

ENTRANCE CONFERENCE CHECKLIST

ITEMS NEEDED AT THE CONCLUSION OF THE ENTRANCE CONFERENCE

1. A copy of the actual working schedule for licensed and registered nursing staff for all shifts during the survey period. This list may need to be revised during the course of the survey to reflect actual vs. planned work schedules.
 2. A census list.
 3. If the facility has a categorical waiver for Fire Life Safety, copy need at entrance.
-

ITEMS NEEDED WITHIN 1 HOUR OF ENTRANCE/OR BY THE COMPLETION OF THE INITIAL TOUR.

4. Completed Roster/Sample Matrix, to include residents on bed hold. Please list residents either alphabetically or by room number.
5. A list of all residents who are or who have received antipsychotic medications over the past 30 days. Please identify those residents who have a diagnosis of dementia.
6. Completed Resident Census and Conditions of Residents.
7. Copy of the facility layout, with room numbers and nurses' station(s) and common areas identified.
8. Completed Key Facility Personnel and Other Needed Information form.
9. Completed Questions for the Administrator form. Please write your answers on the form.
10. Copy of the menus that will be served for the duration of the survey week. **Please provide spreadsheets for menus.
11. Facility's policies and procedures to prohibit and investigate allegations of abuse, neglect and misappropriation of resident's property.
12. A copy of the Resident's Rights information provided to residents on admission, regardless of payer source. **Include a copy of the facility admission contract and policies and procedures regarding advanced directives.
13. ALL the facility's policies and procedures related to infection control.
14. Completed Long Term Care Facility Application for Medicare and Medicaid.
15. Post signs announcing the survey.
16. Review Informational letter 2015-08 e-POC

LEAVE COPIES OF QI & CASPER 3 & 4 REPORTS

ITEMS NEEDED WITHIN 24 HOURS OF ENTRANCE.

17. List of employees hired in the past four months.
18. A copy of the activity calendar for the current month.
19. Minutes from the last three months of Resident Council Meetings
20. Assistance with scheduling a Resident group meeting and post signs designating time.
21. Resident/family complaint or grievance file.
22. Admission/discharge/transfer log for the preceding three months. ** Please include reason for transfer/discharge.
23. Completed three-week nursing schedule (in **hours** not FTE's). Copy of the 'as worked' schedule for specific days, as requested by survey team.
24. Accident and incident reports for the preceding 6 months. **(State licensure requirement)**
25. We need to see your CLIA waiver.
26. We need a copy of the documents that show your FSS has met the state's training requirements for that position.
27. We need a copy of the AHIMA credentials for the Medical Record staff.
28. Provide facility's policies and procedures related to the following: missing resident, fire, power outage, earthquakes, flooding and intruders (armed or just out of control visitors or staff.)
29. Copy of the facility's closure policy and procedure. Reference Informational letter 2015-12