

Facility:  
 Date:  
 Surveyor:

Post-Survey Protocol  
 Ambulatory Surgical Centers

Directions: Review this list. This is what is required federally. Compare this list with the one from your preceptor or training coordinator and identify the differences. Discuss with your preceptor.

Item	<input checked="" type="checkbox"/>
Setting up the Survey in ASPEN:	
<ul style="list-style-type: none"> <li>• The survey is set up in ASPEN according to Federal guidelines and State Agency policy.</li> </ul>	<input type="checkbox"/>
Ensuring Accurate Information:	
<ul style="list-style-type: none"> <li>• The Team/Supervisor reviews the survey properties and citations, ensuring all information (entrance and exit dates, type of survey, etc.) is accurate.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• All survey team members complete Form CMS-2567 as determined.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Complete edits of Form CMS-2567 and review form.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• The team reviews all citations and resolves any issues that exist with the team members (ensure consistency in formatting, dates, times, etc.).</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• After supervisory approval of Form CMS-2567, ensure all necessary information is included in the packet.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• When the packet and checklists are complete, they are forwarded to the supervisor for review.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Ensure the packet includes the following:</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Federal Survey Report (Form CMS-2567) or Form CMS-2567 B if this is a follow-up survey</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Patient Identifier List</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Staff Identifier List (if used in Form CMS-2567)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Form CMS-377: Ambulatory Surgical Center Request for Certification in the Medicare Program</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Infection Control Surveyor Worksheet</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ C&amp;T (Form CMS-1539) (electronically in ASPEN)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Survey Team Composition and Workload Report (Form CMS-670)</li> </ul>	<input type="checkbox"/>