ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
❑ 1. Census number
❑ 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
❑ 3. An alphabetical list of all residents (note any resident out of the facility).
❑ 4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE
❑ 5. Conduct a brief Entrance Conference with the Administrator. 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.
❑ 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
❑ 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
❑ 8. Signs announcing the survey that are posted in high-visibility areas.
❑ 9. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
❑ 10. Name of Resident Council President.
❑ 11. Provide the facility with a copy of the CASPER 3.
❑ 12. Does the facility offer arbitration agreements? If so, please provide a sample copy.
❑ 13. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?
❑ 14. Name of the staff responsible for the binding arbitration agreements.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
❑ 15. 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.
❑ 16. Schedule of Medication Administration times.
❑ 17. Number and location of med storage rooms and med carts.
❑ 18. The actual working schedules for all staff, separated by departments, for the survey time period.
❑ 19. List of key personnel, location, and phone numbers including the Medical Director and contract staff (e.g., rehab services).
❑ 20. If the facility employs paid feeding assistants, provide the following information: 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.
❑ 21. 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.
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE
❑ 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
❑ 23. Admission packet.
❑ 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

ENTRANCE CONFERENCE WORKSHEET

❑ 25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
❑ 26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
❑ 27. Does the facility have an onsite separately certified ESRD unit?
❑ 28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
❑ 29. Infection Prevention and Control Program Standards, Policies and Procedures, including: • the surveillance plan; • Antibiotic Stewardship program; and • Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
❑ 30. QAA committee information (name of contact, names of members and frequency of meetings).
❑ 31. QAPI Plan.
❑ 32. Abuse Prohibition Policy and Procedures.
❑ 33. Description of any experimental research occurring in the facility.
❑ 34. Facility assessment.
❑ 35. Nurse staffing waivers.
❑ 36. List of rooms meeting any one of the following conditions that require a variance: • Less than the required square footage • More than four residents
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY
❑ 37. 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."
❑ 38. Provide a list of residents, who are currently residing in the facility, that have entered into a binding arbitration agreement on or after 9/16/2019.
❑ 39. Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE
❑ 40. Completed Medicare/Medicaid Application (CMS-671).
❑ 41. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

ENTRANCE CONFERENCE WORKSHEET

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.			

ENTRANCE CONFERENCE WORKSHEET
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 in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
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: _____