

Forms Checklist
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Please use this checklist appropriately.

Item	<input checked="" type="checkbox"/>
Fundamental Survey	
• CMS Form 2567 Statement of Deficiencies	<input type="checkbox"/>
• CMS Form 3070H Deficiencies Report	<input type="checkbox"/>
• CMS Form 3070G Survey Report	<input type="checkbox"/>
• CMS Form 1513 Disclosure and Ownership	<input type="checkbox"/>
• CMS Form 677 Medication Pass Sheet	<input type="checkbox"/>
• CMS Form 670 Survey Team Composition and/or Work Load	<input type="checkbox"/>
• Lists of sample clients, observation and interview numbers, care review information, and Fining and Citation Determination Form	<input type="checkbox"/>
Revisit	
• CMS Form 2567 (for additional deficiencies)	<input type="checkbox"/>
• CMS Form 2567B Revisit Report Form	<input type="checkbox"/>
• CMS Form 3070H Deficiencies Report	<input type="checkbox"/>
• CMS Form 670 Survey Team Composition and/or Work Load	<input type="checkbox"/>
• Letter	<input type="checkbox"/>
• Lists of sample clients, observation and interview numbers, care review information, and Fining and Citation Determination Form	<input type="checkbox"/>
Complaint	
• CMS Form 2567 Statement of Deficiencies	<input type="checkbox"/>
• CMS Form 562 Complaint Form	<input type="checkbox"/>
• CMS Form 670 Survey Team Composition and/or Work Load	<input type="checkbox"/>
• Narrative report of investigation	<input type="checkbox"/>
• Letters Complainant and facility	<input type="checkbox"/>
• Fining and Citation Determination Form	<input type="checkbox"/>
Dependent Adult Abuse	
• CMS Form 2567 Statement of Deficiencies (if applicable)	<input type="checkbox"/>
• CMS Form 562 Complaint Form	<input type="checkbox"/>
• CMS Form 670 Survey Team Composition and/or Work Load	<input type="checkbox"/>
• Comprehensive Memo Part I and Part II	<input type="checkbox"/>
• Fining and Citation Determination Form	<input type="checkbox"/>
Child Abuse	
• CMS Form 562 Complaint Form	<input type="checkbox"/>
• CMS Form 670 Survey Team Composition and/or Work Load	<input type="checkbox"/>
• Child Protective Assessment Summary Part A	<input type="checkbox"/>
• Child Protective Assessment Summary Part B	<input type="checkbox"/>
• Notice of Child Abuse Findings	<input type="checkbox"/>
• Fining and Citation Determination Form	<input type="checkbox"/>