

Entrance Conference Checklist Administrator Copy ITEMS & INFORMATION NEEDED FROM THE FACILITY

Facility Name: _____ Survey Date: _____ to: _____

*Census ____ (includes ____ Bed-holds) Administrator/Designee: _____ Time: _____

Provide the Administrator clean copies of QM reports and CASPER 3 & 4 and a blank copy of the CMS 802 (Roster/Sample Matrix) & Instructions (CMS 802P) (App P)

A copy of this form may be given to the Administrator or designee to help facilitate timely submission of the requested items. The second half of page two is completed by the surveyor.

Item	Description of items needed from the facility	Time due	Received
1.	Resident Roster/Matrix (Note- This item needs to be completed first . The Roster / Matrix is to include residents on bed-hold. Return this by the end of the initial tour to the team coordinator. Be sure it is up to date for each resident. See the CMS 802P instructions for specific item information. If needed, the facility has 24 hours to correct any errors found.) (App P)	End of IT**	
2.	Copy of the current actual daily work schedules for all RN's and LVN'S for all shifts during the survey period . If changes are made during the course of the survey, please provide an updated schedule. (App P)	End of EC**	
3.	Ask facility to post survey signs in areas observable by residents & visitors. (App P)	ASAP	
4.	Resident Council President or other council designee(Name) _____ Room Number _____	During EC	
5.	A list of key facility personnel and their location. (App P)	1 Hour	
6.	Meal times, dining location(s) , copy of current menus , including therapeutic menus that will be served for the duration of the survey (App P)	1 Hour	
7.	Medication Pass times (by each unit, neighborhood and/or floor if variable). (App P)	1 Hour	
8.	List of all residents with a diagnosis of dementia who are receiving, have received, or presently have PRN orders for antipsychotic medications over the past 30 days. (App P)	1 Hour	
9.	Ask the administrator or DON how the facility provides individualized care and services for residents with dementia.		
10.	Facility P&P related to the use of antipsychotic medications in resident with dementia.		
11.	List of all admissions during the past month. (App P)	1 Hour	
12.	List of all residents transferred or discharged (with destinations) during past 3 months. (App P)	1 Hour	
13.	Copy of the facility layout (floor plan), indicating location of nurse's station, resident rooms, and common areas. (App P)	1 Hour	
14.	A copy of the facility's admission packet/contract(s) provided to all residents, to include payment sources and written information that is provided to residents regarding their rights and facility policies (App P)	1 Hour	
15.	A copy of facility's policies and procedures to care for residents with dementia.	1 Hour	
16.	A copy of facility's policies and procedures to prevent and investigate allegations of ABUSE, neglect and misappropriation of resident's property. (App P)	1 Hour	
17.	Name of the facility's person designated to answer questions regarding abuse policies and procedures. (App P)	1 Hour	
18.	A list of any resident(s) aged 55 and under . (App P)	1 Hour	
19.	A list of any resident(s) who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility. (App P)	1 Hour	

Item	Description of items needed from the facility	Time due	Received
20.	Completed Long Term Care Facility Application for Medicare and Medicaid (CMS-671). (App P)	24 Hours	
21.	Completed Resident Census and Conditions of Residents (CMS-672). (App P)	24 Hours	
22.	A list of Medicare residents who requested demand bills in the last 6 months. (App P)	24 Hours	
23.	Name of the staff person who is responsible for coordinating and implementing the facility's immunization program	1 Hour	
CA Required Items			
24.	Administrator – please complete SNF/NF Disaster Preparedness tool and return it to the Team Coordinator. (AFL07-31, L&C P&P Section 301.30.11)	24 Hours	
25.	A copy of the facility Disaster Policy and Procedures , including availability of water. (AFL 07-31, L&C P&P Section 301.30.11)	24 Hours	
26.	List of ALL employees hired since the last survey (SOM App P = 4 mo, CA W&I 15655(a)(1)= 1 yr – therefore this list covers both requirements)	24 Hours	
27.	List of Current Employees with their hire date . (CA W&I 15655(a))	24 Hours	
28.	Staff development training records for mandated reporting of abuse since last survey. (CA W&I 15655(a))	24 Hours	
29.	Civil Rights Compliance form (DHS 1051)		Mail to address on form
30.	Survey Evaluation		Electronic Submission see AFL 15-19

****EC = Entrance Conference**

****IT = Initial Tour**