

**DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance  
F-62233 (11/2017)

**STATE OF WISCONSIN**

Wis. Admin. Code ch. DHS 131  
42 CFR 418

**HOSPICE PERSONNEL RECORD REVIEW**

Date – Form Completed	License No.	Name – Surveyor
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Position	Initials	Date Hired	License or Certification	Orientation	Performance Evaluation	Continuing Education	Contracted Employee	TB Exam
<b>Administator</b> <i>DHS 131.28(2)(d), 42 CFR 418.100(b)</i>								
<b>Alternate Administrator</b> <i>DHS 131.29(2)(e)</i>								
<b>Nurse Coordinator</b>								
<b>Medical Director</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Spiritual Counselor</b>								
<b>Social Worker</b>								
<b>Volunteer Coordinator</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Bereavement Coordinator</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Dietitian</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>RN</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>RN</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>RN</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>PT</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>OT</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>ST</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Home Health Aide (HHA)</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Home Health Aide (HHA)</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Home Health Aide (HHA)</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Other</b>							<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>NOTE:</b> Cannot contract for shaded areas.			DHS 131.31(7)(b) 42 CFR 418.114	DHS 131.31(2) DHS 131.31(3) 42 CFR 418.100(g) 42 CFR 418.60(c)	DHS 131.31(6) 42 CFR 418.100(g)(3) 42 CFR 418.76(h)(2) – HHA only	DHS 131.31(7)(b) 42 CFR 418.100(g)(3) 42 CFR 418.62(c) 42 CFR 418.76(d) – HHA only		DHS 131.24