesn't necessarily ensure this transfer. We recommend videos be used as a supplement to other teaching methods. Although, there is no specific requirement for trainers providing continuing education, but the trainer must have sufficient knowledge and confidence to effectively transfer that knowledge to the learner. Videos can be used to supplement continuing education requirements but it should not be used as the full training method.

DHS 83.25 Continuing Education

Q. Does DHS 83.25 require that initial training be repeated in the 6 areas? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. It is required that 15 hours of continuing education needs to be completed every calendar year and we have identified 6 areas that need to be covered; Standard Precautions, Client Groups, Medications, Resident Rights, and Prevention and Reporting of Abuse and Neglect, and Misappropriations. The intent of the continuing education requirement in those 6 areas is to be offered as a refresher. You're probably going to have shorter training in those 6 areas than you would in your initial training.

DHS 83.25 Continuing Education

Q. For the year 2009 is 15 hours of continuing education required? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes. As our surveyors start coming out in 2010 and start looking for the continuing education requirements that you completed in 2009, they'll be looking to be sure that 15 hours have been completed.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

The rule states that annually or when there is a change in a resident's needs, abilities, physical or mental condition the individual service plan should be reviewed and revised based on the assessment under sub. 1. All reviews of the ISP shall include input from the resident or legal representative, case manager, resident care staff, and other service care providers as appropriate. The resident or residents legal representative shall sign the ISP acknowledging their involvement in, understanding of and agreement of the ISP.

Q. Is the omission of the term significant change of condition in 83.35 (3)(d) intentional? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes. The requirement states ANNUALLY, or when there is a CHANGE in a resident's needs, NOT when there is a SIGNIFICANT CHANGE in a resident's needs. We do define significant change in condition under 83.02 (52). We only reference that in the requirement under 83.12 (5)(a) Notification Requirements and 83.42 (1) (j) Documentation of a Residents Records. "Significant change in a resident's physical or mental condition" means one or more of the following:
(a) Decline in a resident's medical condition that results in further impairment of a long term nature.
(b) Decline in 2 or more activities of daily living.
(c) A pronounced decline in communication or cognitive abilities.
(d) Decline in behavior or mood to the point where relationships have become problematic.
(e) Significant improvement in any of the conditions in pars. (a) to (d).

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. When does the ISP need to be revised? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. At a minimum the ISP should be revised whenever there is a change in a resident needs, abilities, physical or mental condition.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. When is it necessary to obtain input from the resident, legal representative case manager, resident care staff and or other service care providers? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Reviews of the ISP must include input from the resident, legal representative, case manager, resident care staff and or other service care providers as appropriate. Professional judgment should be used in determining who would be appropriate to provide input and can assist in the development of the ISP. When you are trying to determine when to get input from others determine if this is something that is going to affect the resident and how you do things to care for resident, then we want input from family,

and the resident. If there is someone who was initially deemed power of attorney and made financial decisions, health care decisions etc., and is no longer able to do so, the need to determine who is going to make those decisions, who needs to be informed must be made. For example if resident loses a spouse or other loved one, this does not define 'significant change of condition', but does have a huge impact on the resident and will be a case where it affects them physically, emotionally etc. In this situation it would be very appropriate to get a group of people together to talk about how they can support this resident during this time, what the staff need to do.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. When is it necessary to have the resident or the resident's legal representative sign the ISP? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. The rule implies that all ISP revisions require signatures. The department understands that to do so could be burdensome. The department expects that at a minimum that signatures are obtained annually and when there is a substantial change in a resident's needs, abilities, physical or mental condition. Every little change that you make to the ISP does not need signature. But at the minimum, you would need to have these signatures annually and especially when there is a substantial change.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. What about residents that make their own decisions. They come and tell us when their appointments are etc. Is their signature alone enough? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. If they do not have a representative then that, yes this is applicable. There might be situations when you need to pull other people in so it is going to depend. This should be part of the admission process to find out who is important to the resident. They may want a specific person to be involved even if they are capable of making their own decisions and scheduling their own appointments.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. What if there is someone who lives out of state and will not be able to come in and sign? Is documentation of the telephone conversation, what was said, what will be done etc. sufficient? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Send the ISP to them and have them sign and send it back. If the department does not see the signature immediately that is Ok, they are just looking for compliance with the spirit and intent of this law. If you document everything and make adequate effort to comply with the regulation this is sufficient.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. There is a conference, the ISP is mailed out and is never mailed back. What then? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Document everything and pursue the case as much as possible. The department is looking for intent. If there is a phone call and the person has no idea what you are talking about, that would take on different actions than if there is a phone call and the person is well aware of what is going on and just did not have time or forgot to mail the ISP back.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. Could you send copies of the ISP and just get a confirmation e-mail of the person out of town receiving the document? Would this be sufficient? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Just getting a confirmation would be documentation that the ISP was sent and received. And may help get the signature and ISP back in a timely manner. We do need the ISP signed and returned.

83.35 (3)(d)Assessment, individual service plan and evaluations - Individual Service Plan Review (ISP)

Q. Can we create our own ISP forms? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes, the department currently does not have a required ISP form.

