**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance Page 1 of 2

F-62590 (Rev. 07/08)

**POST ON-SITE REVIEW QUESTIONNAIRE**

**NURSE AIDE TRAINING PROGRAMS**

Completion of this form is voluntary. Copies of this form are available at: <http://dhs.wisconsin.gov/forms/DQAnum.asp>

|  |  |
| --- | --- |
| Name - Training Program | On-site Review Date |
| Training Program Address | Date Questionnaire Completed |
| On-site Review Reason  Certification  Complaint Investigation | |

**Use the following scale and check the number that applies.**

**5** = Strongly Agree **4** = Agree **3** = Neutral  **2** = Disagree  **1** = Strongly Disagree  **NA** = Not Applicable

|  | **5** | | **4** | | **3** | | **2** | | **1** | | **NA** | **Comment if 1 or 2 is checked.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A. ON-SITE REVIEW PROCESS** | | | | | | | | | | | | |
| 1. On-site review process was clearly explained. |  | |  | |  | |  | |  | |  |  |
| 1. On-site review did not interfere with the delivery of patient care in the clinical setting. |  | |  | |  | |  | |  | |  |  |
| 1. On-site review assisted in your understanding of rules / regulations. |  | |  | |  | |  | |  | |  |  |
| 1. On-site review was completed in a reasonable amount of time. |  | |  | |  | |  | |  | |  |  |
| 1. On-site review time frames and plan of correction process were explained. |  | |  | |  | |  | |  | |  |  |
| 1. Primary Instructor / student reaction to the on-site review was positive. |  | |  | |  | |  | |  | |  |  |
| 1. Communication with DQA Nurse Consultant was ongoing during on-site review. |  | |  | |  | |  | |  | |  |  |
| 1. Training Program had opportunity to discuss preliminary on-site review findings with the DQA Nurse Consultant. |  | |  | |  | |  | |  | |  |  |
| 1. Received knowledgeable response from DQA Nurse Consultant if training program requested clarification during on-site review. |  | |  | |  | |  | |  | |  |  |
| 1. The on-site review was conducted in a professional manner. |  | |  | |  | |  | |  | |  |  |
| 1. DQA Nurse Consultant interacted respectfully with training program staff   and students. |  | |  | |  | |  | |  | |  |  |
|  |  |  | |  | |  | |  | |  | |  |
| SECTION B. POST-ON-SITE REVIEW STATEMENT OF DEFICIENCY | | | | | | | | | | | | |
|  |  |  | |  | |  | |  | |  | |  |
| 1. Deficiencies clearly explained the basis for findings of noncompliance. |  | |  | |  | |  | |  | |  |  |
| 1. Deficiencies identified who, what, when, where and how, if applicable. |  | |  | |  | |  | |  | |  |  |
| 1. Deficiencies included specific actions, errors, or lack of actions to explain findings of noncompliance. |  | |  | |  | |  | |  | |  |  |
| 1. Deficiencies were documented by accurate information. |  | |  | |  | |  | |  | |  |  |
| 1. Deficiencies clearly and concisely explained noncompliance with rules / regulations. |  | |  | |  | |  | |  | |  |  |
| 1. Documentation in deficiencies helped training program develop a plan of correction. |  | |  | |  | |  | |  | |  |  |
| 1. Changes in policies and / or procedures were made as a result of on-site review findings. |  | |  | |  | |  | |  | |  |  |
| **Additional Comments or Information About the On-site Review Process** | | | | | | | | | | | | |
| **Recommend one change that would improve the on-site review experience.** | | | | | | | | | | | | |