MEDICARE/MEDICAID HOSPITAL SWING-BED SURVEY REPORT

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

TYPE OF SURVEY

☐ Initial Approval
☐ Reverification
☐ Complaint

NUMBER OF BEDS *(Check One)*

☐ 49 or fewer beds ☐ 50–59 beds

FACILITY NAME AND ADDRESS *(City, State, Zip Code)*

SURVEYORS' NAMES	TITLES

SURVEY TEAM COMPOSITION

Indicate the Number of Surveyors According to Discipline:

A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administrator
F. ☐ Social Worker
G. ☐ Qualified Mental Retardation Professional
H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: More than one discipline may be marked for surveyors qualified in multiple discilines.

Indicate the Total Number of Surveyors Onsite: ____________________

MEDICARE/MEDICAID HOSPITAL
SWING-BED DIFICIENCIES REPORT

NAME OF FACILITY:

DEFICIENCIES		3.
1. Data Tag No.	2. CoP/STND No.	COMMENTS

DEFICIENCIES		3.
1. Data Tag No.	2. CoP/STND No.	COMMENTS

MEDICARE/MEDICAID HOSPITAL SWING-BED DEFICIENCIES REPORT INSTRUCTIONS

Evaluate each of the discrete requirements identified in the Hospital Swing-Bed Interpretive Guidelines (Appendix to the SOM). For each identified deficiency:

A. In the first column, identify the data tag number.

B. In the second column, write the regulatory citation. If it is a Condition of Participation, enter "CoP" below the regulatory citation.

C. In column three, describe the findings and evidence under "Comments."

D. Draw horizontal lines to separate identified tag numbers.

E. If more space is needed, photocopy FIRST page (front and back).

F. Each surveyor must sign the certifying statement on the last page.

G. If there are more surveyors to sign the last page, than are lines available on which to sign, photocopy the last page and add the additional signatures.

MEDICARE/MEDICAID HOSPITAL SWING-BED DIFICIENCIES REPORT

For Certification Survey: I certify that I have reviewed each Hospital Swing-Bed Condition of Participation and related Standard(s) and unless indicated on this form, the facility was found to be in compliance with the Standard and/or the Condition of Participation.

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

For Resurvey: For the purpose of a resurvey, I certfy that I have reviewed each Condition of Participation and related Standard(s) found not to be in compliance with the survey on ______________ and unless indicated on this form, the facility was found to be in compliance with the Standard and/or Condition of Participation.

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________

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Signature: ______________________ Title: ______________________ Date: __________

Signature: ______________________ Title: ______________________ Date: __________