

## Requested Survey Items- Provider Copy

### Licensure- Non-Skilled Agency

Requested Item	
Copy of AHCA license	
Alternate Administrator written designation	
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	
<b>Current active patients for all locations to include:</b> <i>(Required within 2 hours of survey entrance):</i> <ul style="list-style-type: none"> <li>Start of care date</li> <li>Primary diagnosis</li> <li>Address</li> <li>Disciplines providing services.</li> </ul>	
<b>Discharge patients for last 6 months to include:</b> Start of care date <ul style="list-style-type: none"> <li>Start of Care date</li> <li>Discharge date</li> <li>Primary diagnosis</li> <li>Services provided</li> <li>Reason for discharge</li> <li>Disposition of patient</li> </ul>	
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	
Client schedule for week of survey for all disciplines	
Copy of admission packet	
Policy and Procedure Manuals, including policy for reporting abuse	
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	
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	