

Offsite Preparation Worksheet

Survey Date: _____ Previous Recertification Survey Date: _____ Offsite Review Date: _____
Facility Name: _____ EventID: _____
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.

Review facility reported incidents (FRIs) since the last Standard survey.

List active Complaints and FRIs that will be investigated during this survey. Document the following: the complaint/FRI details; whether a complaint/FRI resident is also offsite selected; and link from the ACTS allegation to the LTCSP (i.e., initial pool, facility task, directly to investigation, closed record). Assign a surveyor.

Was abuse cited on the prior standard survey or have there been any abuse allegations or citations for complaints?

Note any federal waivers/variances for onsite review.

Note any active enforcement cases (resident/issues/dates/reason) that shouldn't be investigated:

Ombudsman Name : _____ Ombudsman Contact date: _____

Ombudsman's Phone Number: _____

Ombudsman Area(s) of Concern: _____

Mandatory facility task assignments:

1) Dining Observation _____

2) Infection Control and Immunizations _____

3) Kitchen/Food Service Observation _____

4) SNF Beneficiary Protection Notification Review _____

5) Medication Administration _____

6) Med Storage _____

7) QAA/QAPI _____

8) Resident Council Meeting _____

9) Sufficient and Competent Nurse Staffing _____

Team unit assignments: _____