

Nursing Home Licensure Survey Checklist



Facility:	Survey Date:	Event ID:	Surveyor:
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Note: Refer to your ASPEN Nursing Home Regulation Set, the NH licensure rules (59A-4, etc.) and the Florida Statutes (Ch. 400, Part II, Ch. 408, Part II, etc.)

Items to request from the administrator during the entrance conference

- ☐ **Qualified Medication Aides (QMA) (effective date 3/13/2024)** If the nursing home uses QMAs request the following:
 - ☐ QMA policy and procedures
 - ☐ Listing of QMAs with locations and shift
 - ☐ QMA training information
- ☐ **Personal Care Attendant training program if the nursing home uses Personal Care Attendants (PCAs)** Review the PCA training program on the first licensure survey after the rule implementation of May 4, 2022. For subsequent licensure surveys, review the PCA training program only if concerns are identified with PCAs, there is a new training program implemented, and/or the training program has major changes.
- ☐ **Visitation policy and procedures** This item is in effect 30 days after bill implementation date of April 6, 2022. Use the *Visitation Worksheet* for the first licensure survey post-implementation. For subsequent surveys, review the policy when there are visitation concerns or complaints.
- ☐ **Copy of admission packet, including admission contracts for all payor sources**
- ☐ **Listing of all employees with hire dates and job positions for background screening**
- ☐ **Completion of the "Calculating State Minimum Nursing Staff for Long Term Care Facilities" form for direct care staffing**
- ☐ **Names of residents who have been discharged under Baker Act in the past year and their closed records**
- ☐ **Risk management & quality assurance program information including name of risk manager, committee membership/meeting schedule, training plan for non-physician personnel**
- ☐ **Facility grievance and incident logs**
- ☐ **Grievance procedure**
- ☐ **Policy for investigation of allegations of sexual misconduct**
- ☐ **Staff education plan reviewed annually by the QA committee**

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Facility:	Survey Date:	Event ID:	Surveyor:
<input type="checkbox"/> Annual review of facility policies and procedures with input from the Administrator, Medical Director, and Director of Nurses <input type="checkbox"/> Facility influenza immunization policy for employees			
Items to verify during the survey			
<input type="checkbox"/>	<u>Qualified Medication Aides (if applicable) (N063, N066, N067, N604 through N607) (400.141(1)(p) F.S.; 400.211(5)(a)-(e) F.S.; 400.23(3)(a)2,(b)1,2,3,5,6 F.S.; 400.23(3)(b)4 and (c) F.S.; 59A-4.108(4) F.A.C.)</u>		
	<input type="checkbox"/> QMA must be a CNA		
	<input type="checkbox"/> QMA must have a clear and active certification as a nursing assistant from the state for a minimum of 1 year immediately preceding delegation by a registered nurse		
	<input type="checkbox"/> Completion of the initial six-hour training course in subsection 64B9-15.0025(2), F.A.C.		
	<input type="checkbox"/> Completion of an additional 34-hour training course curriculum		
	<input type="checkbox"/> A QMA must satisfactorily complete the annual validation and 2 hours of inservice training in medication administration and medication error prevention in accordance with s. 464.2035 F.S.		
	<input type="checkbox"/> RN must delegate medication administration duties to QMA		
	<input type="checkbox"/> RN has determined QMA may be delegated based on the assessment of patient; complexity of task; experience of QMA; willingness of QMA; consent of patient, guardian, health care surrogate		
	<input type="checkbox"/> QMA is directly supervised by licensed nurse during delegated duties (If LPNs are supervising, they must have completed a Board approved supervisory education course before supervising. If you find concerns about this, make a referral to the Florida Board of Nursing).		
	<input type="checkbox"/> A RN may delegate to a CNA the administration of oral, transdermal, ophthalmic, otic, inhaled, or topical prescription medication to a resident, if the certified nursing assistant meets the requirements for a QMA		
	<input type="checkbox"/> CNAs performing the duties of a QMA under s. 400.211(5) may not be included in computing the hours of direct care provided by, or the staffing ratios for, CNAs or licensed nurses		
	<input type="checkbox"/> Medication administration must be included in the performance improvement activities tracked in accordance with federal 42 79 C.F.R. s. 483.75(e)(2)		
	<u>See Attachment B Worksheet to document review of the QMA's qualifications and training. Sample up to 5 QMA HR files for review. Expand the sample if concerns are identified.</u>		

