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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62233 (01/2024) | | | | | | | | | **STATE OF WISCONSIN**  Wis. Admin. Code Ch. DHS 131  42 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.* | | | | | | | | | | | |