



Six-Digit CMS Certification Number (CCN): _ _ _ _ _

Facility Name: _____

Person completing this form: _____

Checklist Month: _____

THE TASKS BELOW ARE TO BE COMPLETED MONTHLY. CHECK AFTER COMPLETION.

- Verified all patient events on your PAR are in CROWNWeb.
- Verified that all patients listed in the PART tool are correct.
- Verified that transient/non-transient status is correct for all patients on the PART.
- Verified that all patients have Vascular Access data for the previous month in CWeb.

THE FOLLOWING TASKS ARE TO BE COMPLETED AS NEEDED. CHECK IF VERIFIED.

- Entered all 2728/2746 forms for applicable patients.
- Created/deleted QIPS accounts to reflect staff turnover.
- Added/deleted personnel from CROWNWeb to reflect staff turnover.
- Updated facility information in CROWNWeb.
- Change CROWNWeb passwords for all facility users once every 60 days.

Comments:

FAX this checklist to 303-860-8392 with your monthly PAR by the 10th