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CERTIFICATE

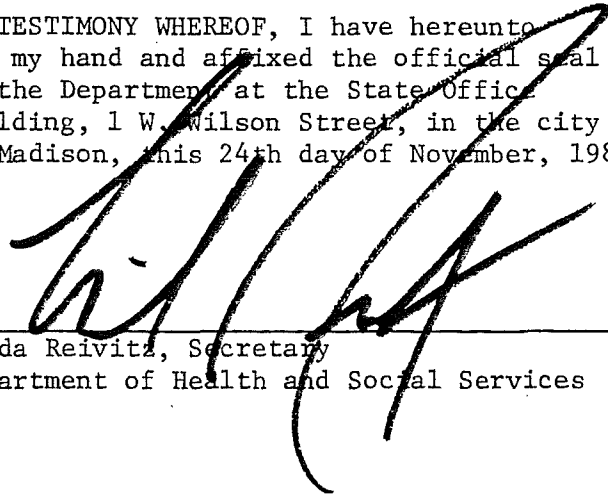
STATE OF WISCONSIN )  
 ) SS  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Linda Reivitz, Secretary of the Department of Health and Social Services and custodian of the official records of said Department, do hereby certify that the annexed rules relating to short-term care provided by nursing homes were duly approved and adopted by this Department on November 24, 1986.

I further certify that this copy has been compared by me with the original on file in this Department and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 24th day of November, 1986.



SEAL:

Linda Reivitz, Secretary  
Department of Health and Social Services

**RECEIVED**

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ORDER OF  
THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
RENUMBERING, AMENDING, REPEALING AND RECREATING AND CREATING RULES

To renumber HSS 132.52(1) to (5); to amend HSS 132.31(1)(d)1, 132.45(5)(intro.), (b)1e, 2a and 3, (c)1 and 2, (d)1, (e) and (g), 132.53(3)(b)2, and 132.60(8)(a); to repeal and recreate HSS 132.61(2)(b); and to create HSS 132.13(17m), (19g) and (19r), 132.52(1), 132.53(2)(b)8, and 132.70, relating to short-term care in nursing homes.

Analysis Prepared by the Department of Health and Social Services

Currently the Department's rules for the admission, evaluation and care of nursing home residents do not distinguish between short-term residents and long-term residents. The same requirements apply to the admission, evaluation and care of all residents. But for a person admitted to a nursing home who is expected to stay there for only a few weeks, the more elaborate requirements intended to ensure and document good care for longer-term residents are unnecessary and add, unnecessarily, to nursing home costs.

Section 50.02(3)(d), Stats., as created by 1985 Wisconsin Act 29, directs the Department to promulgate special rules for the admission, evaluation and care of short-term nursing home residents that, in the case of these residents, will take the place of more elaborate requirements that will continue to apply in the case of long-term residents.

These are the rules to implement s. 50.02(3)(d), Stats. They identify two types of short-term residents, those who need nursing home care for up to 90 days while they are recuperating from an illness, an injury or another medical condition, and those who need nursing home care for up to 28 days in order to give their relatives or other usual caregivers respite from the demands of providing daily care. For these residents nursing homes have fewer requirements placed on them in regard to admission procedures, the information that must be disclosed to new residents on admission, required physician visits in the case of respite care residents, medications, the predischARGE planning conference for recuperative care residents, and the contents of medical records.

Pursuant to the authority vested in the Department of Health and Social Services by s. 50.02(3)(d), Stats., as created by 1985 Wisconsin Act 29, the Department of Health and Social Services hereby adopts rules interpreting s. 50.01(5m), (6g) and (6r), Stats., and s. 50.02(3)(d), Stats., as created by 1985 Wisconsin Act 29, as follows:

SECTION 1. HSS 132.13(17m), (19g), and (19r) are created to read:

HSS 132.13(17m) "Recuperative care" means care anticipated to be provided for a period of 90 days or less for a resident whose physician has certified that he or she is convalescing or recuperating from an illness or a medical treatment.

(19g) "Respite care" means care anticipated to be provided for a period of 28 days or less for the purpose of temporarily relieving a family member or other caregiver from his or her daily caregiving duties.

(19r) "Short-term care" means recuperative care or respite care.

