

## **IDR Conference Questionnaire**

Please fill out this form and submit to MPRO with your attached rebuttal/supporting documentation.

## **Facility Name:**

## **Event ID:**

All submitted rebuttal and supporting documentation will be reviewed by MPRO. If an IDR conference was requested, and the facility is requesting survey staff participation to clarify non-compliance listed on the 2567/3724, please list the specific surveyor names below, along with the questions you have for that individual in the space below.

Please note that the IDR process is intended to make a recommendation of compliance or non-compliance to the State Survey Agency. Federal and State standards do not allow the following to be considered in IDR: Alleged failure of the survey team to comply with a requirement of the survey process; alleged State survey agency failure to comply with survey protocol; alleged surveyor misconduct; remedies imposed; complaints regarding federal/state standards; previously cited deficiencies/violations; alleged inadequacy or inaccuracy of the informal dispute resolution process; alleged inconsistency of the survey team in citing deficiencies among facilities; severity and scope of deficiencies/violations with the exception of those that constitute substandard quality of care or immediate jeopardy. Questions and/or concerns regarding any of the above information may not be answered in the IDR conference and will not be considered in the IDR process.

## Please select one of the following:

I will not have any questions for the surveyor during my IDR Conference.

I have the following questions/requests for clarification for the surveyor during my IDR Conference:

List questions here (	add additional pag	es as needed)		
Submitted by:			Date:	
		2		