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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-03130 (02/2023) | **STATE OF WISCONSIN** |
| **ADULT DAY CARE CENTER SURVEY – EXIT CONFERENCE GUIDE** |
| Name – ADCC      | License No.      |
| Name – Surveyor(s)      | Date/Time – Survey Exit      |
| [ ]  | **Sign attendance sheet** |
| [ ]  | **Express appreciation** |
| [ ]  | **Provider Agreement (ensure it is complete and legible)** |
| [ ]  | **Ensure you have all requested policies and documents prior to leaving** |
| [ ]  | **Explain:** |
|  | [ ]  | Purpose of survey (initial, recertification, complaint, verification visit) |
|  | [ ]  | Regulations – Wis. Admin. Code §§ 105.14; caregiver regulations Wis. Stat. DHS Chapters 12 and 13 |
|  | [ ]  | Certification process – every five years  |
|  | [ ]  | Caregiver regulations |
|  | [ ]  | What was reviewed |
| [ ]  | **Preliminary Findings (do not give tag references):** |
|  | [ ]  | Preliminary findings, can still change |
|  | [ ]  | Snapshot of day found – if corrected while here still need to cite |
|  | [ ]  | Citations should be addressed on POC |
|  | [ ]  | DQA form F-00594, *E-SOD Provider Agreement* *(Ask agency to complete.)* |
|  | [ ]  | DQA form F-62579, DQA Post Survey Questionnaire (Online version also available) *(Ask agency to complete.)*  |
| [ ]  | **Questions** |
| [ ]  | **Corrections (to be completed within 60 days from exit following directions from accompanying letter)** |
| [ ]  | **Statement of Deficiency (electronic, approx. 10 days)** |
| [ ]  | **Plan of Correction Return (10 calendar days from the date of received SOD)** |
| [ ]  | **Questions (call or email)** |
| [ ]  | **Talking Points (findings that may not rise to level of citation)** |