

**OFFSITE SURVEY PREPARATION WORKSHEET**

**Facility Name:** \_\_\_\_\_ **Ombudsman Name/Number:** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_ **Ombudsman Contact Date:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_ **Offsite Review Date:** \_\_\_\_\_  
**Total Beds:** \_\_\_\_\_ **Survey Begin Date:** \_\_\_\_\_

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List potential facility areas of concern and any potential residents to be reviewed during the survey. List any current complaints to be investigated onsite.

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Surveyors/Discipline (list Team Coordinator first):

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