DSHS WASHINGTON STATE Department of Social and Health Services

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 YES	FAILED PRACTICE NO	TASK
			1. 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.
			2. Document any current state waivers granted to the facility: ☐ None. ☐ The facility has the following waivers:
			3. Document the name of the current Administrator and Director of Nursing. Administrator Name: Director of Nursing Name:
	☐	☐	4. Incident Reporting log(s) review. (WAC 388-97-0640 and "The Purple Book.")
	☐	☐	5. Prior 30-day staffing information reviewed and verified (Attachment E – Staffing Pattern). (WAC 388-97-1080)
	☐	☐	6. Medical Test Site Waiver(s) review. (RCW 740.42.030) Expiration date:
	☐	☐	7. Certificate of Liability Insurance review (Attachment F – Liability Insurance Review). (WAC 388-97-4166 through 388-97-4168)
	☐ ☐ ☐ N/A		8. Trust Fund review. (Attachment G – Trust Fund). (WAC 388-97-0340)
	☐ ☐ ☐ N/A		9. 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		10. 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)
	☐	☐	11. Call Bell Visible AND Audible. (WAC 388-97-2280)
	☐ ☐ ☐ N/A		12. Dementia Care Unit Egress Signage. Mark N/A if there is not a Dementia Care Unit. (WAC 388-97-2920)
	☐	☐	13. Fresh fruit / vegetables available daily. (WAC 388-97-1120)

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SURVEYOR INITIALS / DATE	FAILED PRACTICE		TASK
	YES	NO	
	☐	☐	14. Staff Qualification and Background Review (Attachment L – Staff Qualification and Background Review). (WAC 388-97-1790 through 388-97-1820)
	☐	☐	15. TB Testing Review for Staff (Attachment M – TB Testing Review for Staff). (WAC 388-97-1360 through 388-97-1600)
	☐	☐	16. TB Testing Review for Residents (Attachment N – TB Testing Review for Residents). (WAC 388-97-1360 through 388-97-1600)
	☐ ☐ N/A		17. Pet Record review (Attachment H – Pet Record Review). (WAC 388-97-0980)
	☐ ☐ N/A		18. 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)

Surveyor Signature Legend (for those surveyors completing state tasks)

INITIALS	NAME (PLEASE PRINT)

TEAM COORDINATOR'S NAME

COMPLETION DATE