HFS 132.14 Licensure.

(1) CATEGORIES. Nursing homes shall elect one of the following categories of licensure:
(a) Skilled nursing facility; or
(b) Intermediate care facility.

...(3) REQUIREMENTS FOR LICENSURE. (a) In every application the license applicant shall provide the following information:
...2. The identities of all persons or business entities having any ownership interest whatsoever in the facility, whether direct or indirect, and whether the interest is in the profits, land or building, including owners of any business entity which owns any part of the land or building;
...4. In the case of a change of ownership, disclosure of any relationship or connection between the old licensee and the new licensee, and between any owner or operator of the old licensee and the owner or operator of the new licensee, whether direct or indirect.

HFS 132.41 Administrator.

(1) STATUTORY REFERENCE.
Section 50.04 (2), Stats., requires that a nursing home be supervised by an administrator licensed under ch. 456, Stats. Supervision shall include, but not be limited to, taking all reasonable steps to provide qualified personnel to assure the health, safety, and rights of the residents.

(2) FULL−TIME ADMINISTRATOR. Every nursing home shall be supervised full−time by an administrator licensed under ch. 456, Stats., except:
(a) Multiple facilities. If more than one nursing home or other licensed health care facility is located on the same or contiguous property, one full−time administrator may serve all the facilities;
(b) Small homes. A facility licensed for 50 beds or less shall employ an administrator for at least 4 hours per day on each of 5 days per week. No such administrator shall be employed in more than 2 nursing homes or other health care facilities.

(3) ABSENCE OF ADMINISTRATOR. A person present in and competent to supervise the facility shall be designated to be in charge whenever there is not an administrator in the facility, and shall be identified to all staff.

(4) CHANGE OF ADMINISTRATOR.
(a) Termination of administrator. Except as provided in par. (b), no administrator shall be terminated unless recruitment procedures are begun immediately.
(b) Replacement of administrator. If it is necessary immediately to terminate an administrator, or if the licensee loses an administrator for other reasons, a replacement shall be employed or designated as soon as possible within 120 days of the vacancy.
(c) Temporary replacement. During any vacancy in the position of administrator, the licensee shall employ or designate a person competent to fulfill the functions of an administrator.

(d) Notice of change of administrator. When the licensee loses an administrator, the licensee shall notify the department within 2 working days of loss and provide written notification to the department of the name and qualifications of the person in charge of the facility during the vacancy and the name and qualifications of the replacement administrator, when known.

HFS 132.42 Employees.

...(2) QUALIFICATIONS AND RESTRICTIONS. No person under 16 years of age shall be employed to provide direct care to residents. An employee less than 18 years of age who provides direct care to residents must work under the direct supervision of a nurse.

...(5) VOLUNTEERS. Facilities may use volunteers provided that the volunteers receive the orientation and supervision necessary to assure resident health, safety, and welfare.

HFS 132.43 Abuse of residents.

(1) CONSIDERATE CARE AND TREATMENT. Residents shall receive considerate care and treatment at all times consistent with s. 50.09 (1) (e), Stats.

(2) RESIDENT ABUSE. No one may abuse a resident.

HFS 132.44 Employee development.

(1) NEW EMPLOYEES.

(a) Orientation for all employees. Except in an emergency, before performing any duties, each new employee, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employees shall be oriented to residents' rights under s. HFS 132.31 and to their position and duties by the time they have worked 30 days.

(b) New employees shall be oriented to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employees shall be oriented to residents' rights under s. HFS 132.31 and to their position and duties by the time they have worked 30 days.

(2) CONTINUING EDUCATION. (a) Nursing inservice. The facility shall require employees who provide direct care to residents to attend educational programs designed to develop and improve the skill and knowledge of the employees with respect to the needs of the facility's residents, including rehabilitative therapy, oral health care, and special programming for developmentally disabled residents if the facility admits developmentally disabled persons. These programs shall be conducted as often as is necessary to enable staff to acquire the skills and techniques necessary to implement the individual program plans for each resident under their care.

(b) Dietary inservice. Educational programs shall be held periodically for dietary staff, and shall include instruction in the proper handling of food, personal hygiene and grooming, and nutrition and modified diet patterns served by the facility.

(3) MEDICATION ADMINISTRATION. Before persons, other than nurses and practitioners, are authorized under s. HFS 132.60 (5) (d) 1. to administer medications, they shall be trained in a course approved by the department.

HFS 132.45 Records.
(1) GENERAL. The administrator or administrator's designee shall provide the department with any information required to document compliance with ch. HFS 132 and ch. 50, Stats., and shall provide reasonable means for examining records and gathering the information.

(2) PERSONNEL RECORDS. A separate record of each employee shall be maintained, be kept current, and contain sufficient information to support assignment to the employee's current position and duties.