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	<p><u>Observe at least 1 QMA during the federal certification survey Medication Administration Task. If there are concerns with the QMA's medication administration, observe more medication administration with QMAs.</u></p> <p><u>Notes:</u></p>		
<input type="checkbox"/>	<p><u>Personal Care Attendant Training Program (if applicable) (N0926 through N0930) (59A-4.1081, F.A.C.)</u></p> <p><input type="checkbox"/> PCA candidates must be at least 18 years old</p> <p><input type="checkbox"/> PCA candidates must be able to read, write and complete written materials pertinent to their job duties</p> <p><input type="checkbox"/> PCA Training Program instructor is a licensed Registered Nurse</p> <p><input type="checkbox"/> Training must consist of a minimum of 16 hours of classroom teaching and 8 hours of supervised simulation in which the PCA candidate must demonstrate competency in all areas of training</p> <p><input type="checkbox"/> Training content must include the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residents' rights (2 hrs. classroom) <input type="checkbox"/> Confidentiality of residents' personal information and medical records (1.5 hrs. classroom) <input type="checkbox"/> Control of contagious and infectious diseases (2 hrs. classroom, 1.5 hrs. simulation) <input type="checkbox"/> Emergency response measures (2 hrs. classroom, 1.5 hrs. simulation) <input type="checkbox"/> Assistance with activities of daily living (4 hrs. classroom, 2 hrs. simulation) <input type="checkbox"/> Measuring vital signs (1 hr. classroom, 1.5 hrs. simulation) <input type="checkbox"/> Skin care and pressure sores prevention (30 minutes classroom, 1 hr. simulation) <input type="checkbox"/> Portable oxygen use and safety (30 minutes classroom, 30 minutes simulation) <input type="checkbox"/> Nutrition and hydration (30 minutes classroom) <input type="checkbox"/> Dementia care (1 hr. classroom) <input type="checkbox"/> Mental health/challenging behaviors (1 hr. classroom) (See 59A-4.1081, F.A.C., for specific training details) <p><input type="checkbox"/> Facility must maintain a record of all PCA candidates who complete training and demonstrate the required competencies</p> <p><u>Notes:</u></p>		

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Facility:	Survey Date:	Event ID:	Surveyor:
<input type="checkbox"/>	<u>Nursing Staffing Posting</u> <input type="checkbox"/> The facility shall post daily the names of the PCAs on duty (N0930) <input type="checkbox"/> The facility shall post daily the names of staff on duty (N0066) Notes:		
<input type="checkbox"/>	<u>Admission Packet Review (N0030)</u> <input type="checkbox"/> Florida's "Health Care Advance Directives" <input type="checkbox"/> Facility's Admission and Discharge Policies <input type="checkbox"/> Copy of Resident Bill of Rights <input type="checkbox"/> Policy and Procedure to minimize risk of theft/loss of personal property of the residents (N0025) Notes:		
<input type="checkbox"/>	<u>Facility Contract Review (N0031):</u> <input type="checkbox"/> Services and accommodations <input type="checkbox"/> Rates or charges <input type="checkbox"/> Bed reservation policy <input type="checkbox"/> Refund policies <input type="checkbox"/> Services and supplies available but not covered by the per diem rate <input type="checkbox"/> Standard charges for each item Notes:		
<input type="checkbox"/>	<u>Background Screening</u> <ul style="list-style-type: none"> • Background Screening Clearinghouse Roster (Z814) • Request a list of all facility employees with hire dates and job position titles • Select 10 random employees, including 5 new hires, 1 Personal Care Attendant, and 1 Paid Feeding Assistant (if applicable) for review of the employee personnel file • Review a sample of employees listed in the Employee/Contractor Roster for the facility in the Background Screening Clearinghouse database to ensure compliance with Ch. 435.12(2)(c), F.S. 		

