

**ENTRANCE CONFERENCE WORKSHEET
NEW YORK STATE ADDENDUM**

Facility Name:	Date:	Time:
Provider #:	Person Interviewed:	
Surveyor:	Surveyor	

INFORMATION TO PROVIDE WITHIN ONE (1) HOUR OF ENTRANCE

1. Facility CHRC policy and procedure for hiring, use of temporary, agency and contract staff.
 Authorized Person: _____
 Alternate: _____
2. A list of employees whose date of hire is 4 months or less. Please include department, title and hire date.

INFORMATION TO PROVIDE WITHIN 4 HOURS OF ENTRANCE

1. Emergency Preparedness Plan/Persons authorized to access HCS.

INFORMATION TO PROVIDE WITHIN 24 HOURS OF ENTRANCE

1. Disclosure of Ownership (CMS-1513).
2. Facility Survey Report (FSR, DOH-1550, 07/95).
3. Civil Rights Questionnaire (DOH-1506).
4. NYS Social Services Medicaid Provider Agreement (DOH-2325). (Return one and keep one).
5. A copy of the facility policy and procedure(s) regarding Advanced Directives.
6. Completed and signed waivers, if applicable.
7. A list of current Board of Directors.
8. Names and addresses of medical providers (Please identify the Medical Director).
9. Equipment Inventory Form.
10. Legionella Policies, Procedures and reports related to water management implementation.
11. Medication Regimen Review Policy
12. Dementia Care Policy
13. Actual staff for the day of survey (previous 2 shifts) and each day we are on site.
14. Staffing Policy & Procedure