

OFFSITE SURVEY PREPARATION WORKSHEET

Facility Name: _____ **Ombudsman Name/Number:** _____
Facility Address: _____ **Ombudsman Contact Date:** _____
Provider Number: _____ **Offsite Review Date:** _____
Total Beds: _____ **Survey Begin Date:** _____

List potential facility areas of concern and any potential residents to be reviewed during the survey. List any current complaints to be investigated onsite.

Surveyors/Discipline (list Team Coordinator first):
