Form Approved
OMB No. 0938-0378

SURVEYOR WORKSHEET FOR PSYCHIATRIC HOSPITAL REVIEW: TWO SPECIAL CONDITIONS

SECTION I: IDENTIFICATION

Patient Number		Surveyor Name
Sex	Date of Birth	Hospital Name
Date of Admission	Unit or Ward	Dates of Survey
Diagnosis		

SECTION II: PATIENT OBSERVATION

DOCUMENTATION	OBSERVATION NO. 1	OBSERVATION NO. 2	OBSERVATION NO. 3
Date and location			
Beginning and ending times			
Number of patients present			
Number of staff/volunteers present			
Identify the modality in progress			
What the patient is doing (regardless of whether or not a scheduled treatment modality was in progress)			
If the modality or intervention is related to the specific treatment plan goals and objectives			
Patient's level of participation in the activity			
Presence of disruptive behavior, and staff's interventions, if any			
Any other pertinent information			
Did the patient receive active treatment during this observation interval?			
Did the patient achieve desired outcomes during this observation interval?			

SECTION III: COMPONENTS OF THE PATIENT'S TREATMENT PLAN AND SURVEYOR COMMENTS

Identified Problem(s)	1) Goals-long range short term 2) Timeframes projected outcome	Interventions What? By Whom? How will this effect outcome?	Surveyor's Comments

(OPTIONAL)

SECTION IV: MEDICAL RECORD DOCUMENTATION

CODE	INFORMATION	COMPLIANCE	CODE	INFORMATION	COMPLIANCE
B105	Legal Status		B116	Estimates Memory Functioning	
B106	Admitting/Intercurrent Diagnosis		B117	Inventory of Assets	
B107	Reasons for Admission		B118	Treatment Plan	
B108	Social Services Reports		B119	(Based on Inventory of Strengths and Disabilities)	
B109	Neurological Examination		B120	Substantiated Diagnosis	
B110	Psychiatric Evaluation		B121	Short/Long Term Goals	
B111	Completed Within 60 hrs.		B122	Specific Treatment Modalities	
B112	Contains Medical History		B123	Staff Responsibilities	
B113	Record of Mental Status		B124	Adequate Documentation to Justify the Diagnosis and Treatment	
B114	Notes Onset of Illness		B125	Treatment Notes	
B115	Describes Attitude/Behavior		B126/132	Progress Notes	

SECTION V: PATIENT INTERVIEW

SAMPLE QUESTIONS

A. Setting Context:

1. Requesting permission of the patient to talk.
2. Identifier Information—surveyor name; what the survey process is about, why it is done, and why it is important to talk with patients during a survey.
   - How long have you been here?
   - What brought you here?

B. Patient's Awareness of Treatment:

- What is the staff doing for you?
- What is your treatment plan?
- Do you get to do activities? Exercises?
- Have you seen your doctor (nurse, social worker, activity therapist)?
- Taking any medications?
- How are you doing now?
- Plan for leaving the hospital?

SECTION VI: STAFF INTERVIEW

SAMPLE QUESTIONS

A. Setting Context:

Ask if this is a good time to talk with staff person.

B. Staff Person's Awareness of Treatment:

- What is being done to help this PT?
- What brought the PT here?
- How long has the PT been here?
- Have you attended a treatment plan meeting regarding the PT?
- Has the PT attended the treatment plan meeting?
- What are the PT's goals?
- What changes have you noticed since the PT came here?
- What are the DC plans for this PT?

SECTION VII: OTHER PERTINENT INFORMATION *(use this space for additional data from previous sections)*

OTHER PERTINENT INFORMATION *(continued from previous page)*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0378. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s), or suggestions for improving this form, write to: CMS, 7500 Security Blvd., N2-14-26, Baltimore, Maryland 21244-1850.