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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-62536 (11/2018) | **STATE OF WISCONSIN**Wis. Admin. Code ch. DHS 133Page 1 of 2 |
| **HOME HEALTH AGENCY (HHA)****ACCS INITIAL APPLICATION / PRE-LICENSURE DESK REVIEW CHECKLIST** |
| Name – Agency      |
| Name – Agency Contact      | Email Address – Agency Contact      | Phone No. – Agency Contact      |
| Name – Nurse Surveyor      | Surveyor No.      | Date – Received *(MM/dd/yyyy)*      | Date – Completed / to ACCS Supv.      |
| ***All information received must be reviewed within 30 days of receipt by the Acute Care Compliance Section (ACCS) surveyor, unless otherwise directed by the ACCS supervisor.*** |
| **Meets****Reg** | **Policy or Docu-mentation** | **Survey****Tag** | **DHS****Admin. Code** | **Regulation Section** | **Comments** |
| [ ]  | P | T107 | 133.05(1)(a) | Governance |       |
| [ ]  | D | T108 | 133.05(1)(b) | Governance |       |
| [ ]  | D | T110 | 133.05(1)(d) | Governance |       |
| [ ]  | D | T111 | 133.05(1)(e) | Governance |       |
| [ ]  | D | T112 | 133.05(2)(a) | Professional Advisory Board |       |
| [ ]  | P | T120-21 | 133.06(3)(a-b) | Personnel plan |       |
| [ ]  | P | T122 | 133.06(4)(a) | Orientation |       |
| [ ]  | P | T123-27 | 133.06(4)(a)(1-5) | Orientation |       |
| [ ]  | Either | T129 | 133.06(4)(c) | Evaluation |       |
| [ ]  | P | T132 | 133.06(4)(d)3 | Surveillance |       |
| [ ]  | Either | T133 | 133.06(4)(e) | Continuing training |       |
| [ ]  | P | T248 | 133.06(4)(g) | Background checks, misconduct reporting |       |
| [ ]  | Either | T249-51 | 133.06(5)(a-c) | Infection control |       |
| [ ]  | Either | T136 | 133.07(2) | HHA Program Evaluation |       |
| [ ]  | Either | T139 | 133.08(1) | Patient Rights |       |
| [ ]  | P | T140 | 133.08(2) | Patient Rights |       |
| [ ]  | P | T141-48T252-53 | 133.08(2)(a-j) | Patient Rights *(prototype required)* |       |
| [ ]  | P | T149 | 133.08(3) | Complaints |       |
| [ ]  | P | T150 | 133.09(1) | Patient Acceptance |       |
| [ ]  | D | T152 | 133.09(2) | Service Agreement *(prototype required)* |       |
| [ ]  | P | T153-61 | 133.09(3)(a)(1-5) | Patient Discharge |       |
| [ ]  | Either | T170 | 133.13 | Emergency Notification |       |
| [ ]  | D | T202 | 133.17(3) | Aide Assignments *(prototype required)* |       |
| [ ]  | Either | T214-15 | 133.18(1-2) | Supervisory Visits |       |
| [ ]  | D | T216-22 | 133.19(1)(a-f) | Contract Services *(if applicable)* |       |
| [ ]  | D | T223 | 133.19(2) | Contract Services *(if applicable)* |       |
| [ ]  | Either | T224 | 133.20(1) | Plan of Care *(prototype required)* |       |
| [ ]  | Either | T225-26 | 133.20(2)(a-b) | Plan of Treatment  |       |
| [ ]  | P | T231-46 | 133.21(1-6) | Medical Records |       |
| [ ]  | P | T247 | 133.21(7) | Record Abbreviations |       |
| [ ]  | P | Z | 13.05(3) | Policy on Misconduct Reporting, Investigation, and documentation |
| **Submission and Review of Job Descriptions** |
| **Done** | **Title** | **Comments** |
| [ ]  | Administrator [§ DHS 133.06(2)(a-c) – T117-19] |       |
| [ ]  | Substitute Administrator [§ DHS 133.06(2) (a-c) – T117-19] |       |
| [ ]  | Director of Nursing / Supervising Nurse (if applicable) |       |
| [ ]  | Registered Nurse (RN) |       |
| [ ]  | Licensed Practical Nurse (LPN), (if applicable) |       |
| [ ]  | Therapists – PT, OT, ST, Other (if applicable) |       |
| [ ]  | Medical Social Worker (if applicable) |       |
| [ ]  | Home Health Aide |       |
| [ ]  | Personal Care Worker (PCW) (if applicable) |       |
| [ ]  | Other: |       |       |
| [ ]  | Other: |       |       |
| **Telephone Contact(s) Made with Agency** |
| **Date** *(MM/dd/yyyy)* | **Name of Contact** | **Topic(s) Discussed** |
|       |       |       |
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| **Written Correspondence** |
| *Nurse surveyor should attach all written correspondence to and from applicant agency.* |
| Date(s) of Written Correspondence **TO** the Applicant      | Date(s) of Written Correspondence **FROM** the Applicant      |
| **Nurse Surveyor Comments and Recommendation** |
| **Additional Comments** |
|       |
| **Recommendation Regarding Provisional Licensure of Applicant** |
|       |
| **SIGNATURE** – Nurse Surveyor | Date Signed *(MM/dd/yyyy)*      |
| **ACCS Supervisor Recommendation to Licensing, Certification and CLIA Section (LCCS)** |
|  |
|       |
| **SIGNATURE** – ACCS Supervisor | Recommended Effective Date       | Date Submitted to LCCS       |