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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-62584 (09/2018) | **STATE OF WISCONSIN**Wis. Stat. ch. 50Wis. Admin. Code chs. DHS 83, 88, 89 |
| **ASSISTED LIVING FACILITY****ENTRANCE / EXIT CONFERENCE CHECKLIST** |
| Name – Facility      | Facility Type[ ]  ADC [ ]  AFH [ ]  CBRF [ ]  RCAC |
| Name – Licensee / Designee      | Facility ID No.      | Name – Surveyor      |
| Entrance Date *(mm/dd/yyyy)*      | Entrance Time      | Exit Date *(mm/dd/yyyy)*      | Exit Time      |
| **A. The facility was notified of the online availability of:**[ ]  DQA publication P-63186, *Survey Guide – AL Facilities*[ ]  DQA form F-62579, *Post-Survey Questionnaire*[ ]  DQA Memo 13-002, *E-SOD / E-POC Initiative*[ ]  DQA publication P-63186, *Online License and Certification Continuations via e-Licensure* |
| **B. Ask the facility to provide the following as soon as possible.**1. Consumer roster (including dates of admission and funding source)2. Staff roster (including dates of hire, position or title, and job responsibilities) and staffing schedules – *The surveyor will select a sample of personnel files to review.*3. Facility contact information – *The surveyor will compare information with Face Sheet.*4. Facility meal menus and activity calendars |
| **C. Ask the facility to provide the following within 2 hours.** ***1. Personnel Files*** [ ]  Health screening (CBRF, AFH, and ADC only) [ ]  Training documentation [ ]  Background information – BID, DOJ, IBIS (CBRF, RCAC, and AFH only)[ ]  Annual medication review (CBRF only) ***2. Safety Code Reports*** [ ]  Fire inspection (CBRF and ADC only) [ ]  Sprinkler inspection *(*CBRF only) [ ]  Smoke / heat detection inspections (CBRF only) [ ]  Furnace inspection (CBRF and AFH only) [ ]  Well / water inspection (CBRF, AFH, and ADC only) [ ]  Fire / evacuation drills (CBRF, AFH, and ADC only) |
| **D. Carbon Monoxide Alarm (CMA)**Is the facility aware of the CMA requirements?If the facility is not aware, direct the facility to DQA Memo 10-006, *Carbon Monoxide Alarms New Requirements.* |
| **E. Exit Conference**[ ]  Discussed survey findings with: |
| Name: |       | Title: |       |