

## CHECKLIST FOR SURVEY PACKET (certified facilities)

Send to central office within 30 days after last process.

<b>FACILITY NAME:</b>	
<b>ADDRESS:</b>	
<b>CMS CERT. NUMBER: 26</b>	<b>FACILITY NUMBER:</b>
<b>SURVEY (Original Process) EVENT ID:</b>	<b>LAST REVISIT DATE:</b>
<b>TEAM LEADER:</b>	

Facility Inspection (DA-107)
Resident Care Survey (DA-112) for facilities that are less than 80% certified
Medicare/Medicaid Certification & Transmittal – CMS 1539
Letter to Facility: Confirming Revisit
<input type="checkbox"/> Letter IDR Results <input type="checkbox"/> Letter Withdrawing IDR Request (“N/A” if no IDR conducted)
<input type="checkbox"/> Letter Requesting IDR ( <i>Not required if already submitted with initial packet</i> )
Final SOD/POC only due to IDR results
Enforcement Letters (“N/A” if no enforcement action taken)
Offsite Survey Preparation Worksheet – CMS 801
Offsite Sample Selection – CMS 802
Phase I Sample Selection – CMS 802
Phase II Sample Selection – CMS 802
Listing of all Facility Residents – CMS 802
Resident Roster- Please include identifiers used in SOD
Staff Roster – Please include identifiers used in SOD
Resident Funds Worksheet
Facility Quality Indicator Profile Report (QI’s)
Extended Survey Justification - CMS 673 (If applicable)
Facility Construction Fact Sheet
Electric/ Fire Alarm/ Sprinkler Certifications/Local Fire Department Consultation
Bed Listing for Licensure and Certification (DA-113)

**In addition, if a revisit SOD is issued, include the following in the packet:**

Revisit(s) SOD/POC
Revisit(s) LSC SOD/POC
Letter(s) to Facility: Acceptance/Rejection of POC
Confirmation of Mailing and Receipt Information
Letter(s) to Facility: Confirming Revisit
SOD Resident Roster
SOD Staff Roster

Reviewed by Regional Manager/Designee: \_\_\_\_\_ Date \_\_\_\_\_