EXIT INTERVIEW CHECKLIST

☐ Initial ☐ Re-licensure ☐ Revisit

Facility Name: _____ Provider #: _____ Exit Date: _____

Information presented during this exit interview is general. Tag numbers are preliminary and subject to change. Specifics will follow in the final report. This information is derived from observation, interviews and record review. Due to the fact certain areas and data may require further analysis, there will be some findings and conclusions in the report that may not be addressed during this exit interview. If this occurs, you will be notified by phone or via email.

Tag #	Tag Area	Potential Harm

_____ _____ _____

Administrator / Designee (Print Name) Signature Date

_____ _____ _____

Team Coordinator (Print Name) Signature Date

(Note: Signature does not indicate agreement or disagreement, only that the information provided in this exit interview was discussed)

Key for commonly reviewed tags. This list is NOT all inclusive

TAG		TAG		TAG	
C152	Required postings	**C270**	Change of condition / monitoring	**C330**	PRN Psychotropic meds
C160	Reasonable precautions	**C280**	Sig. Change / RN assessment	**C370-374**	Training requirements
C200	Resident rights	**C282**	Delegation	**C500/600**	Environment
C231	Abuse reporting	**C290**	Coordination of care		
C240	Kitchen / Food Sanitation	**C300**	Medication system	**Z155**	MCC Specific Training
C242	Activities	**C303**	Physician orders	**Z163**	Nutrition and hydration plan
C252	Evaluations	**C305**	Medication refusal	**Z164**	Activity evaluation & service plan
C260	Service plans	**C310**	MAR accuracy	**Z165**	Behavior plan

Tag #	Tag Area	Potential Harm