

Survey LTC Information Requested Checklist

	ASK	Yes	No
	Any rooms with less square footage than required? Y/N Any Waivers? Y/N (458) Rooms occupied by more than four residents? Y/N (F457) Rooms below ground? Y/N (F461) Is there at least one window to the outside in each room? (F461) Y/N Do all bedrooms have access to an exit corridor? Y/N (F459) Any Special features: Care? Treatment? Case Mix? Is the facility charting electronic? Does the facility have non-certified beds? If so provide a list.		
	REQUIRED ITEM	Due	Received
1.	List of resident names with room numbers--one copy for each surveyor.	ASAP	
2.	Completed Roster Matrix	1 hour	
3.	A copy of the facility's layout, indicating the location of nurses' stations, individual resident rooms, and common areas.	1 hour	
4.	Schedule worked for RNs, LPNs, and CNAs for the week prior to survey, currently and for the survey week.	1 hour	
5.	List of key facility personnel titles and their locations.	1 hour	
6.	Lists of names and locations of Quality Assurance Committee members.	1 hour	
7.	A copy of the written information that is provided to residents regarding their rights.	1 hour	
8.	<ul style="list-style-type: none"> ⇒ Provide all the following documentation: ⇒ meal times; ⇒ dining locations; ⇒ copies of all menus, including therapeutic menus, that will be served for the duration of the survey; ⇒ seating charts; and ⇒ nourishment list. 	1 hour	
9.	Weight list for the last 3 months	1 hour	
10.	Does facility use paid feeding assistants? If yes please provide a list of trained staff.	1 hour	
11.	Does the facility have a nurse aide training program?	1 hour	
12.	List of residents who are currently receiving hospice or dialysis from an outside agency.	1 hour	
13.	Medication pass times (by unit, if variable)	1 hour	
14.	List of admissions during the past month, and a list of residents transferred or discharged during the past 3 months with destinations	1 hour	
15.	A copy of the facility admission contract(s) for all residents, i.e., Medicare, Medicaid, other payment sources.	1 hour	
16.	Copies of the activities calendars for the last 3 months.	1 hour	
17.	Facility policies and procedures to prohibit and investigate	1 hour	

Survey LTC Information Requested Checklist

	allegations of abuse and the name of a person the administrator designates to answer questions about what the facility does to prevent abuse.		
18.	Evidence that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other record; and has in place a system to prevent and/or minimize further accidents and incidents.	1 hour	
19.	The names of any residents age 55 and under.	1 hour	
20.	The names of any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.	1 hour	
21.	List of ALL employees hired within the last 4 months.	1 hour	
22.	Resident/Family complaint and/or grievance file.	1 hour	
23.	Drug Regimen Review. How is this reported to the DON and the physician?	1 hour	
24.	Copy of smoking policy and list of smokers.	1 hour	
25.	Who implements the facility's immunization program?	1 hour	
26.	Procedures for ensuring water availability when there is loss of normal supply. (F466)	1 hour	
27.	Names of dementia residents with heavy care, receiving behavior monitoring medications or specialized rehab	1 hour	
28.	Provide a list of all residents who are receiving or have received antipsychotic medications over the past 30 days	1 hour	
29.	A completed Long Term Care Facility Application for Medicare and Medicaid, Form CMS-671.	24 hours	
30.	Resident Census and Conditions of Residents, Form CMS-672.	24 hours	
31.	A list of Medicare residents who requested demand bills in the last 6 months.	24 hours	
32.	Title VI Compliance form (Assurance of Compliance).	24 hours	
33.	Disclosure of Ownership and Controlling Interest.	24 hours	
34.	Proof of Surety Bond to cover resident funds & total amount of resident funds kept in facility for the past 3 months.	24 hours	
35.	Copy of Administrator's license.	24 hours	