FACILITY TOOL

AHCA Deficiency Response Checklist - First 24-48 Hours

Organize the first response window around immediate protection, exact finding language, scope, facts, ownership, correction, monitoring, and evidence. The title describes an internal work window, not a regulatory deadline.

HOW TO USE	Mark each item Yes, No, Not Applicable, or Needs Follow-up in your working copy. Add evidence, an owner, and a recheck for every gap. Do not use this public blank template to transmit resident information.

1. Stabilize and organize

- [ ] Name one response coordinator and one executive decision owner.
- [ ] Identify any immediate resident-safety concern and take appropriate protective action within existing clinical and facility authority.
- [ ] Preserve the notice, cited records, policies, schedules, logs, and other source evidence without altering the original.
- [ ] Separate confirmed facts, reported statements, and working assumptions.
- [ ] Record the response due date exactly as communicated; do not infer a deadline from this checklist.
- [ ] Create a secure working file and restrict resident-identifying content to authorized channels.

2. Read the finding precisely

- [ ] Copy the exact finding or observation into the secure work file.
- [ ] Identify the date, shift, location, workflow, and role involved when known.
- [ ] List the evidence cited by the survey team and the evidence not yet available.
- [ ] Define the observable outcome that should have occurred.
- [ ] Mark every statement that still needs verification.

3. Assess scope

- [ ] Ask who else could be affected by the same workflow, source, handoff, shift, location, or control gap.
- [ ] Check whether the same issue can occur in another department or resident group.
- [ ] Identify duplicate, stale, or conflicting sources used by staff.
- [ ] Choose an initial sample that can test whether the finding is isolated or systemic; document why the sample is useful.
- [ ] Record whether prior complaints, incidents, audits, or corrective actions show recurrence.

4. Build the correction

- [ ] Define correction for the affected situation separately from systemic correction.
- [ ] Identify the system condition that made the failure possible; do not stop at staff error.
- [ ] Specify the workflow, handoff, source, decision, verification, exception, ownership, or closure control that will change.
- [ ] Assign one accountable owner and a completion date for each action.
- [ ] Create implementation tools staff can use at the point of work.
- [ ] Define monitoring frequency, sample, reviewer, exception handling, and stop or continue decision.
- [ ] Define what evidence will show that the correction is effective, not merely completed.

5. Assemble response evidence

- [ ] Finding-to-cause statement is concise and supported by evidence.
- [ ] Immediate and systemic corrections are distinguishable.
- [ ] Scope logic and sample rationale are documented.
- [ ] Owners, dates, implementation tools, and monitoring are aligned.
- [ ] Evidence is retrievable and does not rely on one manager's memory.

Working notes

Use a secure facility or family working copy when recording any resident-specific details. Keep the public blank tool free of identifying information.

Finding / observation	_____
Response coordinator	_____
Decision owner	_____
Date received	_____
Response due date as communicated	_____
Immediate protective action	_____
Open evidence request	_____

Action and verification log

Action / control	Owner	Due	Evidence / result

Scope disclaimer

This tool is a general process-control aid. It does not replace emergency care, treating-clinician judgment, legal advice, or facility-specific regulatory review. It does not establish a treating relationship or guarantee compliance or outcomes. Use authorized secure methods for resident-identifying information and records.

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