

Facility:
Date:
Surveyor:

Survey Packet Checklist
Non-Long Term Care

Directions: Check-off applicable items as you verify their inclusion in the packet.

All Survey Types:

- Client/Patient Identifier
- Staff Identifier (if used in the Form CMS-2567)
- Federal Survey report (Form CMS-2567)
- Survey Team Composition & Workload Report (Form CMS-670)
- C&T (Form CMS-1539)
 - If no deficiencies are cited, use the A code.
 - If CoP/CfC(s) are not met, use the B code.
 - If standard-level deficiencies are cited, the C&T is generated after an acceptable Plan of Correction (POC) has been received.
- POC accepted by the Team
- Post Certification Revisit Report (Form CMS-2567B)
 - For follow-ups only

Ambulatory Surgical Center (ASC):

- CMS-377: ASC Request for Certification in the Medicare Program
- Infection Control Worksheet

End Stage Renal Disease (ERSD):

- Form CMS-3427: ESRD Application/Notification and Survey & Certification Report

Hospice:

- Form CMS-643: Hospice Survey & Deficiencies Report
- Form CMS-417: Hospice Request for Certification in the Medicare Program

Complaints:

- Complaint Intake Form and Complaint Findings
- Form CMS-2802 For Deemed Facilities

Note: If multiple complaints are completed at the same time, only one Client Identifier List, Form CMS-2567, and Form CMS-670 need to be completed. If these are not included in this packet, please indicate the complaint file number where these items can be found.

Hospital/Critical Access Hospital (CAH):

- Exhibit 286: Hospital and/or CAH Database Worksheet
- Form CMS-437: Psychiatric Unit Criteria Worksheet (if applicable)
- Form CMS-437A: Rehabilitation Unit Criteria Worksheet (if applicable)
- State Survey Report (2567 State Form)

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Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IID):

- State Survey Report (2567 State Form)
- Federal Deficiency Report (Form CMS-3070H)
- Survey Report (Form CMS-3070G)
- Follow-up is due:
 - On-Site
 - Phone/Mail
 - N/A

Home Health Agency (HHA):

- Form CMS-1572 a–d: HHA Survey and Deficiencies Report
- State Survey Report (2567 State Form)

Notes:

Rural Health Clinic (RHC):

- Form CMS-29: Request to Establish Eligibility to Provide Rural Health Clinic Services
- Form CMS-30: Rural Health Clinic Survey Report

Outpatient Physical Therapy(OPT)/Outpatient Speech Pathology(OSP):

- Form CMS-1856: Request for Certification to Provide Outpatient Physical Therapy and/or Speech Pathology Services
- Form CMS-1893: OPT/OSP Survey Report

Note: Complete a separate form for each surveyed Outpatient Physical Therapy location (i.e., the primary site and all extension locations).