

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
<input type="checkbox"/> 1. Census number
<input type="checkbox"/> 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/> 3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/> 4. A list of residents who smoke, designated smoking times, and locations.
<input type="checkbox"/> 5. A list of residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/> 6. Name of facility staff responsible for Infection Prevention and Control Program.
<input type="checkbox"/> 7. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
<input type="checkbox"/> 8. Conduct a brief Entrance Conference with the Administrator. <i>Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.</i>
<input type="checkbox"/> 9. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/> 10. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/> 11. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 12. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
<input type="checkbox"/> 13. Name of Resident Council President.
<input type="checkbox"/> 14. Provide the facility with a copy of the CASPER 3.
<input type="checkbox"/> 15. <i>Does the facility offer arbitration agreements? If so, please provide a sample copy.</i>
<input type="checkbox"/> 16. <i>Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?</i>
<input type="checkbox"/> 17. <i>Name of the staff responsible for the binding arbitration agreements.</i>
<input type="checkbox"/> 18. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/> 19. Schedule of Medication Administration times.
<input type="checkbox"/> 20. Number and location of med storage rooms and med carts.
<input type="checkbox"/> 21. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/> 22. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility. <i>Include staff responsible for water management. Include the Medical Director.</i>
<input type="checkbox"/> 23. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training; b) A list of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks; c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

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<input type="checkbox"/> 24. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.
<input type="checkbox"/> 25. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 over the last 4 weeks, and if there were testing issues, contact with state and local health departments.
<input type="checkbox"/> 26. <i>Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.</i>
<input type="checkbox"/> 27. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
<input type="checkbox"/> 28. Admission packet.
<input type="checkbox"/> 29. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/> 30. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/> 31. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/> 32. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/> 33. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
<input type="checkbox"/> 34. Infection Prevention and Control Program Standards, Policies and Procedures, to include the Surveillance Plan, Procedures to address resident and staff who refuse COVID-19 testing or are unable to be tested, and Antibiotic Stewardship Program.
<input type="checkbox"/> 35. Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
<input type="checkbox"/> 36. List of residents and their COVID-19 vaccination status.
<input type="checkbox"/> 37. COVID-19 Healthcare Staff Vaccination Polices and Procedures (if applicable for a full review of F888).
<input type="checkbox"/> 38. COVID-19 Staff Vaccination Matrix. Note: Facilities may complete the COVID-19 Vaccination Matrix for Staff or provide a list containing the same information as required in the staff matrix (if applicable for a full review of F888).
<input type="checkbox"/> 39. List of contract companies that will provide services to the facility/residents during the survey period. Identify the name of the contract company; whether the company provides direct care or non-direct care; how often services are provided (e.g., daily, weekly); the approximate number of contract staff provided by the company; and information on how the facility ensures contractor staff are compliant with the vaccination requirement- (if applicable for a full review of F888).
<input type="checkbox"/> 40. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/> 41. QAPI Plan.
<input type="checkbox"/> 42. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/> 43. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 44. Facility assessment.
<input type="checkbox"/> 45. Nurse staffing waivers.

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| <input type="checkbox"/> 46. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none">• Less than the required square footage• More than four residents |
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INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

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| <input type="checkbox"/> 47. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 5 which is titled “Electronic Health Record Information.” |
| <input type="checkbox"/> 48. <i>Provide a list of residents who entered into a binding arbitration agreement on or after 9/16/2019.</i> |
| <input type="checkbox"/> 49. <i>Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.</i> |

INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

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| <input type="checkbox"/> 50. Completed Medicare/Medicaid Application (CMS-671). |
| <input type="checkbox"/> 51. Completed Census and Condition Information (CMS-672). |
| <input type="checkbox"/> 52. Please complete the attached form on page 4 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”. |

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Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

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ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or	
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	
16. COVID-19 test results	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____