

# NURSE/CNA HR FILE REVIEW

## Tip Sheet

This tip sheet will help your agency become more prepared for DSCC's Nursing agency review.

### CHECKLIST:



#### List of all Nurses and CNAs

Submit a complete list of all Nurses and CNAs, along with their licensenumber and birth date, which provided care to the clients beingreviewed during the timeframe noted on the Pre-Record Review letter.



#### Offsite Nurse/CNA License Review

Review each Nurses/CNA to ensure they have valid or proof of pending Illinois nursing licenses with no current exclusions from participation in federal health care programs.

Verify that Nurses/CNAs have not been reprimanded, placed on probation or suspended for committing exploitation, assault, battery or abuse of an individual or involved in any drug related offense and that they have not engaged in any conduct which would constitute grounds for discipline under the Illinois Nurse Practice Act (225 ILCS 65/50-75) except when such discipline is due to "default on student loans" or delinquent child support or state taxes.

Here is a list of resources to help with your offsite license review.

- **DFPR** - <https://ilesonline.idfpr.illinois.gov/DFPR/Lookup/LicenseLookup.aspx/LicenseLookup.aspx>
- **HFSOIG** - <https://www.illinois.gov/hfs/oig/Pages/NewSanctions.asp>
- **HHSOIG** - <https://exclusions.oig.hhs.gov/>
- **Healthcare Worker Registry** - <https://hcwrpub.dph.illinois.gov/search.aspx>



#### Onsite Nurse HR File Review

Please include each nurses' current CPR Cerfication. An online CPR Certification is not acceptable.



### **DCFS CANTS 22**

Ensure that you include a copy of the DCFS CANTS 22 signed and dated .



### **DCFS Online Training**

Make sure to include a copy of the nurses' DCFS online training certification.



### **DSCC Guidelines**

Please include a copy of signed and dated DSCC Guidelines for Nurses Working in Home Care or statement verifying Nurse/CNA has read complies with the Care.



### **DCFS Background Check CANTS 689**

Ensure that you include a copy of DCFS Background Check CANTS 689 signed, dated and stamped with "No Priors".



### **Proof of Nursing Competency**

Make sure to include a copy of Nursing Competency – completed by Nurse/CNA at time of hire.



### **Client Specific Orientation**

Please include a copy of Orientation to Individual's specific care plan and requirements – signed and dated by Orienteer and Nurse/CNA.



### **Nurse Supervisor Pediatric Experience**

Please include documentation of at least 1 year pediatric experience (usually found on resume)

As a reminder, at time of hire, please submit names of Nurses and CNAs who are or will be providing care to individuals enrolled in the home care program along with their license number and birth date to your DSCC Nursing Agency Liaison.

**(800) 322-3722**  
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