

Facility Name:
 Surveyor Name:
 Date:

Preliminary Decision Making/Information Analysis

The purpose of the Preliminary Decision Making/Information Analysis Example document is to provide surveyors with an example of how to complete the tracking tool during a survey. Preceptors and State Training Coordinators (STC) should review the components of this document with their new surveyors to facilitate discussions related to specific survey items.

Directions: Each team member may complete this form and turn in a copy to the TL at the end of the survey (make sure to keep a copy for your own records). Enter your survey information on the form and add names to patient and staff rosters on a daily basis to keep from getting behind. The TL will use this as a guide. If an item does not apply, enter Not Applicable (N/A).

Tag #	Deficient Practice	Observation(s) (<input checked="" type="checkbox"/> or N/A)	Record Review Patient Identifier Numbers		Interview(s) Identifier Numbers		Copy of Policy and Procedure (P&P) to Support Citation? (<input checked="" type="checkbox"/> or N/A)	Preceptor (Initials)
			Current	Discharged	Patient	Staff		
45	LOTS of TO/VO. Authentication not timely	Unauthenticated TO/VO on nearly every chart	3,4,8,10	47,48		F,I	<input checked="" type="checkbox"/>	PB, MI
None	Annual review and revision of job descriptions	Major review in 2009, none since				F,M	Facility has no policy	N/A

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Remember to review your documents for the following items, as applicable:

ALL PROVIDER ENTITIES/SUPPLIERS

- Physician's Orders
- Medication Administration Record
- Treatment Administration Record
- Pharmacy review/medication regimen review
- Physician's visit frequency/notes
- History & Physical
- Specialty Consults (psych, podiatry, etc.)
- Vision/Dental consults
- PT/OT/ST/adaptive equipment
- Nurses/clinician's notes
- Weights/Vital Signs
- Immunization Records
- Care Plans
- Laboratory results
- Dietary/Nutrition (percent meal consumption)
- Advance Directives
- Psychosocial evaluation
- Activities of Daily Living documents
- Assessments (falls, smoking, restraints, Braden, bowel/bladder, etc.)
- Wound notes/assessments
- Social Services notes
- Activities (notes, calendar, resident frequency, etc.)
- Infection Control
- Comprehensive Functional Assessment (CFA)
- Informed consent (psychotropic medications, rights restrictions, treatment, etc.)
- Staffing records
- Staff training/education

LONG-TERM CARE SPECIFIC

- Previous Survey results (with location)
- Minimum Data Set (MDS)
- CPR certification

OTHER

- _____
- _____
- _____
- _____
- _____
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- _____
- _____
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- _____

Please refer to your specific section in the SOM regarding possible areas for review.