|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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-Up1. 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:        |