(3) MEDICAL RECORDS — STAFF. Duties relating to medical records shall be completed in a timely manner.

(4) MEDICAL RECORDS — GENERAL.
   (a) Availability of records. Medical records of current residents shall be stored in the facility and shall be easily accessible, at all times, to persons authorized to provide care and treatment. Medical records of both current and past residents shall be readily available to persons designated by statute or authorized by the resident to obtain the release of the medical records.
   (b) Organization. The facility shall maintain a systematically organized records system appropriate to the nature and size of the facility for the collection and release of resident information.
   (c) Unit record. A unit record shall be maintained for each resident and day care client.
   (d) Indexes.
      1. A master resident index shall be maintained.
      2. A disease index shall be maintained which indexes medical records at least by final diagnosis.
   (e) Maintenance. The facility shall safeguard medical records against loss, destruction, or unauthorized use, and shall provide adequate space and equipment to efficiently review, index, file, and promptly retrieve the medical records.
   (f) Retention and destruction. 1. The medical record shall be completed and stored within 60 days following a resident's discharge or death.
      2. An original medical record and legible copy or copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of this resident shall be retained for a period of at least 5 years following a resident's discharge or death. All other records required by this chapter shall be retained for a period of at least 2 years.
      3. Medical records no longer required to be retained under subd. 2. may be destroyed, provided:
         a. The confidentiality of the information is maintained; and
         b. The facility permanently retains at least identification of the resident, final diagnosis, physician, and dates of admission and discharge. This may be achieved by way of the indexes required by par. (d).
      4. A facility shall arrange for the storage and safekeeping of records for the periods and under the conditions required by this paragraph in the event the facility closes.
      5. If the ownership of a facility changes, the medical records and indexes shall remain with the facility.
   (g) Records documentation.
      1. All entries in medical records shall be legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.
2. A rubber stamp reproduction or electronic representation of a person’s signature may be used instead of a handwritten signature, if:
   a. The stamp or electronic representation is used only by the person who makes the entry; and
   b. The facility possesses a statement signed by the person, certifying that only that person shall possess and use the stamp or electronic representation.
3. Symbols and abbreviations may be used in medical records if approved by a written facility policy which defines the symbols and abbreviations and which controls their use.
(5) MEDICAL RECORDS — CONTENT. Except for persons admitted for short-term care, to whom s. HFS 132.70 (7) applies, each resident’s medical record shall contain:
   (a) Identification and summary sheet.
   (b) Physician’s documentation.
   1. An admission medical evaluation by a physician or physician extender, including:
      a. A summary of prior treatment;
      b. Current medical findings;
      c. Diagnoses at the time of admission to the facility;
      d. The resident’s rehabilitation potential;
      e. The results of the physical examination required by s. HFS 132.52 (3); and
      f. Level of care;
   2. All physician’s orders including, when applicable, orders concerning:
      a. Admission to the facility as required by s. HFS 132.52 (2) (a);
      b. Medications and treatments as specified by s. HFS 132.60 (5);
      c. Diets as required by s. HFS 132.63 (4);
      d. Rehabilitative services as required by s. HFS 132.64 (2);
      e. Limitations on activities;
      f. Restraint orders as required by s. HFS 132.60 (6); and
      g. Discharge or transfer as required by s. HFS 132.53;
   3. Physician progress notes following each visit as required by s. HFS 132.61 (2) (b) 6.;
   4. Annual physical examination, if required; and
   5. Alternate visit schedule, and justification for such alternate visits as described in s. HFS 132.61 (2) (b).
   (c) Nursing service documentation. 1. A history and assessment of the resident’s nursing needs as required by s. HFS 132.52;
      2. Initial care plan as required by s. HFS 132.52 (4), and the care plan required by s. HFS 132.60 (8);
      3. Nursing notes are required as follows:
         a. For residents requiring skilled care, a narrative nursing note shall be required as often as needed to document the resident’s condition, but at least weekly; and
         b. For residents not requiring skilled care, a narrative nursing note shall be required as often as needed to document the resident’s condition, but at least every other week;
   4. In addition to subds. 1., 2., and 3., nursing documentation describing:
      a. The general physical and mental condition of the resident, including any unusual symptoms or actions;
      b. All incidents or accidents including time, place, details of incident or accident, action taken, and follow-up care;
c. The administration of all medications (see s. HFS 132.60 (5) (d)), the need for PRN medications and the resident’s response, refusal to take medication, omission of medications, errors in the administration of medications, and drug reactions;
d. Food and fluid intake, when the monitoring of intake is necessary;
e. Any unusual occurrences of appetite or refusal or reluctance to accept diets;
f. Summary of restorative nursing measures which are provided;
g. Summary of the use of physical and chemical restraints as required by s. HFS 132.60 (6) (g);
h. Other non−routine nursing care given;
i. The condition of a resident upon discharge; and
j. The time of death, the physician called, and the person to whom the body was released.
(d) Social service records. Notes regarding pertinent social data and action taken.
(e) Activities records. Documentation of activities programming, a summary of attendance, and quarterly progress notes.
(f) Rehabilitative services. 1. An evaluation of the rehabilitative needs of the resident; and
2. Progress notes detailing treatment given, evaluation, and progress.
(h) Dental services. Records of all dental services.
(i) Diagnostic services. Records of all diagnostic tests performed during the resident’s stay in the facility.
(j) Plan of care. Plan of care required by s. HFS 132.60 (8).
k) Authorization or consent. A photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident and any resident consent form required under this chapter, except that if the authorization or consent form exceeds one page in length an accurate summary may be substituted in the resident record and the complete authorization or consent form shall in this case be maintained as required under sub.(6)
l) Discharge or transfer information. Documents, prepared upon a resident’s discharge or transfer from the facility, summarizing, when appropriate:
1. Current medical findings and condition;
2. Final diagnoses;
3. Rehabilitation potential;
4. A summary of the course of treatment;
5. Nursing and dietary information;
6. Ambulation status;
7. Administrative and social information; and
8. Needed continued care and instructions.
(6) OTHER RECORDS. The facility shall retain:
(a) Dietary records. All menus and therapeutic diets;
(b) Staffing records. Records of staff work schedules and time worked;
(c) Safety tests. Records of tests of fire detection, alarm, and extinguishment equipment;
(d) Resident census. At least a weekly census of all residents, indicating numbers of
residents requiring each level of care;
(e) Professional consultations. Documentation of professional consultations by:
1. A dietitian, if required by s. HFS 132.63 (2) (b);
2. A registered nurse, if required by s. HFS 132.62 (2); and
3. Others, as may be used by the facility;
(f) Inservice and orientation programs. Subject matter, instructors and attendance records
of all inservice and orientation programs;
(g) Transfer agreements. Transfer agreements, unless exempt under s. HFS 132.53 (4);
(h) Funds and property statement. The statement prepared upon a resident's discharge or
transfer from the facility that accounts for all funds and property held by the facility for the
resident, as required under s. HFS 132.31 (1) (c) 3.; and
(i) Court orders and consent forms. Copies of court orders or other documents, if any,
authorizing another person to speak or act on behalf of the resident.

