

NURSING HOME TRAINING
Second Compliance Survey Results

Date:

Name:

Facility Name:

Scoring and Rating Key:

<u>Score</u>	<u>Rating</u>
1.6 – 2.0	Criteria Met (M)
0.9 – 1.5	Criteria Partially Met (PM)
0.0 – 0.8	Criteria Not Met (NM)

Survey Preparation and Sampling:

Team Meetings:

Admission Record:

Census Record:

Family Interview:

Resident Interview:

Resident Observation:

Staff Interview:

Verification of Stage 1 Data:

Transition:

CE Pathway:

No CE Pathway:

Facility Task:

Dining:

Infection Control:

Verification of Stage 2 Data:

Analysis and Decision Making:

NAME AND CONTACT INFORMATION OF PERSON COMPLETING THIS FORM