|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Survey Date: | |  | | | Previous Recertification Survey Date: |  | | Offsite Review Date: | |  |
| Facility Name: | |  | | | | | | | Facility ID: |  |
| Administrator Name: | | |  | | | | | | | |
| Team (List Coordinator First): | | | |  | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Review the CASPER 3 report to determine whether the facility has any patterns of repeat deficiencies. | | | | | | | | | | |
|  | Results from the last Standard survey. | | | | | | | | | | |
|  | Review complaints since the last Standard survey. Identify any active complaints that will be investigated during the survey. | | | | | | | | | | |
|  | Review facility reported incidents (FRIs) since the last Standard survey. Identify any FRIs that will be investigated during the survey. | | | | | | | | | | |
|  | Note any federal waivers/variances for onsite review. | | | | | | | | | | |
|  | Mandatory facility task assignments: | | | | | | | | | | |
| 1. Dining Observation | | | | | | |  | | | | |
| 1. Infection Control and Immunizations | | | | | | |  | | | | |
| 1. Kitchen/Food Service Observation | | | | | | |  | | | | |
| 1. SNF Beneficiary Protection Notification Review | | | | | | |  | | | | |
| 1. Medication Administration | | | | | | |  | | | | |
| 1. Med Storage | | | | | | |  | | | | |
| 1. QAA/QAPI | | | | | | |  | | | | |
| 1. Resident Council Meeting | | | | | | |  | | | | |
| 1. Sufficient and Competent Nurse Staffing | | | | | | |  | | | | |
|  | Supplies and Set-Up   1. Tablet PC and peripherals (power cord, power strip(s) with surge suppressor, extra battery pack) 2. Facility database on your desktop 3. Hard copy of:  * Procedure Guide (every surveyor) * Matrix with instructions (1 copy) * Entrance Conference worksheet (2 copies) * Beneficiary Notices worksheet (3 copies)   Notes: | | | | | | | | | | |