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	<ul style="list-style-type: none"> Compare the roster to the list of employees provided by the facility to ensure newly hired staff are included in the roster. (Guidance: At this time, only newly screened or recently re-screened employees will be listed in the Clearinghouse) <p>Level 2 Background Screening (Z815)</p> <ul style="list-style-type: none"> Review a sample of 10 random current employees (including 5 newly hired) employee personnel records (or Employee Roster for newly hired or recently rescreened employees) for documentation of current Level 2 Background Screening eligibility to ensure compliance with Ch. 408.809; 435.02(2); 435.06 F.S. <p>Background Screening-Compliance Attestation (Z816)</p> <ul style="list-style-type: none"> Request 10 random staff files for employees Review these employee files to verify that the AHCA Recommended Form 3100-0008, September 2013, Affidavit of Compliance with Background Screening Requirements (or similar attestation), is in the employee's personnel file for compliance with Ch. 408.809(2)(a-c) F.S. (New offenses effective 8/1/2010-408.809, F.S. and 435.04, F.S.) <p>Please use Attachment A for documentation of files reviewed</p> <p>*Please note that if quality of care deficient practices have been identified, review as appropriate training received by staff in that corresponding subject area*</p> <p>Notes:</p>		
<input type="checkbox"/>	<p><u>Nursing & Direct Care Staffing for Long Term Care Facilities</u></p> <p>After the facility completes the “Calculating State Minimum Nursing Staff for Long Term Care Facilities”, verify that the facility meets required staffing ratios (N0063):</p> <ul style="list-style-type: none"> CNAs <ul style="list-style-type: none"> 2.0 hours of direct care per resident daily (includes Nursing Assistants and Personal Care Attendants) 1 CNA to 20 residents Licensed nursing staff <ul style="list-style-type: none"> 1.0 hour of direct care per resident daily 1 nurse to 40 residents Minimum weekly average of 3.6 hours by direct care staff per resident per day (a week is defined as Sunday through Saturday) 		

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	<ul style="list-style-type: none"> • Direct care staff include non-nursing staff such as rehabilitation staff, activities, social services, dietitian, paid feeding assistants, and personal care attendants (non-administrative duties) • Nursing home not in compliance with state minimum-staffing requirements for 48 consecutive hours is prohibited from accepting new admissions until the facility has achieved the minimum-staffing requirements for 6 consecutive days. A nursing facility, which does not have a conditional license, may be cited for failure to comply with the standards in s. 400.23(3)(b)1.b. and c. only if it has failed to meet those standards for 48 consecutive hours or it has failed to meet at least 97 percent of those standards on any one day (N0069) • If the facility has a census of 121 or more residents, an RN is designated as ADON (N060) • No nursing services staff person shall be scheduled for more than 16 hours within a 24-hour period, for three consecutive days, except in an emergency. Emergencies shall be documented and must be for a limited, specified period of time • The facility must notify its certified and licensed staff members that PCAs have a limited scope of permissible work, and detail duties they may not be delegated to perform as PCAs (N0930) • If the facility learns that any PCA is performing duties outside the limited scope of permissible work, the facility must immediately intervene, stop the PCA, and reassign those duties to authorized personnel (N0930) • PCAs must be supervised by a licensed nurse and shall report to the facility's nursing management or supervisor <p>Notes:</p>		

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Facility:	Survey Date:	Event ID:	Surveyor:
<input type="checkbox"/>	<u>Emergency Discharge/Transfer (Baker Act) Review (N0509)</u> <ul style="list-style-type: none"> Review the records of 3 residents who have been discharged under Baker Act since the last licensure survey/revisit or complaint if this was reviewed Verify compliance with N0509 Emergency Transfer/Discharge Notes:		
	<u>Emergency Discharge/Transfer (Baker Act) Residents Reviewed/Date of Incident</u>		
<input type="checkbox"/>	<u>Risk Management & Quality Assurance Program (N0901, N904)</u> *Review the state RM & QA in conjunction with the federal QA&A Review <ul style="list-style-type: none"> Facility risk manager (N902) Committee membership/ meeting schedule (N903) Training plan for non-physician personnel (N906, N907 & N908) Review 3 recent incidents to ensure investigation and reporting requirements are being met. <i>Surveyor Guidance: Review the facility grievance/incident logs since the last licensure survey to determine if any incidents logged met the definition of Adverse Incident. Additionally, look for accidents/falls with major injury, hospitalizations, deaths, elopements, serious medication errors, abuse, etc., identified during the survey to see if these were reported to the RM as incidents. Determine if</i> 		

