



## CMS Surveys Sample List of Documents Requested During Surveys

### Hospital Survey Information

The following documents and information have been requested by CMS at the outset of full licensure surveys:

1. Governing body bylaws and governing body meeting minutes for the past year.
2. Overall plan and budget
3. Medical Staff bylaws, rules and regulations and meeting minutes for the past year
4. Medical Staff credentials files as requested
5. Copy of the table of content for policies and procedures for the following department: all Nursing Areas (surgery, ICU, OB, etc.), Health Information Management, Nutritional Services, Pharmacy, Emergency Services, Rehabilitation Services (PT, OT, ST) and Respiratory Care. Surveyors may request a copy of specific policies and procedures.
6. Personnel files, employee health screening and continuing education as requested by surveyors
7. Policy for ensuring current licensure of all professional staff (proof of licensure may be requested for some individuals)
8. Department in-service records as requested
9. Job descriptions of all hospital nursing staff positions
10. Quality assessment/performance improvement plan and meeting minutes for the past year
11. Policies and procedures for discharge planning process
12. Infection control program, records and meeting minutes for past year
13. Policies and procedures for potentially infectious blood and blood products (lookback procedures)
14. Patients' Rights policies and procedures
15. Organ, Tissue and Eye procurement protocols
16. Emergency/disaster preparedness plan
17. Procedures for resolving patient grievances
18. Patient related grievance/concerns with resolution for past 6 months
19. Policy and procedure for staff training and demonstration of competency in the application of restraints, implementation of seclusion, monitoring, assessment and providing care for patients in restraints.
20. Policy and procedure for training requirements for physicians and midlevel practitioners on hospitals policy regarding the use of restraints or seclusion

**Provide copies of the following:**

1. A list of current inpatients, providing each patient's name, room number, diagnoses, admission date, age, attending physician and other significant information as it applies to that patient (please provide 4 copies)
2. List of restrained patients (physical or chemical), both currently and within the past 60 days
3. Nursing staff schedules **AS WORKED** for the previous two weeks and planned nursing staff schedules for the week of the survey
4. List of facility staff including consultants (**Please include name, title and license number where applicable. Please indicate which employees were hired in the past year**)
5. Listing of all contracted services
6. Medical Staff indicating category of medical staff (e.g. active, courtesy, etc.) and specialty
7. List of patients who have died in the facility in the past 6 months
8. A list of department heads with their telephone numbers
9. List of off-site locations that are billed under the hospital provider number including what services are provided at that location
10. Emergency Room Log or computer printout as requested by surveyor
11. Surgical log or computer printout as requested by the surveyor

During the course of the survey, the surveyors will: review a sample of current and discharge medical record; conduct interviews with staff and patients; and, observe patient care and environment. Additional information may be requested.