

**Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.**

(b) The license shall state any applicable restrictions, including maximum bed capacity and the level of care that may be provided, and any other limitations that the department considers appropriate and necessary taking all facts and circumstances into account.

(c) A licensee shall fully comply with all requirements and restrictions of the license.

**(8) REPORTING.** Every 12 months, on a schedule determined by the department, a nursing home licensee shall submit a report to the department in the form and containing the information that the department requires, including payment of the fee required under s. 50.135 (2) (a), Stats. If a complete report is not timely filed, the department shall issue a warning to the licensee. If a nursing home licensee who has not filed a timely report fails to submit a complete report to the department within 60 days after the date established under the schedule determined by the department, the department may revoke the license.

**History:** Cr. Register, July, 1982, No. 319, eff. 8-1-82; cr. (5), Register, November, 1985, No. 359, eff. 12-1-85; r. and recr., Register, January, 1987, No. 373, eff. 2-1-87; emerg. cr. (1m), eff. 7-1-88; am. (3) (c), renum. (4) to (6) to be (5) to (7) and am. (5) and (6) (a), cr. (4), Register, February, 1989, No. 398, eff. 3-1-89; cr. (1m), Register, October, 1989, No. 406, eff. 11-1-89; am. (6), cr. (8), Register, August, 2000, No. 536, eff. 9-1-00.

**HFS 132.15 Certification for medical assistance.**

For requirements for certification under the medical assistance program, see ch. HFS 105.

**History:** Cr. Register, July, 1982, No. 319, eff. 8-1-82.

**Subchapter II — Enforcement****HFS 132.21 Waivers and variances. (1) DEFINITIONS.**

As used in this section:

(a) “Waiver” means the grant of an exemption from a requirement of this chapter.

(b) “Variance” means the granting of an alternate requirement in place of a requirement of this chapter.

**(2) REQUIREMENTS FOR WAIVERS OR VARIANCES.** A waiver or variance may be granted if the department finds that the waiver or variance will not adversely affect the health, safety, or welfare of any resident and that:

(a) Strict enforcement of a requirement would result in unreasonable hardship on the facility or on a resident; or

(b) An alternative to a rule, including new concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects, is in the interests of better care or management.

**(3) PROCEDURES.** (a) *Applications.* 1. All applications for waiver or variance from the requirements of this chapter shall be made in writing to the department, specifying the following:

a. The rule from which the waiver or variance is requested;

b. The time period for which the waiver or variance is requested;

c. If the request is for a variance, the specific alternative action which the facility proposes;

d. The reasons for the request; and

e. Justification that sub. (2) would be satisfied.

2. Requests for a waiver or variance may be made at any time.

3. The department may require additional information from the facility prior to acting on the request.

(b) *Grants and denials.* 1. The department shall grant or deny each request for waiver or variance in writing. Notice of denials shall contain the reasons for denial. If a notice of denial is not issued within 60 days after the receipt of a complete request, the waiver or variance shall be automatically approved.

2. The terms of a requested variance may be modified upon agreement between the department and a facility.

3. The department may impose such conditions on the granting of a waiver or variance which it deems necessary.

4. The department may limit the duration of any waiver or variance.

(c) *Hearings.* 1. Denials of waivers or variances may be contested by requesting a hearing as provided by ch. 227, Stats.

2. The licensee shall sustain the burden of proving that the denial of a waiver or variance was unreasonable.

(d) *Revocation.* The department may revoke a waiver or variance if:

1. It is determined that the waiver or variance is adversely affecting the health, safety or welfare of the residents; or

2. The facility has failed to comply with the variance as granted; or

3. The licensee notifies the department in writing that it wishes to relinquish the waiver or variance and be subject to the rule previously waived or varied; or

4. Required by a change in law.

**History:** Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (3) (a) 1. d., Register, January, 1987, No. 373, eff. 2-1-87.

**Subchapter III — Residents’ Rights and Protections**

**HFS 132.31 Rights of residents. (1) RESIDENTS’ RIGHTS.** Every resident shall, except as provided in sub. (3), have the right to:

(a) *Communications.* Have private and unrestricted communications with the resident’s family, physician, attorney and any other person, unless medically contraindicated as documented by the resident’s physician in the resident’s medical record, except that communications with public officials or with the resident’s attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to:

1. Receive, send, and mail sealed, unopened correspondence. No resident’s incoming or outgoing correspondence may be opened, delayed, held, or censored, except that a resident or guardian may direct in writing that specified incoming correspondence be opened, delayed, or held.

2. Use a telephone for private communications.

3. Have private visits, pursuant to a reasonable written visitation policy.

(b) *Grievances.* Present grievances on one’s own behalf or through others to the facility’s staff or administrator, to public officials or to any other person without justifiable fear of reprisal, and join with other residents or individuals within or outside of the facility to work for improvements in resident care.

(c) *Finances.* Manage one’s own financial affairs, including any personal allowances under federal or state programs. No resident funds may be held or spent except in accordance with the following requirements:

1. A facility may not hold or spend a resident’s funds unless the resident or another person legally responsible for the resident’s funds authorizes this action in writing. The facility shall obtain separate authorizations for holding a resident’s funds and for spending a resident’s funds. The authorization for spending a resident’s funds may include a spending limit. Expenditures that exceed the designated spending limit require a separate authorization for each individual occurrence;

2. Any resident funds held or controlled by the facility, and any earnings from them, shall be credited to the resident and may not be commingled with other funds or property except that of other residents;

3. The facility shall furnish a resident, the resident’s guardian, or a representative designated by the resident with at least a quarterly statement of all funds and property held by the facility for the resident and all expenditures made from the resident’s account, and a similar statement at the time of the resident’s permanent discharge. If the resident has authorized discretionary expenditures by the facility and the facility has accepted responsibility for these