

ENTRANCE CONFERENCE WORKSHEET
(QIS Team Copy)

INFORMATION NEEDED IMMEDIATELY UPON ENTRANCE
<input type="checkbox"/> Have the person in charge notified of the survey team entry to facility and introduce the survey team.
<input type="checkbox"/> 1. Request an <i>alphabetical resident census</i> , 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.).
<input type="checkbox"/> 2. Provide the facility the <u>New Admission Information</u> form and request that it be completed immediately. (The form requests a list of admissions after a specific date [roughly, the last 30 days]. The facility should include only residents <u>still residing in the facility</u> .) Admission Date, Date of Birth, and Room Number/Unit for each newly admitted resident is necessary to ensure accurate identification of residents.
<input type="checkbox"/> 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.
<input type="checkbox"/> 3. Provide signs announcing the survey, and ask the facility to post the signs in high-visibility areas.
<input type="checkbox"/> 4. Request a copy of the facility floor plan.
<input type="checkbox"/> 5. Request a copy of the staffing schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/> Provide a copy of the Entrance Conference Facility Worksheet.
<input type="checkbox"/> 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.)
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<input type="checkbox"/> Provide the CMS QIS Demonstration Project brochure and briefly explain the survey process. Note that ongoing communication will be provided throughout the Quality Indicator Survey although a daily conference will not take place.
<input type="checkbox"/> Ask if the facility has any nursing staffing waivers. If the facility has waivers, assign a surveyor to review the facility's compliance with the waiver requirements at F355.
INFORMATION NEEDED WITHIN ONE (1) HOUR OF ENTRANCE CONFERENCE
<input type="checkbox"/> 6. A list of key personnel and their locations.
<input type="checkbox"/> 7. If there is a resident council or equivalent group, the name of the resident council president or an officer/active council member.
<input type="checkbox"/> 8. A schedule of meal times and the location of dining room(s).
<input type="checkbox"/> 9. A schedule of Medication Administration times.
<input type="checkbox"/> 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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INFORMATION NEEDED WITHIN FOUR (4) HOURS OF ENTRANCE CONFERENCE

- 11. Provide the facility the Ventilator/Dialysis/Hospice Worksheet (the form requests a list of residents who receive ventilator, dialysis [whether in or out of the facility], certified Medicare hospice and/or end of life services.)
- 12. If there are residents receiving dialysis within the facility, alert the State Survey Agency's (SA) ESRD survey team that home dialysis is being provided within this LTC facility, informing them of any identified home dialysis concerns. The facility should provide the following information (on the bottom half of the Ventilator/Dialysis/Hospice Worksheet):
 - Residents' names, room numbers, and name of ESRD assigned caregiver/technician (and identify whether this caregiver is provided by the ESRD facility, the DME supplier, or the LTC facility);
 - Days and times each resident will receive his/her dialysis treatment.Indicate that the survey team requires access to the written contract, agreement, arrangement, policies/procedures, and/or plan of care specifying how the care is coordinated.
- 13. The 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. Location of Preadmission Screening and Resident Review (PASRR) information.
- 17. Description of any experimental research occurring in the facility.
- 18. Name of contact person regarding Abuse Prohibition Policies and Procedures/-Complaints/Grievance information.

INFORMATION NEEDED WITHIN 24 HOURS OF ENTRANCE

- 19. For Medicare or Medicare/Medicaid certified facilities: A list of Medicare residents who requested demand billing in the past six (6) months and a list of Medicare beneficiaries discharged from the SNF in the past six (6) months.
- 20. Provide the Medicare/Medicaid Application (CMS-671), and Resident Census and Conditions (CMS-672) for the facility to complete and return.

ADDITIONAL TASKS

- Provide the facility a copy of the OSCAR 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).