



Requested Survey Items- Provider Copy

Licensure- Skilled Agency- Not Certified

Requested Item	
Copy of AHCA license	
Alternate Administrator written designation	
Director of Nursing written designation of designee and/or alternate DON	
If accredited, name of accreditation organization and date of last survey	
Number of unduplicated patient admissions for last 12 months, include all payer sources, skilled and non-skilled, and all locations	
Current active patients for all locations to include: (Required within 2 hours of survey entrance): <ul style="list-style-type: none"> • Start of care date • Primary diagnosis • Address • Disciplines providing services. • List of patients receiving special programs including, delegation of tasks including medication administration, private duty nursing, and/or aide for medically fragile children. • List of Pediatric patients. • Specify clinically complex and/or specialized services on patient list (IV, vent/trach, wound, pressure injury, etc.) • If non-skilled services are provided, provide a separate patient list. • If psychiatric nursing services are offered, provide the name of nurses providing services and a list of patients. 	
Discharge patients for last 6 months to include: Start of care date <ul style="list-style-type: none"> • Start of Care date • Discharge date • Primary diagnosis • Services provided • Reason for discharge • Disposition of patient 	
List of current direct care staff including job title/position, date of hire	
List of current contract staff including job title/position, date of hire	
Patient schedule for week of survey for all disciplines	
Copy of admission packet	
Policy and Procedure Manuals, including policy for reporting abuse, delegation of tasks including medication administration, private duty nursing, and/or caregiver aide for medically fragile children.	
Copies of advertisements	
Contracts with any of the following: Medical Director, Assisted Living Facilities, Adult Family Care Homes, Health Care Services Pool for temporary staff	
Biohazard waste permit or exemption	
Emergency Management plan	
ADRD written information provided to staff upon hire. Name of company or person providing ADRD training with evidence of an approved course	

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If providing special program delegation of tasks including medication administration and/or caregiver aide for medically fragile children, provide copy of training curriculum and trainer qualifications.	
If providing 2-hour training for assistance with self-administration of medications, provide copy of training curriculum and trainer qualifications.	
If providing 40-hour home health aide training, provide copy of training curriculum and trainer qualifications.	
QA Plan	