

Facility:
 Date:
 Surveyor:

Training List
 Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill in the date as each task is completed.

Task	Date Completed
Pre-survey review	
Entrance conference	
Notifying care review committee	
Sample selection	
Review of facility's abuse, neglect, and mistreatment system	
Review criminal background checks	
Review incident reports	
Individual observations of clients and/or staff interactions	
Medication pass	
Medication review	
Medication Intermediate Care Facility/Individuals with Intellectual Disabilities(ICF/IID) video	
Environment:	
• Observe areas of facility	
• Check hot water temperatures	
Record review	
Client protections	
Health services	
Dietary assessment	
Governing body and facility practices	
Decision making	
Active treatment	
Revisits	

Please return this completed form to the trainer or preceptor prior to attending ICF/IID Basic Training.