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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-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)** | | | | |