SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503

Provider/Supplier Number	Provider/Supplier Name				
04L114	WOODRIDGE BEHAVIORAL CARE NORTHEAST				
Type of Survey (select all that apply)	A Complaint Investigation B Dumping Investigation C Federal Monitoring D Follow up Visit M Other	E Initial Certification F Inspection of Care G Validation H Life Safety Code	I J K L	Recertification Sanctions/Hearing State License CHOW	
Extent of Survey (select all that apply)	A Routine/Standard Survey (all provide B Extended Survey (HHA or Long Terr C Partial Extended Survey (HHA) D Other Survey	** /			

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 38399	03/02/2020	03/03/2020	0.50	0.00	4.75	0.00	6.00	2.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.				·				

Total SA Supervisory Review Hours	0.25	Total RO Supervisory Review Hours	0.00
Total SA Clerical/Data Entry Hours	0.25	Total RO Clerical/Data Entry Hours	0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

FORM CMS-670 (12-91) EventID: Q31G11 Facility ID: 3011 Page