



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG TERM CARE REGULATION
STATE INSPECTION PACKET

<input type="checkbox"/> FULL INSPECTION <input type="checkbox"/> INTERIM INSPECTION	REGION
---	--------

FACILITY NAME	FACILITY NUMBER	EVENT ID
---------------	-----------------	----------

ADDRESS (STREET, CITY, ZIP CODE)

COUNTY

- | | |
|-----|---|
| 1. | FACILITY INSPECTION REPORT (MO 580-2736/DA-107) |
| 2. | STATEMENT OF DEFICIENCIES/PLAN OF CORRECTION (CMS 2567L/DA-110/DA-110A) |
| 3. | LETTER CONFIRMING INITIAL VISIT TO FACILITY |
| 4. | COPY OF GREEN CERTIFIED MAIL CARD |
| 5. | LETTER OF ACCEPTANCE and/or REJECTION OF PLAN OF CORRECTION |
| 6. | <input type="checkbox"/> LETTER REQUESTING IDR <input type="checkbox"/> LETTER SCHEDULING IDR <input type="checkbox"/> LETTER IDR RESULTS |
| 7. | LETTER CONFIRMING REVISIT |
| 8. | RESIDENT CARE SURVEY RCF/ALF (MO 580-2761/DA-111) <u>or</u>
RESIDENT CARE SURVEY ICF/SNF (DA112/112A) |
| 9. | RESIDENT IDENTIFICATION LIST |
| 10. | STAFF IDENTIFICATION LIST |
| 11. | INSPECTOR/SURVEYOR NOTES WORKSHEETS |
| 12. | RESIDENT FUND WORKSHEET (Full inspection only) |
| 13. | REVISIT NOTES |
| 14. | REVIEW OF FACILITY'S EDL/CBC |
| 15. | CONSTRUCTION FACTS WORKSHEET |
| 16. | <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> ELECTRICAL CERTIFICATION
<input type="checkbox"/> LOCAL FIRE DEPARTMENT CONSULTATION |
| 17. | OTHER |
| | A. |
| | B. |
| | C. |

SIGNATURE OF MANAGER/DESIGNEE	DATE
-------------------------------	------