

Survey Guide

Personal Care Agency Approval



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

State of Wisconsin
Department of Health Services
Division of Quality Assurance

P-00191 (08/2026)

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DQA Bureau of Health Services contact information

Central Office – BHS/Acute Care Compliance Section (ACCS)

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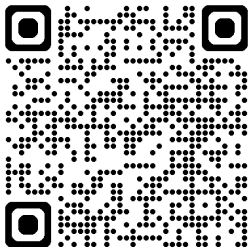
[DHS DQA Personal Care Agencies webpage](#)

Central Office – Licensing, Certification and CLIA Section (LCCS)

Address: DHS/Division of Quality Assurance
Bureau of Health Services
Licensing, Certification and CLIA Section
201 E. Washington Ave, Room E300
Madison, WI 53703

Important links

- Tell us about your survey experience by completing the [DQA Post Survey Questionnaire](#).
- Stay up to date with regulatory changes by signing up for the [DQA Listserv](#).
- This post-survey questionnaire is your opportunity to give us feedback. We need your help as we work together. We want to provide you and clients with good services. 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 survey takes a couple of minutes to fill out and can be submitted anonymously. Please fill it out with any positive or constructive feedback.



I. Introduction

The Division of Quality Assurance (DQA), Bureau of Health Services (BHS) is responsible for conducting unannounced surveys in personal care agencies in Wisconsin to ensure that state requirements are met. The following information has been prepared to serve as a guide to the survey process for evaluating personal care agencies.

This survey guide is a general reference for informational purposes. In the event of any conflict between information provided in this guide and the state legal requirements for personal care agencies, rely on the applicable legal requirements.

II. Overview of the survey process

Please see [DHS 105.17\(4\)](#) for information regarding inspections and investigations. The Division of Quality Assurance (DQA) may make any inspections and investigations, including complaint investigations, it considers necessary and may review clinical and administrative records, policies and other documents required under this section or § [DHS 107.112](#). Any interference with or refusal to allow or cooperate with any inspection or investigation under this subsection may be grounds for termination of the Medicaid (MA) certification.

The purpose of the survey is to determine whether the entity meets applicable state laws and administrative codes. Surveys are conducted by nurse consultant surveyors employed by the DQA, Bureau of Health Services.

A. Off-site survey preparation

The surveyor reviews the DQA/BHS historical file of the entity, entity profiles, and other applicable information.

The extent of the survey may be increased if the entity has had any of the following:

- Repeat violations from the last onsite survey
- Significant complaints, whether or not substantiated, in the past 12 months
- Change in ownership or change in key entity personnel since the last survey

B. Entrance conference

Upon entering the personal care agency, the surveyor will introduce him/herself and ask to meet the administrator. The surveyor will request a working area.

The surveyor will inform the entity staff about the survey process, request information needed to conduct the survey, set up a schedule for necessary interviews, and begin to select clients for home visits. The surveyor will inform the entity that staff may accompany the surveyor during the survey and discuss the surveyor's observations and supply additional information throughout the survey and exit conference. The entrance conference takes approximately one half hour.

The surveyor may request the following information from a personal care agency:

- Number of active clients
- Number of unduplicated admissions
- Active client list
- Discharged list
- Admission packet
- Employee list
- Visit schedule
- Complaint log

C. Information gathering

1. Home Visits, RN Supervisor visits or Client Interviews

The surveyor conducts home visits based on a random sample of all current clients. After receiving the client's oral or written consent, the surveyor observes entity staff implementing the plan of care in the client's home. The surveyor may attend an RN supervisor visit with the RN supervisor in addition to or in lieu of home visits. Client interviews by telephone may also be conducted.

2. Record Review

The surveyor reviews a random sample of client health care records. Clients selected for home visits are included in the sample.

3. Personnel Records

The surveyor reviews a sample of agency personnel records of individuals directly employed or under contract. A sample of personal care worker and RN supervisor personnel records is reviewed to ensure that the personal care workers and RN supervisors meet the qualifications, training, and all other requirements for personal care agency employees.

D. Information analysis and compliance decision-making

The surveyor reviews and analyzes all collected information to determine whether the personal care agency has complied with applicable state rules. Analysis and decision-making is an ongoing process throughout the survey. The surveyor maintains ongoing, informal communication with the personal care agency's liaison as questions arise. Surveyors will conduct a daily report of findings.

E. Exit conference

The exit conference is an informal meeting of the personal care agency and the surveyor at the end of the survey. The surveyor summarizes the preliminary findings, including requirements that have not been met, as well as the facts and examples on which the findings

are based. The exit conference also gives the personal care agency the opportunity to discuss the findings and supply additional information. Because of the ongoing dialogue between the surveyor and personal care agency staff during the survey, there should be few instances when the personal care agency is not aware of the surveyor's concerns prior to the exit conference.

The administrator determines which staff should attend the exit conference. The personal care agency may have legal counsel present but should give advance notice of this to the surveyor. The exit conference is an informal process, and attorneys do not usually attend.

A court reporter may not attend the exit conference. If a personal care agency wishes to audio record or video tape the exit conference, it must first obtain permission from the surveyor. An identical, simultaneous recording must be given to the surveyor at the conclusion of the exit conference. Any eavesdropping or any audio recording or videotaping without the express knowledge and permission of the surveyor is considered impeding the survey process. This may result in termination of the survey.