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Facility:	Survey Date:	Event ID:	Surveyor:
	<p><i>they met the definition of adverse incident. Select 3 of these incidents that might be adverse from these sources to see that they were reported to AHCA as adverse incidents and investigated appropriately.</i></p> <ul style="list-style-type: none"> • All adverse incidents are reported to the risk manager within three business days (N905) • Adverse incident investigations initiated within 1 business day & report submitted to the agency within 15 calendar days after the adverse incident occurred (N915) • Grievance procedure (N0042 & N0909) • Policy for investigation of allegations of sexual misconduct (N914) <p>Notes:</p>		
<input type="checkbox"/>	Risk Management & Quality Assurance Program – Incident/Grievance Review		
	Incident Date/Description		
<input type="checkbox"/>	<p><u>Staff Education Plan (N0150)</u> Reviewed annually by the RM and QA committee & revised PRN Notes:</p>		

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Facility:		Survey Date:	Event ID:	Surveyor:
<input type="checkbox"/>	<u>Annual Review of Facility Policies and Procedures (N040)</u> Reviewed annually and revised as needed with input from the Administrator, Medical Director, and Director of Nurses Notes:			
<input type="checkbox"/>	<u>Facility Influenza Immunization Policy For Employees (N0412)</u> The facility must annually encourage and promote the benefits associated with immunizations against influenza viruses to its employees Notes:			
<input type="checkbox"/>	<u>AHCA Poster (N0428)</u> AHCA poster posted in the facility and must contain the names, addresses, and telephone numbers for the state's abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline, the Advocacy Center for persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit, with a clear description of the assistance to be expected from each Notes:			
<input type="checkbox"/>	<u>Nursing Home Guide (N0433)</u> Most recent version of Nursing Home Guide pages specific to the facility, in sufficient number of permanent positions accessible to all residents and the general public (the Agency publishes this quarterly) Notes:			

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ATTACHMENT A

Facility:			Survey Date:		Event ID:			Surveyor:				
			1	2	3	4	5	6	7	8	9	10
Tag	Regulatory Reference	Staff Initials										
		Position										
		Date of Hire										
Z814 <input type="checkbox"/>	435.12(2)(c)	Employee Roster										
Z815 <input type="checkbox"/>	400.215	Level 2 Persons hired or initially contracting with a provider after 8/1/2010, must undergo a Level 2 background screening										
		90+ day break in employment? (Y/N)										
Z816 <input type="checkbox"/>	408.809 and 435.04	Every employee and contractor must attest to meeting the requirements, and it must be in their personnel file										
N602 <input type="checkbox"/>	400.211 (3)	CNA Employment History										

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Facility:			Survey Date:		Event ID:			Surveyor:					
			1	2	3	4	5	6	7	8	9	10	
N921 <input type="checkbox"/>	400.141(1) (v)	Paid Feeding Assistant (PFA) completed required 12 hr. training before feeding residents											
N925 <input type="checkbox"/>	400.141(1) (w)	Personal Care Attendant (PCA) completed required 16 hr. classroom and 8 hr. simulation training before contact with residents (N0925 & N0928)											
		PCA does not perform any task that requires clinical assessment, interpretation, or judgment (N0925)											
		PCA may only work up to 4 months (N0925)											
		PCA employed exclusively at 1 nursing home before becoming CNA (check BGS Clearinghouse &											

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Facility:			Survey Date:		Event ID:			Surveyor:				
			1	2	3	4	5	6	7	8	9	10
		employment references)										

Notes:

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****If quality of care deficient practices have been identified, review, as appropriate, the following training received by staff in that corresponding subject area****

Facility:			Survey Date:		Event ID:			Surveyor:					
			1	2	3	4	5	6	7	8	9	10	
N152 <input type="checkbox"/>	59A-4.106 (5)(c)	Infection Control and Prevention											
		FLS, disaster preparedness											
		Accident/safety awareness											
		Resident rights											
		Federal/State regs											
N153 <input type="checkbox"/>	59A-4.106 (5)(d)	HIV Training											
		Non-licensed staff											
		2 hrs. within 6 mos. of hire											
N160 <input type="checkbox"/>	400.175 (1)	1 hr. every 2 years											
		Alzheimer's Disease Training											
N163 <input type="checkbox"/>	400.175 (2)	All staff written info within 3 days of hire											
		Direct contact staff – 1 hr. initially within 3 mos. of hire											