83.37 (2)(e) Medications - Medication Administration

DHS 83.37 (2)(e) states: Injectables, nebulizers, stomal and internal medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non−licensed employees pursuant to s. N 6.03 (3).

Q. Under 83.37 (2)(e) Can CNA's insert suppositories? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes, if it has been delegated to the CAN by a registered nurse under N 6.03 (3)

DHS 83.43 (2)Furnishings and Equipment - Bedroom Furnishings

Q. Does 83.43 (2) Require that the CBRF to provide bedroom furnishings at no cost? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Yes.

DHS 83.43 (2)Furnishings and Equipment - Bedroom Furnishings

Q. Can the CBRF require that the individual provide their own bedroom furnishings? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. No. It does, however, allow them to bring their own and we like to see that, but it does not require them to do so.

DHS 83.43 (2)Furnishings and Equipment - Bedroom Furnishings

Q. Do we need to document if the resident has their own and we offered them ours, and using their own is their decision? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. If they have their own that's their decision. But if in our interviews we find that it was their only choice then the CBRF would be in the wrong. Documentation never hurts.

DHS 83.43 (2)Furnishings and Equipment - Bedroom Furnishings

Q. What happens when the resident passes on and they supplied their own furniture, and we make every attempt to contact the guardian etc. to have it moved. What is the time frame before we can move it ourselves? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. 83.31 (5) REMOVAL OR DISPOSAL OF RESIDENT'S BELONGINGS. If a resident or the resident's representative does not remove the resident's belongings within 30 days after discharge, the CBRF may dispose of the belongings. This subsection does not apply to a resident who absconds from the CBRF and who is under the custody of a government correctional agency or under the legal jurisdiction of a criminal court and for whom there is an apprehension order. It is recommended to add this statement to the admission agreement and let the family know ahead of time what will be expected of them.

DHS 83.45 (3) Building Maintenance and Site - Toxic Substances.

DHS 83.45 (3) TOXIC SUBSTANCES. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.

Q. Does secured mean locked? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. This is going to vary for each facility depending on the cognitive and physical abilities of the person served. In this requirement secured means that residents are protected from dangers of toxic substances and in some cases secured means locked.

83.47 (2)(a) 1. Fire Safety Requirements - Emergency and Disaster Plan

83.47 (2)(a) Emergency and Disaster Plan. Procedures for orderly evacuation or other department–approved response during an emergency or disaster. The plan shall include procedures for any resident who refuses to follow evacuation or emergency procedures.

Q. Does 83.47 (2)(a)1 require procedures for any resident who refuses to follow evacuation or emergency procedures does the department have expectations as to what specific actions a facilities should take in this event? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Facilities should assess residents for evacuation under 83.35 (5) and identify steps for staff to follow for those residents that refuse to follow emergency procedures including any verbal or physical prompting, teaching or positive reinforcement that might need to occur to assist that resident. In the event that the person's life is in danger it is expected that the facility take whatever steps necessary to remove that resident from danger.

83.47 (2)(a) 1. Fire Safety Requirements - Emergency and Disaster Plan

Q. What if a staff person refuses to remove a resident that is unwilling to comply with the emergency procedures and there is a definite threat to their life? Ex. Tornado is approaching and everyone has to move into the basement. Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Life and safety trump the resident's non-compliance. However you can move the resident in the least restrictive manner. Don't drag the person down and harm them, but this is where the assessment part is very important. What are those triggers that will really get that resident compliant? Have a back up plan that all staff knows about and works.

DHS 83.55 (3)Bath and Toilet Areas - Hand Drying

83.55(3) All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom.

Q. Does 83.55 (3) Require that single use paper towels be dispensed from an enclosed towel dispenser? Does this refer to all sink areas such as kitchen and utility or only bathrooms? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*

A. 83.55 (3) Applies to only bath and toilet areas. Refer to 83.41 (3)(a) 2. The CBRF shall provide hand-washing facilities in the kitchen for use by food handlers. Use of a common towel is prohibited. The intent is for communal bathrooms that you have some type of dispensing unit for paper towels, cloth towels or a hand dryer. For individual resident bedrooms you don't need this.

DHS 83.55 (3)Bath and Toilet Areas - Hand Drying

Q. We have had issues with over use of paper towels and plugging toilets etc. What can we do in this situation? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. Get a hand dryer.

DHS 83.59 (7) Exits and Passageways – Emergency Lighting

Q. Regarding lighted passageways and exits, does it include just primary and secondary or does it include ALL exits? Posted 6/2/09 *Transcribed by WALA from information from BAL staff at the May 12, 2009 AL Forum*
A. An exit means any standard exit doors opening to passageways or grade, exit passageways, fire escapes, and stairways are specified in ch. Comm 61. The requirement is ALL exit passageways and stairways shall be provided with emergency egress lighting with a stand-by a power source. All required exit signs shall be lighted at all times. In case the lighting goes out in the building, you need to be able see to get out. The two major exits must have signs and all other exits must be lighted.