

SURVEY CHECKLIST – PERSONNEL FILES



Please gather or flag the identified items for the following personnel/contract individuals.

Administrator Name: _____
 Alternate Admin Name: _____
 Director of Clinical Services Name: _____
 Alt. Director of Clinical Services Name: _____
 RN/LPN Name: _____
 MD Name: _____
 Aide Name: _____
 PT/PTA Name: _____
 OT/COTA Name: _____
 SLP Name: _____
 BSW/MSW Name: _____
 SCP Name: _____
 BC Name: _____
 VC Name: _____
 Volunteer Name: _____
 Other Name: _____

COMPLIANCE DATE:

Standard	Item Required	Administrator	Alternate Admin	Director of Clinical Services	Alt. Director of Clinical Services	RN/LPN	MD	Aide	PT/PTA	OT/COTA	SLP	BSW/MSW	SCP	BC	VC	Volunteer	Other
HSP4-1A.02	Position application (N/A for contract staff)																
HSP4-1A.02	Dated and signed withholding statements (N/A for contract staff)																
HSP4-1A.02	I-9 Form (N/A for contract staff)																
HSP4-2B	Evidence that licensed staff credentials have been verified and are current Verifications of qualifications for non-licensed personnel																
HSP4-2C.01	Evidence of initial and annual TB screening																
HSP4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement																
HSP4-2E.01	Signed Job Description or contract																
HSP4-2F.01	Current driver's license and MVR check, if applicable																
HSP4-2H	Criminal background check																

Standard	Item Required																
HSP4-2H	Office of Inspector General Exclusion List check																
HSP4-2H	National sex offender registry check, if applicable																
HSP4-2I.01	Evidence of access to personnel policies (N/A for contract staff)																
HSP4-2J.01	Most recent annual performance evaluation																
HSP4-4A	Evidence of orientation																
HSP4-5B.01	Verification of additional education needed to administer pharmaceuticals or special treatments																
HSP4-5B.02	Evidence of training for the utilization of waived tests																
HSP4-6A & HSP4-6A.01	Evidence of annual education																
HSP4-7A	Initial and annual competency assessment																
HSP4-9A	Restraint competency (In-patient only)																
HSP4-10A.03	Initial and annual on-site observation visit																
HSP1-3A.01	Disclosure of conflict of interest, if applicable																
HSP2-5A	Signed confidentiality statement																
HSP2-6A.01	Evidence of CPR, if applicable																
Other state or agency specific requirements																	