

**New Jersey Department of Health
Assisted Living Assessment and Survey
EXIT CONFERENCE GUIDE**

CONFIDENTIAL

Facility Name		Facility ID
Medicaid Provider Number	Date	Time
Facility Staff Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List: _____ _____ _____		
Facility provided additional information upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List: _____ _____ _____		
<input type="checkbox"/> Facility was provided with a list of sample residents (names and identifiers only). <input type="checkbox"/> Summarize survey protocols and decision making and purpose of the Exit Conference (5 minutes). <input type="checkbox"/> Systematically describe specific deficiencies, one regulatory area at a time with substantiating evidence.		

Comments/ Def.	Tag No.	Issues
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- Maintain resident confidentiality.
- Use understandable language that avoids medical terminology and regulatory jargon (okay to use tag numbers but describe deficiency also).
- Notify the facility formally if there is an Immediate Jeopardy, Curtailment of Admissions or other special situations (if applicable).
- Inform the facility that they will receive the Statement of Deficiencies (SOD) via email within ten days and they will have ten days in which to respond (via email) with an acceptable Plan of Correction (POC).
- Describe the elements of an acceptable POC. Explain to the facility the importance of accurate completion dates.

Facility questions/concerns:

Signature of Team Leader below indicates that the above steps were completed as described.

Name of Team Leader (Print)	Signature of Team Leader
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