

New Survey Process

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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.

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- 5. Conduct a brief Entrance Conference with the Administrator.
- 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.
- 10. Name of Resident Council President.
- 11. Provide the facility with a copy of the CASPER 3.

INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

- 12. Schedule of meal times, 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.
- 13. Schedule of Medication Administration times.
- 14. Number and location of med storage rooms and med carts.
- 15. The actual working schedules for licensed and registered nursing staff for the survey time period.
- 16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
- 17. 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) The names 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.

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

- 18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
- 19. Admission packet.
- 20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
- 21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- 22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- 23. Does the facility have an onsite separately certified ESRD unit?
- 24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

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<input type="checkbox"/>	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/>	26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/>	27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/>	28. QAPI Plan.
<input type="checkbox"/>	29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/>	30. Description of any experimental research occurring in the facility.
<input type="checkbox"/>	31. Facility assessment.
<input type="checkbox"/>	32. Nurse staffing waivers.
<input type="checkbox"/>	33. 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• Below ground level• No window to the outside• No direct access to an exit corridor
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY	
<input type="checkbox"/>	34. 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.”
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE	
<input type="checkbox"/>	35. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/>	36. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/>	37. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.