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| **DEPARTMENT OF HEALTH SERVICES** Division of Quality Assurance F-62233 (01/2024) | **STATE OF WISCONSIN** Wis. Admin. Code Ch. DHS 13142 CFR 418.114 |
| **HOSPICE PERSONNEL RECORD REVIEW** |
| Date – Form Completed      | Hospice Name      | License/CCN No.      | Name – Surveyor      |
| **Position** | **Employee Name** | **Date of Hire** | **License or Certification** | **Orientation** | **Performance Evaluation**  | **Continuing Education** | **Contracted****Employee** | **Communicable Disease Screen** |
| **Administrator** *P4335, L651* |       |       |       |       |       |       |  |  |
| **Alternate Administrator** *P4365* |       |       |       |       |       |       |  |  |
| **Nurse Coordinator** |       |       |       |       |       |       |  |  |
| **Medical Director***P4505, L664* |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Spiritual Counselor** |       |       |       |       |       |       |  |  |
| **Social Worker** |       |       |       |       |       |       |  |  |
| **Volunteer Coordinator** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Bereavement Coordinator***P4100, L596* |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Dietitian** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Nurse** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Nurse** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Nurse** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Physical Therapy** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Occupational Therapy** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Speech Therapy** |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Hospice Aide**  |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Hospice Aide**  |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **Hospice Aide**  |       |       |       |       |       |       | [ ]  Y [ ]  N |       |
| **NOTE:** Cannot contract for shaded areas. | ***State*** | *P4470* | *P4440, P4445* | *P4465* | *P4455* |  | *P4005, P4010* |
| ***Federal*** | *L784, L785-L792, L609 (Aide)* | *L661, L662, L582 (Infection Control)* | *L660, L663,* *L633 (Aide)* | *L663, L586, L620 (Aide)* |  | *L581* |
| ***Background Checks:*** *To assess compliance with Background Checks: 42 CFR 418.114(d), WI Admin Code DHS 131.31(1), Chapter 12, and WI Stat.Chap.50, surveyors should also use Form F-62520 in conjunction with this Hospice Personnel Record Review form.* |