HFS 132.46 Quality assessment and assurance.
(1) COMMITTEE MAINTENANCE AND COMPOSITION. A facility shall maintain a quality
assessment and assurance committee for the purpose of identifying and addressing quality
of care issues. The committee shall be comprised of at least all of the following individuals:
(a) The director of nursing services.
(b) The medical director or a physician designated by the facility.
(c) At least 3 other members of the facility’s staff.
(2) COMMITTEE RESPONSIBILITIES. The quality assessment and assurance committee
shall do all of the following:
(a) Meet at least quarterly to identify quality of care issues with respect to which quality
assessment and assurance activities are necessary.
(b) Identify, develop and implement appropriate plans of action to correct identified
quality deficiencies.
(3) CONFIDENTIALITY. The department may not require disclosure of the records of the
quality assessment and assurance committee except to determine compliance with the
requirements of this section. This paragraph does not apply to any record otherwise
specified in this chapter or s. 50.04 (3), 50.07 (1) (c) or 146.82 (2) (a) 5., Stats.

Subchapter V — Admissions, Retentions and Removals
HFS 132.51 Limitations on admissions and programs.
...(3) DAY CARE SERVICES. A facility may provide day care services
to persons not housed by the facility, provided that:
(a) Day care services do not interfere with the services for residents;
(b) Each day care client is served upon the certification by a physician or physician’s
assistant that the client is free from tuberculosis infection; and
(c) Provision is made to enable day care clients to rest. Beds need not be provided for this
purpose, and beds assigned to residents may not be provided for this purpose.

HFS 132.53 Transfers and discharges.
...(4) TRANSFER AGREEMENTS. (a) Requirement. Each facility shall have in effect a
transfer agreement with one or more hospitals under which inpatient hospital care or
other hospital services are available promptly to the facility’s residents when needed. Each intermediate care facility shall also have in effect a transfer agreement with one or more skilled care facilities.

(b) Transfer of residents. A hospital and a facility shall be considered to have a transfer agreement in effect if there is a written agreement between them or, when the 2 institutions are under common control, if there is a written statement by the person or body which controls them, which gives reasonable assurance that:
1. Transfer of residents will take place between the hospital and the facility ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician; and
2. There shall be interchange of medical and other information necessary for the care and treatment of individuals transferred between the institutions, or for determining whether such individuals can be adequately cared for somewhere other than in either of the institutions.