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Facility:			Survey Date:		Event ID:			Surveyor:					
			1	2	3	4	5	6	7	8	9	10	
N163 <input type="checkbox"/>	400.17 5(2-6)	Direct contact staff An Add'l 3 hrs. training within 9 mos. (=4 hrs. in 9 mos.)											
	N603 <input type="checkbox"/>	400.21 1(4) §483.3 5(d)(7)	All CNAs employed >12 months must have performance review- Fed/State										
	400.21 1(4) §483.9 5(g)(1)	Nursing Assistant inservice training must be sufficient to ensure continuing competence and meet the following standards:											
	400.21 1(4)	Eating/feeding techniques											
		Nutrition/Hydration Principles											
	400.21 1(4) §483.9 5(g)(4)	Cognitive impairment/difficult behaviors											
	400.21 1(4)	Care at the end of life											
		Risk factors for pressure ulcers											
		Risk factors for falls											

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Facility:			Survey Date:		Event ID:			Surveyor:					
			1	2	3	4	5	6	7	8	9	10	
	§483.9 5(g)(3)	Areas of weaknesses based on CNA's performance reviews and special needs of residents											
N150 <input type="checkbox"/>	59A-4.106 (5)(a)	Staff Education Plan											
		Revised as necessary											
N600 <input type="checkbox"/>	400.21 1(1)	Must be qualified as a CNA											
N601 <input type="checkbox"/>	400.21 1(2)	Nursing assistants, not certified, may work up to 4 months if:											
	§483.3 5(d)(1) and (3)	1. Enrolled in or completed state approved program; or											
	400.21 1(2)	2. Verified as actively certified in another state registry with no findings of ANE; or											
		3. Preliminarily passed state certification exam											

Notes:

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ATTACHMENT B

Facility:			Survey Date:		Event ID:					Surveyor:				
			1	2	3	4	5	6	7	8	9	10		
Tag	Regulatory Reference	Staff Initials												
N604 <input type="checkbox"/>	400.211(5) (a-b)	Date of Hire												
		Date of CNA Certification												
		Date of Delegation by RN												
N604 <input type="checkbox"/>	400.211(5) (a-b)	QMA has 1 year minimum as Florida CNA before delegation? Y/N												
N604 <input type="checkbox"/>	400.211(5) (a-b)	Completion of Initial six-hour training course? Y/N												
N604 <input type="checkbox"/>	400.211(5) (a-b)	Completion of an additional 34-hour training course curriculum by RN? Y/N												
N604 <input type="checkbox"/>	400.211(5) (a-b)	Validate competency by RN? Y/N												
N605 <input type="checkbox"/>	400.211(5)	Satisfactorily complete the annual validation and 2 hours of inservice training in												

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Facility:			Survey Date:		Event ID:			Surveyor:					
			1	2	3	4	5	6	7	8	9	10	
		medication administration and medication error prevention Y/N/NA											
N604 <input type="checkbox"/>	400.211(5) (a-b)	RN delegation based on assessment of patient, complexity of task; experience of QMA; willingness of QMA; consent of patient, guardian, health care surrogate											
N606 <input type="checkbox"/>	400.211(5) (d)	QMA is directly supervised by licensed nurse during delegated duties.											
N604 <input type="checkbox"/>	400.211(5) (a-b)	QMA administers only oral, transdermal, ophthalmic, otic, inhaled, or topical prescription medication and prefilled insulin pen to a resident. Y/N/NA											

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N063 <input type="checkbox"/>	400.23(3)(a) 2, (b) 1, 2, 3, 5, 6 & 59A-4.108(4)	CNAs performing the duties of a QMA under s. 400.211(5) may not be included in computing the hours of direct care provided by, or the staffing ratios for, CNAs or licensed nurses		
N607 <input type="checkbox"/>	400.211(5) (e)	Medication administration must be included in the performance improvement activities tracked in accordance with federal 42 CFR s. 483.75(e)(2)		

Notes: