FACILITY TOOL

ALF Survey Readiness Checklist

Use a process-based readiness sweep to compare current sources, records, staff practice, resident-level execution, exception handling, and retrievable evidence. Confirm facility-specific regulatory requirements separately.

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.

Source integrity

- [ ] Current orders, service plans, lists, and instructions have identifiable owners and revision dates.
- [ ] Staff can identify the current source of truth without comparing unofficial copies.
- [ ] Obsolete versions are removed from points of service.
- [ ] After-hours changes reach every department and shift that must act.

Medication workflow

- [ ] A sample traces current order through the medication record and point-of-administration process.
- [ ] Changed, held, refused, missed, and time-sensitive medications have a visible exception and escalation path.
- [ ] Med-pass closeout identifies unresolved items before handoff.
- [ ] Documentation timing is compared with actual execution evidence.

Dietary and order-to-plate

- [ ] Diet, texture, allergy, and restriction sources reconcile across nursing and dietary.
- [ ] Census and production information are current.
- [ ] Meal tickets and resident identification support the correct plate reaching the correct resident.
- [ ] Substitutions and service exceptions are verified and closed.

Change of condition and follow-up

- [ ] Recognition, assessment, escalation, provider communication, order implementation, handoff, and reassessment can be traced.
- [ ] Open follow-up items remain visible across shifts until completed.
- [ ] Staff can describe what triggers escalation and who owns closure.

Memory care and high-risk execution

[ ]	Resident identification, supervision, medication, meal, fall, skin, hydration, and change controls are tested at the point of service.
[ ]	The process does not rely on the resident to recognize and report the error.
[ ]	High-risk resident information is current and visible to the person performing the work.

Incidents, RCA, CAPA, and evidence

[ ]	A sample incident traces contributing conditions, scope, correction, owner, monitoring, and effectiveness.
[ ]	Prior corrective actions have evidence of use and effect, not only completion.
[ ]	Requested evidence can be retrieved without depending on one manager.
[ ]	Readiness findings are assigned, prioritized, and tracked to closure.

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.

Review date	_____
Reviewer	_____
Areas sampled	_____
Highest-risk gap	_____
Immediate action	_____
Owner	_____
Evidence needed	_____
Follow-up date	_____

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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