

SUGGESTED ITEMS FOR SURVEY READY BOOK

Below is a list of suggested items to include in your survey ready book. Your survey ready book should be updated every Monday. The first twenty-five items listed below are required items requested when the State Survey Agency visits your nursing home for survey. The remaining items are optional items to include in your survey ready book that may assist you in your survey process. On an ongoing basis, you should ask your residents questions from the Resident Survey that is used by Surveyors when visiting with residents.

Surveyors will want:

1. Copy of the actual working schedules for licensed and registered nursing staff for the current pay period. This is due by the end of the tour (or earlier if possible).
2. Names of staff who have successfully completed training for paid feeding assistants and who are currently assisting selected residents with eating meals and/or snacks.
3. Which staff participate in the QA&A committee;
 - a. Who leads the committee
 - b. How often the committee meets; and
 - c. With whom should the survey team discuss QA&A concerns.
4. Roster/Sample Matrix, include all residents on bed hold.

Within 1 Hour:

1. List of key facility personnel and their locations.
2. A copy of the written information that is provided to a resident regarding his/her rights.
3. Meal times, dining locations, copies of all menus, including therapeutic menus that will be served for the duration of the survey
4. Medication pass times (by unit, if variable).
5. List of admissions during the past month and a list of residents transferred or discharged during the past three months and where they were discharged (e.g., home, hospital, another facility).
6. A copy of the facility's layout, indicating the location of nurses' stations, individual resident rooms, and common areas.
7. A copy of the facility's admission contract(s) for all residents (Medicare, Medicaid and other payment sources).
8. Facility policies and procedures to prohibit and investigate allegations of abuse and the name of a person that can answer questions about what the facility does to prevent abuse.
9. 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.
10. Names of any residents age 55 and under.
11. 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.
12. List of interviewable residents.

Within 24 Hours:

1. Completed "Long Term Care Facility Application for Medicare and Medicaid" (HCFA-671).
2. Completed "Resident Census and Conditions of Residents" (HCFA-672).
3. A list of Medicare residents who requested "demand bills" in the last 6 months.
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Other items you may be asked for:

1. The current resident activity schedule/calendar.
2. A list of the residents who have elected the hospice benefit and are currently receiving hospice care from an outside agency.
3. A list of residents who receive dialysis services.
4. A list of resident council officers (include room numbers).
5. Completed "Disclosure of Ownership and Control Interest Statement" (Form HCFA-1513).
6. Emergency water plan.
7. CLIA waiver.

Administrator questions:

1. Which, if any, rooms have less square footage than required? Do you have a variance in effect and are you prepared to continue to request a variance for any such rooms? F458
2. Which, if any, rooms are occupied by more than four residents? Do you have a variance in effect and are you prepared to continue to request a variance for any such rooms F457
3. Is there at least one window to the outside in each room? F461
4. Do all bedrooms have access to an exit corridor? F459
5. What are the procedures to ensure water is available to essential areas when there is a loss of normal supply? F466

NOTE:

NEVER give your survey book to the surveyors. Only hand them the items that are requested.