Offsite Preparation Worksheet

Previous Recertification Survey Date: Survey Date:		Offsite Review Date:	
Facility Name:		Facility ID:	
Administrator Name:			
Ombudsman Name:		Contact Date:	Phone:
		Contact Date.	I none.
Team (List Coordinator Fi	irst):		
Review the CASPER	3 report to determine whether the fa	acility has any <u>patterns of</u>	repeat deficiencies.
	gated complaints that were filed with cord areas of concern (with any residunt(s).		
survey. Review inform	nan's office, in accordance with state nation from the state Ombudsman's th any resident names) to be include	office to be investigated	
Note any federal waive	ers/variances for onsite review.		
Surveyor assignments: 1) Stage 1 Sample R			
	ner than team coordinator)		
2) Initial Tour	,		
3) Dining Observation	on		
	and Immunizations		
5) Kitchen/Food Ser	vice Observation		
6) Liability Notices	and Beneficiary Appeal Rights		
	nistration Observation		
8) Medication Storage			
	ent and Assurance Review		
•	President/Representative Interview		
	esponsible for gathering together th		or the Entrance Conference:
Signs announcing		ic following documents fo	of the Entrance Conference.
2) CMS QIS Brochu			
	Facility Application for Medicare a	and Medicaid (CMS-671)	
_	and Conditions of Residents (CMS-		
5) Copy of CASPER	R 3 Report		
☐ Supplies and Set-Up			
6) Primary Tablet Po	C and Peripherals (power cord, pow	ver strip(s) with surge sup	pressor, extra battery pack,
	sh drive), printer and extra ink cartr	ridges,	
7) Printer paper (abo			
	heets (according to your state proce		1.070
	notebook to hold all forms provide		
Notes:	er is responsible for bringing his/he	er lablet PC and periphera	IS
110105.			