| Attachment D | | | | | | |
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|  | | AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)  **State Task Checklist**  For use during Recertification Surveys of Nursing Homes | | | | FACILITY NAME |
| ENTRY DATE |
| **Instructions:** Enter surveyor initials and date in the first column when each state task is completed. Mark a check box to indicate if failed practice was found in the second column. Document on the corresponding forms or on Surveyor Notes Worksheets (CMS-807) if needed. Print your name in the Surveyor Signature Legend area to identify your initials. Turn in all forms and related documents to the Team Coordinator. | | | | | | |
| SURVEYOR INITIALS / DATE | | | FAILED PRACTICE | | TASK | |
| YES | NO |
|  | | |  | | State Task Entrance Letter provided to Administrator at the Entrance Conference (Attachment C – State Entrance Conference Letter). Upon entrance, request a copy of any State Waivers. | |
|  | | | Document any current state waivers granted to the facility:  None.  The facility has the following waivers: | |
|  | | | Document the name of the current Administrator and Director of Nursing.  Administrator Name:  Director of Nursing Name: | |
|  | | |  |  | Incident Reporting log(s) review.  (WAC 388-97-0640 and “The Purple Book.”) | |
|  | | |  |  | Prior 30-day staffing information reviewed and verified (Attachment E – Staffing Pattern). (WAC 388-97-1080) | |
|  | | |  |  | Medical Test Site Waiver(s) review. (RCW 740.42.030)  Expiration date: | |
|  | | |  |  | Certificate of Liability Insurance review (Attachment F – Liability Insurance Review). (WAC 388-97-4166 through 388-97-4168) | |
|  | | |  |  | Trust Fund review. (Attachment G – Trust Fund). (WAC 388-97-0340) | |
|  | | |  |  | Nursing Assistant Training Program review. Mark N/A if there has not been an active training program in the past 12 months or if the facility does not have an approved program. Fill out DSHS Form 16-168 OBRA NA Training Onsite Inspection Form for Survey (NATCEP). (WAC 246-842) | |
| N/A | |
|  | | |  |  | Paid Feeding Assistant Training Program review (Attachment J – Paid Feed Assistant Program Review). Mark N/A if there is not a Paid Feeding Assistant program. (F811; RCS MB R13-035) | |
| N/A | |
|  | | |  |  | Call Bell Visible AND Audible. (WAC 388-97-2280) | |
|  | | |  |  | Dementia Care Unit Egress Signage. Mark N/A if there is not a Dementia Care Unit. (WAC 388-97-2920) | |
| N/A | |
|  | | |  |  | Fresh fruit / vegetables available daily. (WAC 388-97-1120) | |
| SURVEYOR INITIALS / DATE | | | FAILED PRACTICE | | TASK | |
| YES | NO |
|  | | |  |  | Staff Qualification and Background Review (Attachment L – Staff Qualification and Background Review).  (WAC 388-97-1790 through 388-97-1820) | |
|  | | |  |  | TB Testing Review for Staff (Attachment M – TB Testing Review for Staff). (WAC 388-97-1360 through 388-97-1600) | |
|  | | |  |  | TB Testing Review for Residents (Attachment N – TB Testing Review for Residents). (WAC 388-97-1360 through 388-97-1600) | |
|  | | |  |  | Pet Record review (Attachment H – Pet Record Review).  (WAC 388-97-0980) | |
|  | | |  |  | Medication Assistant Endorsement (Attachment O – Medication Assistant Endorsement). Mark N/A if there are no NA-Cs in the facility with a Medication Assistant Endorsement utilized as a medication assistant. (WAC 246-841-586 through 246-841-595) | |
| N/A | |
| **Surveyor Signature Legend (for those surveyors completing state tasks)** | | | | | | |
| INITIALS | NAME (PLEASE PRINT) | | | | | |
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| TEAM COORDINATOR’S NAME COMPLETION DATE | | | | | | |