



Exit Conference Attendance

HOME CARE TEMPORARY LICENSE OR LICENSE SURVEY

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: _____

Home Care and Assisted Living Program

Health Regulation Division

P.O. Box 3879

St. Paul, MN 55101-3879

Phone 651-201-5273 | Fax 651-215-9697

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[Home Care and Assisted Living \(https://www.health.state.mn.us/facilities/regulation/homecare/index.html\)](https://www.health.state.mn.us/facilities/regulation/homecare/index.html)

To obtain this information in a different format, call 651-201-5273. Printed on recycled paper.