FORM APPROVED
OMB NO. 0938-0062

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION DEFICIENCIES REPORT

Name of Facility

DEFICIENCIES		COMMENTS
1. DATA TAG NO.	2. COP/STND NO.	

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FOR INITIAL OR ANNUAL RECERTIFICATION SURVEY

I certify that I have reviewed the following requirements and condition for: (a) Full Survey ____, (b) Extended Survey ____, or (c) Fundamental Survey ____, and unless indicated on this form, the facility was found to be in compliance with the Standard and the Condition of Participation.

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FOR FOLLOW-UP SURVEY

For the purpose of this onsite visit, I certify that I have reviewed each Condition of Participation and related Standard(s) found not to be in compliance during the survey on _____, and unless indicated on this form, the facility was found to be in compliance with the Standard and/or the Condition of Participation.

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INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION DEFICIENCIES REPORT-INSTRUCTIONS

Evaluate each of the requirements identified in the ICF/MR Interpretive Guidelines, (Appendix "J" 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 deficient facility practice and supporting findings.

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.