SECTION 2. HSS 132.31(1)(d)1 is amended to read:

HSS 132.31(1)(d)1 'Terms'. No ~~resident person shall~~ may be admitted to a facility without a signed that person or that person's guardian or designated representative signing an acknowledgement of having received a statement of information before or on the day of admission which includes contains at least the following information or, in the case of a person to be admitted for short-term care, the information required under s. HSS 132.70(3):

SECTION 3. HSS 132.45(5)(intro.), (b)1e, 2a and 3, (c)1 and 2, (d)1, (e) and (g) are amended to read:

HSS 132.45(5) MEDICAL RECORDS - CONTENT. (intro.) Except for persons admitted for short-term care, to whom s. HSS 132.70(7) applies, Each each resident's medical record shall contain:

(b)1e. The results of the physical examination required by HSS 132.52 ~~(2)~~ (3); and

2.a. Admission to the facility as required by s. HSS 132.52 ~~(1)~~ (2)(a);

3. Physician progress notes following each visit as required by s. HSS 132.61(2)(b) ~~5~~ 6;

(c) Nursing service documentation. 1. A history and assessment of the resident's nursing needs as required by s. HSS 132.52 ~~(4)~~ (5);

2. Initial care plan as required by s. HSS 132.52 ~~(3)~~ (4), and the care plan required by s. HSS 132.60(8);

(d) Social service records. 1. A social history of the resident as required by s. HSS 132.52 ~~(5)~~ (6); and

(e) Activities records. Documentation of activities programming, a history and assessment as required by s. HSS 132.52 ~~(5)~~ (6), a summary of attendance, and quarterly progress notes.

(g) Dietary assessment. Record of the dietary assessment required by s. HSS 132.52 ~~(5)~~ (6).

SECTION 4. HSS 132.52(1) to (5) are renumbered HSS 132.52(2) to (6).

SECTION 5. HSS 132.52(1) is created to read:

HSS 132.52(1) The procedures in this section apply to all persons admitted to facilities except persons admitted for short-term care. Section HSS 132.70(2) applies to persons admitted for short-term care.

SECTION 6. HSS 132.53(2)(b)8 is created to read:

HSS 132.53(2)(b)8 If the short-term care period for which the resident was admitted has expired.

SECTION 7. HSS 132.53(3)(b)2 is amended to read:

HSS 132.53(3)(b)2 Unless the resident is receiving respite care or unless precluded by circumstances posing a danger to the health, safety or welfare of a resident, prior to any involuntary removal under sub. (2)(b), a planning conference shall be held with the resident, guardian, if any, any appropriate county agency, and others designated by the resident, including the resident's physician, to review the need for relocating, assess the effect of relocation on the resident, discuss alternative placements, and develop a relocation plan which includes at least those activities listed in subd. 3.

Note: The discharge planning conference requirement for a resident receiving recuperative care is found in s. HSS 132.70(6).

SECTION 8. HSS 132.60(8)(a) is amended to read:

HSS 132.60(8)(a) Except in the case of a person admitted for short-term care, ~~Within~~ within 4 weeks following admission a written care plan shall be developed, based on the resident's history and assessments from all appropriate disciplines and the physician's evaluation and orders, as required by s. HSS 132.52, ~~and~~ which shall include:

1. Realistic goals, with specific time limits for attainment; and
2. The methods for delivering needed care, and indication of which professional disciplines are responsible for delivering ~~such~~ the care.

Note: For requirements upon admission, see s. HSS 132.52. For requirements for short-term care residents, see s. HSS 132.70(2).

SECTION 9. HSS 132.61(2)(b) is repealed and recreated to read:

HSS 132.61(2)(b) Physicians' visits. 1. Each resident who requires skilled nursing care shall be seen by a physician at least every 30 days, unless the physician specifies and justifies in writing an alternate schedule of visits.

2. Each resident who does not require skilled nursing care shall be seen by a physician at least every 90 days, unless the physician specifies and justifies in writing an alternate schedule of visits.

3. In no case may a physician's alternate schedule specify fewer than one visit annually.

4. The physician shall review the plan of care required under s. HSS 132.52(1)(b) at the time of each visit.

5. The physician shall review the resident's medications and other orders at least at the time of each visit.

Note: For review by a registered nurse, see s. HSS 132.60(5)(a)4.

