

ATTACHMENT E- CHECKLIST

Ref. (92338)

55708

ARROWHEAD SPRINGS HEALTHCARE

The following supporting documents are required to be submitted. Place a check in the box beside the item indicating compliance with our request. Sign and date Attachment E – Checklist. All required documents must be submitted or your facility response will be considered inadequate. This will result in your facility receiving a one-star staffing rating in the 5-star Quality Rating System which may reduce the facility's overall (composite) rating by one star for three months.

- ☐ Completed Attachment A.
- ☐ Payroll records/reports by pay period or by day.
- ☐ Daily time system reports, timecards or punch detail reports.
- ☐ Invoices to support all contracted personnel as well as proof of payment. If no contracted personnel are listed in Attachment A, code "NA" in the check box.
- ☐ Company's employee handbook/policy manual detailing both exempt and non-exempt employees work requirements. Examples of policies are the required schedules/shifts and/or meal time policies.
- ☐ Daily census summary for each of the 90 days in the January - March 2025 quarter.
- ☐ Complete Attachment D, Provider Survey.

SIGNATURE OF FACILITY REPRESENTATIVE:

Name (printed): _____

Signature: _____

Date: _____

