

Agency:

Date:

Surveyor:

Surveyor Orientation

Purpose: Preceptors and new surveyors may use this checklist to track progress as they learn and perform the necessary survey tasks for a hospice survey.

Directions: Preceptor—Insert your name and the date that each reference document is reviewed with the new surveyor. Surveyors—Initial once you are comfortable locating information needed within each document.

Table 1. Surveyor Orientation

Item	Subject	Date	Reviewed By
A.	CMS Hospice Regulations/Resources		
	<ul style="list-style-type: none">• State Regulation		
	<ul style="list-style-type: none">• Federal Regulations		
	<ul style="list-style-type: none">• State Operations Manual (SOM)		
	<ul style="list-style-type: none">• Conditions of Participation		
	<ul style="list-style-type: none">• Medicare Benefit Policy Manual		
	<ul style="list-style-type: none">• Federal Surveyor Training Handouts		
	<ul style="list-style-type: none">o L Tags and Abbreviated Identifiers		
	<ul style="list-style-type: none">o Outline of Hospice Survey Process		
	<ul style="list-style-type: none">o Hospice Important Points to Remember		

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Directions: The preceptor demonstrates the task, initials, and dates this document when the task/review is complete. The surveyor then practices the task, initials, and dates. When the surveyor becomes independent in completing the task, they initial and date again.

Table 2. Task Review

Item	Subject	Date	Reviewed By
1.	Survey Process—Medicare		
	a) Initial Survey		
	<ul style="list-style-type: none">SOM review and/or approval		
	<ul style="list-style-type: none">Survey forms and/or packets		
	b) Recertification Survey		
	<ul style="list-style-type: none">Survey forms and/or packets		
	<ul style="list-style-type: none">Survey preparation		
	c) Follow-up Survey		
2.	Entry of Surveys into ASPEN		
	<ul style="list-style-type: none">Principals of Documentation (POD)		
	<ul style="list-style-type: none">Section I, Policy and Policy Manual		
	<ul style="list-style-type: none">Form CMS-2567 and Form CMS-1539 statements		
	<ul style="list-style-type: none">Additional regulatory statements		
	<ul style="list-style-type: none">Statement of deficiencies		
	<ul style="list-style-type: none">Form CMS-670		

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Item	Subject	Date	Reviewed By
	<ul style="list-style-type: none">Email to office		
	<ul style="list-style-type: none">Survey forms to office		
3.	Federal Hospice Regulations		
	a) Initial Survey		
	<ul style="list-style-type: none">Review/approval		
	<ul style="list-style-type: none">Survey forms/packets		
	b) Follow-up Survey		
4.	Plan of Correction		
	<ul style="list-style-type: none">Time frames for submission		
	<ul style="list-style-type: none">Approval process		

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Purpose: Preceptors may use this checklist track the new surveyor's progress as they learn and perform the necessary survey tasks for a hospice survey.

Directions: Enter the name of the lead surveyor and the new surveyor, indicate if this was a Medicare or state survey, and the date.

Table 3. Training Surveys

Lead Surveyor	New Surveyor	Medicare	State	Date

Basic Hospice Surveyor Training (must be completed prior to check-off survey)

Date Completed: _____

Check-off Survey (with preceptor)

Date Completed: _____

Surveyor: _____

Date Completed: _____

Surveyor Signature: _____

Preceptor Signature(s): _____

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)