6. The physician shall write, date and sign a note on the resident's progress at the time of each visit.

7. Physician visits are not required for respite care residents except as provided under s. HSS 132.70(5).

SECTION 10. HSS 132.70 is created to read:

HSS 132.70 SPECIAL REQUIREMENTS WHEN PERSONS ARE ADMITTED FOR SHORT-TERM CARE. (1) SCOPE. The requirements in this section apply to all facilities that admit persons for short-term care when they admit, evaluate or provide care for these persons. Short-term care is for either respite or recuperative purposes. Except as specified in this section, all requirements of this chapter, including s. HSS 132.51, apply to all facilities that admit persons for short-term care.

(2) PROCEDURES FOR ADMISSION. (a) Respite care. For a person admitted to a facility for respite care, the following admission procedures shall be carried out in place of the requirements under ss. HSS 132.52 and 132.60(8):

1. A registered nurse or physician shall complete a comprehensive resident assessment of the person prior to or on the day of admission. This comprehensive assessment shall include evaluation of the person's medical, nursing, dietary, rehabilitative, pharmaceutical, dental, social and activity needs. The consulting or staff pharmacist shall participate in the comprehensive assessment as provided under sub. (4)(a). As part of the comprehensive assessment, when the registered nurse or physician has identified a need for a special service, staff from the discipline that provides the service shall, on referral from the registered nurse or physician, complete a history and assessment of the person's prior health and care in that discipline. The comprehensive resident assessment shall include:

a. A summary of the major needs of the person and of the care to be provided;

b. A statement from the attending physician that the person is free from tuberculosis and other clinically apparent communicable diseases; and

c. The attending physician's plans for discharge.

2. The registered nurse, with verbal agreement of the attending physician, shall develop a written plan of care for the person being admitted prior to or at the time of admission. The plan of care shall be based on the comprehensive resident assessment under subd. 1, the physician's orders, and any special assessments under subd. 1.

3. The facility shall send a copy of the comprehensive resident assessment, the physician's orders and the plan of care under subd. 2 to the person's attending physician. The attending physician shall sign the assessment and the plan of care within 48 hours after the person is admitted.

(b) Recuperative care. For a person admitted to a facility for recuperative care, the following admission procedures shall be carried out in place of the requirements under ss. HSS 132.52 and 132.60(8):

1. The person may be admitted only on order of a physician accompanied by information about the person's medical condition and diagnosis, the physician's initial plan of care, and either the physician's written certification that the person is free of tuberculosis and other clinically apparent communicable diseases or an order of a physician for procedures to treat any disease the person may have.

2. A registered nurse shall prepare an initial plan of care for nursing services to be implemented on the day of admission, which shall be based on the physician's initial plan of care under subd. 1 and shall be superseded by the plan of care under subd. 5.

3. A physician shall conduct a physical examination of the new resident within 48 hours following admission, unless a physical examination was performed by a physician within 15 days before admission.

4. A registered nurse shall complete a comprehensive resident assessment of the person prior to or within 72 hours after admission. The comprehensive assessment shall include evaluation of the person's nursing, dietary, rehabilitative, pharmaceutical, dental, social and activity needs. The consulting or staff pharmacist shall participate in the comprehensive assessment as provided under sub. (4)(a). As part of the comprehensive assessment, when the registered nurse has identified a need for a special service, staff from the discipline that provides the service shall, on referral from the registered nurse, complete a history and assessment of the person's prior health and care in that discipline.

5. The registered nurse, with verbal agreement of the attending physician, shall develop a written plan of care for the new resident within one week after admission. The plan of care shall be based on the comprehensive resident assessment under subd. 4, the physician's orders, and any special assessments under subd. 4.

6. The facility shall send a copy of the comprehensive resident assessment, the physician's orders and the plan of care under subd. 5 to the new resident's attending physician. The attending physician shall sign the assessment and the plan of care.

(3) ADMISSION INFORMATION. (a) This subsection takes the place of s. HSS 132.31(1)(d)1 for persons admitted for respite care or recuperative care.