III. Explanation of deficiency statements

The surveyor summarizes survey findings in a final report. If the surveyor determines that the personal care agency is out of compliance with rules, standards, or regulations, the surveyor will document those findings. The findings serve as a basis for the personal care agency to analyze its deficient practices or system failures and develop correction plans. Survey findings are documented on the Statement of Deficiencies form. Survey findings will be served electronically (by e-mail) within 10 working days following the exit conference.

State rules and standards of noncompliance

A violation exists when a personal care agency fails to comply with a state statute or administrative rule. The Department of Health Services promulgates and enforces rules and standards necessary to provide safe and adequate care and treatment of patients and to protect the health and safety of the clients and employees of the personal care agencies. The department's authority is derived from the following statutes and administrative rules.

Wisconsin State Statutes

Section 50.065	Criminal History and Patient Abuse Record Search
Section 940.285	Abuse of Individuals at Risk
Section 940.295	Abuse and Neglect of Patients and Residents
Section 961	Wisconsin Controlled Substances Act

Wisconsin Administrative Codes

Chapter DHS 12	Caregiver Background Checks
Chapter DHS 13	Reporting and Investigating Caregiver Misconduct

Chapter DHS 105.17	Provider Certification – Personal Care Providers
Chapter DHS 107.112	Covered Services – Personal Care Providers
Chapter DHS 145	Control of Communicable Diseases

IV. Plan of correction

If, after receiving a Statement of Deficiencies, personal care agency staff has questions regarding the survey findings, they may consult informally with the surveyor's supervisor to discuss compliance issues.

A plan to correct violations of deficiencies found by the DQA Bureau of Health Services, should be written electronically on the Plan of Correction form (which is sent with the SOD when issued) and submitted by e-mail to the lead surveyor within 10 calendar days.

A. Content

To be considered complete, each plan of correction should include the following:

- What the personal care agency will do to correct the deficient practice and ensure continued compliance in the future
- How correction will be accomplished and monitored
- Title of staff member(s) who will implement the plan and monitor future compliance
- When the correction(s) will be completed

B. Correction of violations

A personal care agency that violates requirements is requested to submit a plan to correct the violations (plan of correction). The personal care agency shall submit a plan of correction within **10 calendar days** following receipt of the Statement of Deficiencies. Confirmation of an acceptable Plan of Correction will be provided electronically via e-mail by the lead surveyor. If the personal care agency does not submit an acceptable plan of correction, the Department may impose a plan of correction. The Department may revoke the personal care agency's approval certificate for substantial failure to comply with state statutes or administrative rules according to §§ [DHS 106.05](#), [106.06](#), and [106.065](#).

C. Time period for correction

Correction should be accomplished within 60 days of the exit conference or sooner. Serious deficiencies or violations require a correction date of 30 days or less. If the completion date extends beyond 60 days, the plan of correction must include benchmark dates to specify when correction stages will be completed.

A personal care agency that cannot correct a deficiency by the established completion date may request an extension by contacting the surveyor involved. The surveyor and an Acute

Care Compliance Section supervisor will determine whether the correction time is reasonable and will notify the personal care agency of its decision.

D. Verification of correction

The Bureau of Health Services will verify correction of all deficiencies after the established completion dates have passed.

E. Failure to correct deficiencies

Failure to correct a state violation by the date specified in the plan of correction may result in any of the following penalties:

1. Suspension of new client admissions until the division has verified that the personal care agency has completed the plan of correction
2. Placement of conditions on the approval certificate
3. Revocation of the approval certificate as per §§ [DHS 106.05](#), [106.06](#), and [106.065](#).

V. Complaints

The DQA Bureau of Health Services responds to two types of health care complaints – entity practices and caregiver misconduct.

A. Entity patient complaints

The Bureau of Health Services Acute Care Compliance Section, receives complaints and conducts complaint surveys for entity practice concerns, such as inappropriate or inadequate health care, lack of entity staff training, understaffing, poor quality care, etc.

Please see [DQA Consumer Guide: Problems with Treatment Providers](#) webpage for more information on filing a complaint.

A patient may use any of the following methods for submitting a personal care agency complaint.

- By **online form**:
File a complaint online by completing the [Complaint Intake Survey \(F-00607\)](#)
- By **telephone**:

Complaint Hotline (toll free)	1-800-642-6552
Complaint Hotline (Madison)	608-267-1441
- By **mail to**:
DHS/Division of Quality Assurance
BHS/Acute Care Compliance Section
201 E. Washington Ave, Room E300
Madison, WI 53703

B. Misconduct reporting and investigation

Misconduct is intentional mistreatment of a client or a client's property by an employee or contractor of an entity. Examples include:

- Abuse — hitting, slapping, verbal, or sexual actions
- Neglect — intentional carelessness or disregard of policy or care plan
- Misappropriation — theft, using property without consent (i.e., telephone or credit cards)

All entities regulated by the Division of Quality Assurance must proactively guard against misconduct, investigate and report all allegations of misconduct, and immediately protect patients from subsequent mistreatment.

Please see [DQA's Report Abuse, Neglect, or Misappropriation](#) webpage for information on investigating and reporting misconduct.

The Misconduct Reporting System (MRS) is a secure, web-based system for entities to submit the Misconduct Incident Report.

Entities must create and register an account to access the MRS. Refer to [DQA Misconduct Reporting System: How to Sign Up, P-02312](#) for instructions.