ENTRANCE CONFERENCE WORKSHEET (January 2022)

(Note: Surveyors in a state that is subject to QSO-22-07-ALL should start using this document on 01/27/2022. Surveyors in a state that is subject to QSO-22-09-ALL should continue using the Sept 2021 version until 02/13/2022 and start using this document on 02/14/2022. Surveyors in a state that is subject to QSO-22-11-ALL should continue using the Sept 2021 version until 02/21/2022 and start using this document on 02/22/2022.)

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.
5. A list of current residents who are confirmed or suspected cases of COVID-19.
6. Name of facility staff responsible for Infection Prevention and Control Program.
7. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.

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8. Conduct a brief Entrance Conference with the Administrator.
9. Information regarding full time DON coverage (verbal confirmation is acceptable).
10. Information about the facility's emergency water source (verbal confirmation is acceptable).
11. Signs announcing the survey that are posted in high-visibility areas.
12. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
13. Name of Resident Council President.
14. Provide the facility with a copy of the CASPER 3.

INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

15. 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.
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. 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.
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) 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.
21. 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.

22. Documentation related to COVID-19 testing, which may include the facility’s testing plan, logs of county level positivity rates (before 09-10-2021) and 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.

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

23. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.


25. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

26. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.

27. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.

28. Does the facility have an onsite separately certified ESRD unit?

29. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

30. Infection Prevention and Control Program Standards, Policies and Procedures, to include the Surveillance Plan, Procedures to address resident and staff who refuse testing or are unable to be tested, and Antibiotic Stewardship Program.


32. List of residents and their COVID-19 vaccination status.

33. Numbered list of resident cases of confirmed COVID-19 over the last 4 weeks. Indicate whether any resident cases resulted in hospitalization or death.

34. COVID-19 Healthcare Staff Vaccination Policies and Procedures.

35. 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).

36. QAA committee information (name of contact, names of members and frequency of meetings).

37. QAPI Plan.

38. Abuse Prohibition Policy and Procedures.

39. Description of any experimental research occurring in the facility.

40. Facility assessment.

41. Nurse staffing waivers.

42. 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

43. 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.”
<table>
<thead>
<tr>
<th>INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE</th>
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<tbody>
<tr>
<td>44. Completed Medicare/Medicaid Application (CMS-671).</td>
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<td>45. Completed Census and Condition Information (CMS-672).</td>
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<td>46. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.</td>
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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).

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<tr>
<th>Resident Name</th>
<th>Discharge Date</th>
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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.

<table>
<thead>
<tr>
<th>Example: Medications</th>
<th>EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Hospitalization</td>
<td>EHR: Census (will show in/out of facility)</td>
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<td>MDS (will show discharge MDS)</td>
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<td></td>
<td>Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)</td>
</tr>
</tbody>
</table>

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: ________________________________________________