(b) No person may be admitted to a facility for respite care or recuperative care without signing or the person's guardian or designated representative signing an acknowledgement of having received a statement before or on the day of admission which contains at least the following information:

1. An indication of the expected length of stay, with a note that the responsibility for care of the resident reverts to the resident or other responsible party following expiration of the designated length of stay;

2. An accurate description of the basic services provided by the facility, the rate charged for those services, and the method of payment for them;

3. Information about all additional services regularly offered but not included in the basic services. The facility shall provide information on where a statement of the fees charged for each of these services can be obtained. These additional services include pharmacy, x-ray, beautician and all other additional services regularly offered to residents or arranged for residents by the facility;

4. The method for notifying residents of a change in rates or fees;

5. Terms for refunding advance payments in case of transfer, death or voluntary or involuntary termination of the service agreement;

6. Conditions for involuntary termination of the service agreement;

7. The facility's policy regarding possession and use of personal effects;

8. In the case of a person admitted for recuperative care, the terms for holding and charging for a bed during the resident's temporary absence; and

9. In summary form, the residents' rights recognized and protected by s. HSS 132.31 and all facility policies and regulations governing resident conduct and responsibilities.

(4) MEDICATIONS. (a) The consulting or staff pharmacist shall review the drug regimen of each person admitted to the facility for respite care or recuperative care as part of the comprehensive resident assessment under sub. (2)(a)1 or (b)4.

(b) The consulting or staff pharmacist, who is required under s. HSS 132.65(3)(b) to visit the facility at least monthly to review drug regimens and medications practices, shall review the drug regimen of each resident admitted for recuperative care, and the drug regimen of each resident admitted for respite care who may still be a resident of the facility at the time of the pharmacist's visit.

(c) Respite care residents and recuperative care residents may bring medications into the facility as permitted by written policy of the facility.

(5) PHYSICIANS' VISITS. The requirements under s. HSS 132.61(2)(b) for physician visits do not apply in the case of respite care residents, except when the nursing assessment indicates there has been a change in the resident's condition following admission, in which case the physician shall visit the resident if this appears indicated by the resident assessment.

(6) PRE-DISCHARGE PLANNING CONFERENCE. (a) For residents receiving recuperative care, a planning conference shall be conducted at least 10 days before the designated date of termination of the short-term care, except in an emergency, to determine the appropriateness of discharge or need for the resident to stay at the facility. At the planning conference a care plan shall be developed for a resident who is being discharged to home care or to another health care facility. If discharge is not appropriate, the period for recuperative care shall be extended, if it was originally less than 90 days, for up to the 90 day limit, or arrangements shall be made to admit the person to the facility for care that is not short-term, as appropriate.

(b) Paragraph (a) takes the place of s. HSS 132.53(3)(b)1 and 2 for recuperative care residents.

(7) RECORDS. (a) Contents. The medical record for each respite care resident and each recuperative care resident shall include, in place of the items required under s. HSS 132.45(5):

1. The resident care plan prepared under sub. (2)(a)2 or (b)5;
2. Admission nursing notes identifying pertinent problems to be addressed and areas of care to be maintained;
3. For recuperative care residents, nursing notes addressing pertinent problems identified in the resident care plan and, for respite care residents, nursing notes prepared by a registered nurse or licensed practical nurse to document the resident's condition and the care provided;
4. Physicians' orders;
5. A record of medications;
6. Any progress notes by physicians or health care specialists that document resident care and progress;



7. For respite care residents, a record of change in condition during the stay at the facility; and

8. For recuperative care residents, the physician's discharge summary with identification of resident progress, and, for respite care residents, the registered nurse's discharge summary with notes of resident progress during the stay.

(b) Location and accessibility. The medical record for each short-term care resident shall be kept with the medical records of other residents and shall be readily accessible to authorized representatives of the department.

The repeal and rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

Wisconsin Department of  
Health and Social Services

Date: November 24, 1986

By: 

Linda Reivitt  
Secretary

SEAL:

MI/jh  
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State of Wisconsin

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1 West Wilson Street, Madison, Wisconsin 53702

Anthony S. Earl  
Governor

Linda Reivitz  
Secretary

November 24, 1986

Mailing Address:  
Post Office Box 7850  
Madison, WI 53707

Mr. Orlan Prestegard  
Revisor of Statutes  
9th Floor - 30 on the Square  
Madison, Wisconsin 53702

Dear Mr. Prestegard:

As provided in s. 227.20, Stats., there is hereby submitted a certified copy of HSS 132.70, administrative rules relating to short-term care provided in nursing homes.

These rules are also being submitted to the Secretary of State as required by s. 227.20, Stats.

Sincerely,

Linda Reivitz  
SECRETARY

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NOV 24 1986

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Bureau

Enclosure