ENTRANCE CONFERENCE WORKSHEET
(QIS Team Copy)

INFORMATION NEEDED IMMEDIATELY UPON ENTRANCE
❑ Have the person in charge notified of the survey team entry to facility and introduce the survey team.
❑ 1. Request the ***facility census number and an alphabetical resident census***, with room numbers/units. Request that the facility note residents on the census who are not in the facility (e.g., in the hospital, home visit, etc.).
❑ 2. Provide the facility the ***New Admission Information*** form and request that it be completed immediately. (The form requests a list of admissions in the 30 days before the survey. The facility should include only residents still residing in the facility.) Admission Date, Date of Birth, and Room Number/Unit for each newly admitted resident is necessary to ensure accurate identification of residents.
❑ Request a workspace. The ideal workspace would provide privacy, security, electrical connections, access to a telephone with privacy and tabletop space. Note: the facility may not have a space available with these features.
❑ 3. Provide signs announcing the survey and ask the facility to post the signs in high-visibility areas.
❑ 4. Request a copy of the facility floor plan.
❑ 5. Request a copy of the staffing schedules for licensed and registered nursing staff for the survey time period.
❑ Provide a copy of the Entrance Conference Facility Worksheet.
❑ The survey team coordinator conducts the entrance conference after the administrator or designee has arranged for the alphabetical resident census and the New Admission form to be provided to the team. (The rest of the survey team begins the initial tour.)
ENTRANCE CONFERENCE
❑ Provide the CMS QIS brochure and briefly explain the survey process. Explain: Ongoing communication occurs throughout the nursing home survey between the survey team and the facility staff. During the first couple of days of the survey (Stage 1), the team will not have completed full investigations and cannot yet discuss findings. The survey team will be communicating with staff throughout the survey, and staff will have opportunities to clarify issues when brought to their attention. However, surveyors are not to release information about ongoing concerns until their investigation is completed.
❑ Ask if the facility has any nursing staffing waivers. If the facility has waivers, provide the information to the assigned surveyor as part of the review of the facility's compliance with the waiver requirements at F355.
INFORMATION NEEDED WITHIN ONE (1) HOUR OF ENTRANCE CONFERENCE
❑ 6. A list of key personnel and their locations.
❑ 7. If there is a resident council or equivalent group, the name of the resident council president or an officer/active council member.
❑ 8. A schedule of meal times and the location of dining room(s).
❑ 9. A schedule of Medication Administration times.
❑ 10. All Admission Sample closed records. Indicate that a list of required records will be provided to the facility after the Entrance Conference. Ask that arrangements be made for overnight storage of the records in a secure location. Indicate that the survey team requires access to the records throughout the survey.

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❑ 11. If the facility employs paid feeding assistants, the facility should 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 WITHIN FOUR (4) HOURS OF ENTRANCE CONFERENCE

❑ 12. Direct the facility representative to pages 3 and 4 of the facility copy of the Entrance Conference Worksheet. The form requests a list of residents who receive Preadmission Screening and Resident Review (PASRR) Level II services, ventilator, dialysis (whether in or out of the facility), end of life services (including residents receiving comfort care), or certified Medicare hospice).
- a) Ask for the location of PASRR information.
- b) For dialysis care residents, ask the facility representative to provide access to the written contract, agreement, arrangement, policies/procedures, and/or plan of care, specifying how dialysis care is coordinated, to assist with the evaluation of care.
  - i) The facility representative marks the appropriate columns to indicate the type of dialysis (certified ESRD unit, peritoneal, or home (in-facility)).
  - ii) If there are residents receiving home dialysis services, the facility representative provides the following information on page 4 of this worksheet:
    - a. Residents' names, room numbers, name of ESRD assigned caregiver/technician (and indication whether this caregiver is provided by the ESRD facility, the DME supplier, or the LTC facility);
    - b. Days and times each resident will receive his/her dialysis treatment.

❑ 13. Influenza / Pneumococcal Immunization - Policy & Procedures.

❑ 14. List of rooms meeting any one of the following conditions that require a variance:
- 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

❑ 15. Quality Assessment and Assurance (QAA) committee information (name of contact, names of members and frequency of meetings.)

❑ 16. Description of any experimental research occurring in the facility.

❑ 17. Name of contact person regarding Abuse Prohibition Policies and Procedures/Complaints/Grievance information.

INFORMATION NEEDED WITHIN 24 HOURS OF ENTRANCE

❑ 18. Provide the Medicare/Medicaid Application (CMS-671), and Resident Census and Conditions (CMS-672) for the facility to complete and return.

❑ 19. List of Medicare beneficiaries who requested a demand bill in the past six months.

ADDITIONAL TASKS

❑ Provide the facility a copy of the CASPER 3.

❑ Request information identifying the facility's emergency water source (verbal confirmation is acceptable).

❑ Determine whether full time DON coverage is provided (verbal confirmation is acceptable).