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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62584 (09/2018) | | | | | **STATE OF WISCONSIN**  Wis. Stat. ch. 50  Wis. 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: | |  | | |