

RISK-BASED SURVEY (RBS) ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
☐ 1. Census number
☐ 2. An alphabetical list of all residents (note any resident out of the facility).
☐ 3. Name of facility staff responsible for Infection Prevention and Control Program.
ENTRANCE CONFERENCE
☐ 4. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director and Resident Council President aware that the survey team is conducting a survey and is available if the President wishes to provide input. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
☐ 5. Information regarding full time DON coverage (verbal confirmation is acceptable).
☐ 6. Signs announcing the survey that are posted in high-visibility areas.
☐ 7. A copy of an updated facility floor plan, including COVID-19 observation and COVID-19 units, and all specialty units (e.g., rehab, memory care, certified ESRD unit).
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
☐ 8. Schedule of Medication Administration times.
☐ 9. The actual working schedules for all staff, separated by departments, for the survey time period.
☐ 10. List of key personnel, location, and phone numbers.
☐ 11. Completed matrix (CMS 802) for all residents. Refer to the Matrix Instructions (on the back of the form) for definitions. The TC will confirm the matrix was completed accurately. For smaller facilities (1-30 beds), immediately identify residents in the following categories: a. fall with major injury (FMI) in the last 120 days, b. current Stage 3, 4, or unstageable pressure ulcer not present on admission, c. tube feeding with weight loss or dehydration in the last 180 days, d. current dialysis, hospice, and ventilator, and e. current facility acquired transmission-based precautions with the infection identified.
☐ 12. 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 2 which is titled “Electronic Health Record Information.”
☐ 13. QAA committee information (name of contact, names of members and frequency of meetings).
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE
☐ 14. Completed Medicare/Medicaid Application (CMS-671).

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ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team within one hour of the entrance conference.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
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	

Facility's Wifi/Password: _____

Please provide name and contact information for the following:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

Administrator Name and Email Address: _____