

Exit Conference Attendance

ASSISTED LIVING PROVIDERS

Instructions

MDH surveyors complete this form at the start of the survey exit conference.

Provider Information

Provider Name: _____

HFID: _____

Survey Exit Date: _____

Surveyors

Surveyor Name: _____ Title: _____

Surveyor Name: _____ Title: _____

Surveyor Name: _____ Title: _____

Provider Staff Members in Attendance

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

State Evaluations
Health Regulation Division
P.O. Box 3879 St. Paul, MN 55101-3879
Phone 651-201-4200 | Fax 651-215-9697
Assisted Living (<https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html>)

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To obtain this information in a different format, call 651-201-4200.