

NYS Department of Health
LHCSA Governing Authority (766.9) Surveyor Worksheet
(Created June 2017)

Agency: _____ Date: ____/____/____

Surveyor: _____

Governing Authority (GA):

1. Are there meeting minutes for the GA? Yes No
2. Does the GA meet once a year (minimum)? Yes No Dates: _____
3. Does the GA adopt new and approve revisions/amendments to written policies? Yes No
Notes: _____
4. Are there sufficient staff to provide care/services to accepted patients? Yes No
Notes: _____
5. Does the GA employ at least one licensed/currently registered nurse to direct and supervise patient /health care services/activities? Yes No Notes: _____
6. If agency has approved Management Agreement, is the GA present and does the GA retain full legal authority over agency operations? Yes No N/A Notes: _____

Complaint Requirements:

7. Is there a complaint policy/procedure that includes:
 - (a) Documentation of the complaint receipt, investigation and resolution and maintenance of a complaint log? Yes No Notes: _____
 - (b) A review of each complaint with a written response to all written complaints and to oral complaints if requested by individual making the oral complaint? Yes No Notes: _____
 - (c) Explaining the complaint investigation findings/decisions within 15 days of receipt of complaint? Yes No Notes: _____
 - (d) Advising the complainant of the right to appeal and the appeal procedure? Yes No
Notes: _____
 - (e) An appeals process with review by GA within 30 days of receipt of the appeal? Yes No
Notes: _____
 - (f) Patient notification of the NYS DOH complaint telephone number? Yes No
Notes: _____
8. Is there a complaint Log? Yes No Notes: _____
9. Does the complaint log show evidence of complaint receipt date, investigation, and resolution? Yes No Notes: _____