(c) Exemption. A facility which does not have a resident transfer agreement in effect, but which is found by the department to have attempted in good faith to enter into such an agreement with a hospital sufficiently close to the facility to make feasible the transfer between them of residents and the information referred to in par. (b) 2., shall be considered to have such an agreement in effect if and for so long as the department finds that to do so is in the public interest and essential to ensuring skilled nursing facility services in the community.

(d) Notice requirements.
1. Before a resident of a facility is transferred to a hospital or for therapeutic leave, the facility shall provide written information to the resident and an immediate family member or legal counsel concerning the provisions of the approved state medicaid plan about the period of time, if any, during which the resident is permitted to return and resume residence in the nursing facility.
2. At the time of a resident’s transfer to a hospital or for therapeutic leave, the facility shall provide written notice to the resident and an immediate family member or legal counsel of the duration of the period, if any, specified under subd. 1.

HFS 132.60 Resident care.
...(6) PHYSICAL AND CHEMICAL RERAINTS.
...(g) Records. Any use of restraints shall be noted, dated, and signed in the resident’s clinical record on each tour of duty during which the restraints are in use.

HFS 132.61 Medical services.
(1) MEDICAL DIRECTION IN SKILLED CARE FACILITIES.
(a) Medical director. Every skilled care facility shall retain, pursuant to a written agreement, a physician to serve as medical director on a part−time or full−time basis as is appropriate for the needs of the residents and the facility. If the facility has an organized medical staff, the medical director shall be designated by the medical staff with approval of the licensee.
(b) Coordination of medical care. Medical direction and coordination of medical care in the facility shall be provided by the medical director. The medical director shall develop written rules and regulations which shall be approved by the licensee and include delineation of the responsibilities of attending physicians. If there is an organized medical
staff, by-laws also shall be developed by the medical director and approved by the licensee. Coordination of medical care shall include liaison with attending physicians to provide that physicians’ orders are written promptly upon admission of a resident, that periodic evaluations of the adequacy and appropriateness of health professional and supportive staff and services are conducted, and that the medical needs of the residents are met.

(c) Responsibilities to the facility. The medical director shall monitor the health status of the facility’s employees. Incidents and accidents that occur on the premises shall be reviewed by the medical director to identify hazards to health and safety.

HFS 132.62 Nursing services.
…(2) NURSING ADMINISTRATION.
(a) Director of nursing services in skilled care and intermediate care facilities.
2. ‘Qualifications.’ The director of nursing services shall:
   a. Be a registered nurse; and
   b. Be trained or experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

…(5) CONTINGENCY SUPPLY OF MEDICATIONS.
…(d) Committee authorization. The quality assessment and assurance committee shall determine which medications and strengths of medications are to be stocked in the contingency storage unit and the procedures for use and re-stocking of the medications.

HFS 132.66 Laboratory, radiologic, and blood services.
(1) DIAGNOSTIC SERVICES.
(a) Requirement of services. The facility shall provide for promptly obtaining required laboratory, x-ray, and other diagnostic services.
(b) Facility-provided services. Any laboratory and x-ray services provided by the facility shall meet the applicable requirements for hospitals provided in ch. HFS 124.
(c) Outside services. If the facility does not provide these services, arrangements shall be made for obtaining the services from a physician’s office, hospital, nursing facility, portable x-ray supplier, or independent laboratory.
(d) Physician’s order. No services under this subsection may be provided without the order of a physician, physician assistant or an advanced practice nurse prescriber.
(e) Notice of findings. The attending physician shall be notified promptly of the findings of all tests provided under this subsection.
(f) Transportation. The facility shall assist the resident, if necessary, in arranging for transportation to and from the provider of service.

HFS 132.68 Social services.
…(5) SERVICES. Social services staff shall provide the following:
…(d) Training. Participation in inservice training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

**SUBCHAPTER VIII — LIFE SAFETY, DESIGN AND CONSTRUCTION**

HFS 132.82 Life safety code.
…(3) RESIDENT SAFETY AND DISASTER PLAN.
(a) Disaster plan.
1. Each facility shall have a written procedure which shall be followed in case of fire or other disasters, and which shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless residents, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift and each discipline.
2. The plan shall be developed with the assistance of qualified fire and safety experts, including the local fire authority.
3. All employees shall be oriented to this plan and trained to perform assigned tasks.
4. The plan shall be available at each nursing station.
5. The plan shall include a diagram of the immediate floor area showing the exits, fire alarm stations, evacuation routes, and locations of fire extinguishers. The diagram shall be posted in conspicuous locations in the corridor throughout the facility.
(b) Drills. Fire drills shall be held at irregular intervals at least 4 times a year on each shift and the plan shall be reviewed and modified as necessary. Records of drills and dates of drills shall be maintained.
(e) Fire report. All incidents of fire in a facility shall be reported to the department within 72 hours.