DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

EXTENDED/PARTIAL EXTENDED SURVEY WORKSHEET

FACILITY	STANDARD OR ABBREVIATED SURVEY DATES _____/_____/_____ to _____/_____/_____ Mo Day Yr Mo Day Yr
PROVIDER NO.	EXTENDED/PARTIAL EXTENDED SURVEY DATES _____/_____/_____ to _____/_____/_____ Mo Day Yr Mo Day Yr

☐ Extended Survey: Substandard care determined during Standard Survey resulting in Extended Survey.
☐ Partial Extended Survey: Substandard care determined during Abbreviated Survey resulting in Partial Extended Survey.

Check all requirements not met that resulted in the Extended or Partial Extended Survey.

☐ 483.13 ☐ 483.15 ☐ 483.25

Document observations from extended/partial extended survey

Tag/Concern	

(continued on back)

Document observations from extended/partial extended survey (continued)

Tag/Concern	