

**ENTRANCE CONFERENCE WORKSHEET**
**Facility Name:** \_\_\_\_\_ **Survey Date:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Administrator/Designee:** \_\_\_\_\_ **Time:** \_\_\_\_\_

<b>INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE</b>			
<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. Provide a copy to each surveyor.	Immediately
<input type="checkbox"/>	3.	An alphabetical list of all residents (note any resident out of the facility).	Immediately
<input type="checkbox"/>	4.	A list of residents who smoke, designated smoking times, and locations	Immediately
<b>ENTRANCE CONFERENCE</b>			
<input type="checkbox"/>	5.	Conduct a brief Entrance Conference with the Administrator	
<input type="checkbox"/>	6.	Information regarding full time DON coverage (verbal confirmation is acceptable).	
<input type="checkbox"/>	7.	Information about the facility's emergency water source (verbal confirmation is acceptable).	
<input type="checkbox"/>	8.	Signs announcing the survey that are posted in high-visibility areas.	End of EC
<input type="checkbox"/>	9.	A copy of an updated facility floor plan, if changes have been made.	End of EC
<input type="checkbox"/>	10.	Name of Resident Council President _____ Room # _____	End of EC
<input type="checkbox"/>	11.	Provide the facility with a copy of the CASPER 3.	End of EC
<b>INFORMATION NEEDED FROM THE FACILITY WITHIN ONE HOUR OF ENTRANCE</b>			
<input type="checkbox"/>	12.	Schedule of meal times and location of dining rooms, copies of all current menu (spread sheets) including therapeutic menus that will be serve for the duration of the survey and the policy for food brought in from visitors.	1 Hour
<input type="checkbox"/>	13.	Schedule of Medication Administration times.	1 Hour
<input type="checkbox"/>	14.	Number and location of med storage rooms and med carts.	1 Hour
<input type="checkbox"/>	15.	The actual working schedules for licensed and registered nursing staff for the survey time period.	1 Hour
<input type="checkbox"/>	16.	List of key personnel, location, and phone numbers.	1 Hour
<b>INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE</b>			
<input type="checkbox"/>	17.	Complete matrix for all other residents. The TC confirms the matrix was completed accurately.	4 Hours
<input type="checkbox"/>	18.	Admission Packet.	4 Hours
<input type="checkbox"/>	19.	Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.	4 Hours
<input type="checkbox"/>	20.	List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.	4 Hours
<input type="checkbox"/>	21.	Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.	4 Hours
<input type="checkbox"/>	22.	Does the facility have an onsite separately certified ESRD unit? _____	4 Hours

<input type="checkbox"/>	23.	Hospice Agreement, and Policies and Procedures for each hospice used (name of facility Designee who coordinate(s) services with hospice providers)	4 Hours	
<input type="checkbox"/>	24.	Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.	4 Hours	
<input type="checkbox"/>	25.	Influenza / Pneumococcal Immunization Policy & Procedure.	4 Hours	
<input type="checkbox"/>	26.	QA&A committee information (name of contact, names of members and frequency of meetings.	4 Hours	
<input type="checkbox"/>	27.	QAPI Plan	4 Hours	
<input type="checkbox"/>	28.	Abuse Prohibition Policy and Procedures.	4 Hours	
<input type="checkbox"/>	29.	Description of any experimental research occurring in the facility	4 Hours	
<input type="checkbox"/>	30.	Facility Assessment	4 Hours	
<input type="checkbox"/>	31.	Nursing staffing waivers	4 Hours	
<input type="checkbox"/>	32.	List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> <li>• Less than the required square footage</li> <li>• More than four residents</li> </ul>	4 Hours	
<b>INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY</b>				
<input type="checkbox"/>	33.	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 4 which is titled “Electronic Health Record Information.”	End of Day	
<b>INFORMATION NEEDED FROM THE FACILITY WITHIN 24 HOURS OF ENTRANCE</b>				
<input type="checkbox"/>	34.	Completed Medicare/ Medicaid Application (CMS-671).	24 Hours	
<input type="checkbox"/>	35.	Completed Census and Conditions Information (CMS-672).	24 Hours	
<input type="checkbox"/>	36.	Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.	24 Hours	
<b>CA REQUIRED ITEMS</b>				
<input type="checkbox"/>	37.	Administrator – please complete <b>SNF/NF Disaster Preparedness</b> tool and return it to the Team Coordinator. (AFL 07-31, L&C P&P Section 301.30.11)	24 Hours	
<input type="checkbox"/>	38.	A copy of the facility <b>Disaster Policy and Procedures</b> , including availability of water. (AFL 07-31, L&C P&P Section 301.30.11)	24 Hours	
<input type="checkbox"/>	39.	List of <b>ALL employees hired</b> since the last survey (SOM App P = 4 mo, CA W&I 15655(a)(1)= 1 yr – therefore this list covers both requirements)	24 Hours	
<input type="checkbox"/>	40.	List of <b>Current Employees</b> with their <b>hire date</b> . (CA W&I 15655(a))	24 Hours	
<input type="checkbox"/>	41.	Staff development <b>training records</b> for mandated reporting of <b>abuse</b> since last survey. (CA W&I 15655(a))	24 Hours	
<input type="checkbox"/>	42.	<b>Civil Rights Compliance</b> form (DHS 1051)	Mail to address on form	
<input type="checkbox"/>	43.	Survey <b>Evaluation</b>	Electronic Submission see AFL 15-19	