

Department of Health, Nursing Care Facilities

TEAM COORDINATOR ENTRANCE CONFERENCE CHECKLIST

Other information may be required depending on the type of survey performed

FACILITY: _____ DATE: _____

OBTAIN THE FOLLOWING BY THE END OF THE ENTRANCE CONFERENCE

Received

1. Actual working schedule for RNs and LPNs for all shifts for the survey period.	
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OBTAIN THE FOLLOWING BY THE END OF THE ORIENTATION TOUR

Received

1 Completed CMS 802 (Resident Roster/Sample Matrix) – Including all bed holds. <i>The facility has 24 hours to correct this form.</i>	
2 List of all residents who are receiving or have received antipsychotic medications over the past 30 days.	
3 List of all residents who have a DX of dementia & who are receiving, have received, or presently have PRN orders for antipsychotic medications over the past 30 days. Include copy of the policy related to the use of antipsychotic medications in residents with dementia.	
4. Name of contact person for the survey.	

OBTAIN THE FOLLOWING WITHIN ONE HOUR OF THE ENTRANCE CONFERENCE

Received

1. List of key personnel and their locations, including those responsible for infection control, and quality assurance.	
2. Written information provided to residents regarding their rights.	
3. Copy of admission packet/contract for all residents including payment sources.	
4. Medication pass start times by unit	
5. Copies of menus including therapeutic menus, which will be used for the duration of the survey.	
6. Meal Serving Schedule, including tray arrival times by unit and dining room service.	
7. List of admissions during the past month	
8. List of residents transferred/discharged during the past three months with dates of admission and discharge, destinations, and payer sources.	
9. Copy of the facility's layout indicating the name of the facility, the location of nurses' stations, individual resident rooms with room numbers and number of beds in each room, and common areas	
10. List of hospice residents and a copy of the contract/agreement.	
11. List of dialysis residents and dialysis contract.	
12. The names of any residents age 55 and under.	
13. The names and room numbers of any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.	
14. Evidence of routine monitoring of accidents and incidents, clinical record documentation, and the system to prevent and/or minimize accidents and incidents.	
15. Facility policies and procedures to prohibit and investigate allegations of abuse and the name of a person the administrator designates to answer questions about what the facility does to prevent abuse.	
16. Copy of 2-3 most recent Nurse Aide PB22 Investigative Reports	

17. Name and room number of president of the Resident Council	
18. If the survey occurs April 1 through September 30- List of current residents who were in the facility during the previous influenza season (October 1 through March 31). Name of the person responsible to coordinate the immunization program.	
19. List of resident with current infections, including bacteria and site.	
20. If facility utilizes Feeding Assistants, list at bottom of CMS-671, provide a list of all staff that completed the training for feeding assistants and are currently assisting residents with eating meals and/or snacks. The name of the person who could answer questions about feeding assistants.	
21. Copy of facility's policy/procedure and training for Reporting Suspicion of a Crime in Long Term Care Facilities. (Section 1150B of the Social Security Act, as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010)	
22. Copy of facility's policy/procedure for Infection Control	

OBTAIN THE FOLLOWING WITHIN 24 HOURS OF THE ENTRANCE CONFERENCE

Received

1. List of residents with payment source.	
2. Completed CMS 671 (Application for MC/MA)	
3. Completed CMS 672 (Resident Census and Condition)	
4. List of Medicare residents who requested demand billing in the last six months	
5. Obtain policies related to emergency response to ascertain that facility policies require staff to initiate CPR as appropriate and that records do not reflect instances where CPR was not initiated by staff even though the resident requested CPR or had not formulated advance directives.	
6. Obtain a list of all employees hired within the previous 4 months and select five from this list. Ask the facility to provide written evidence that the facility conducted pre-screening based on regulatory requirements at 42 CFR 483.13(c). If there were not 5 new hires in the last four months, additional months will be requested.	
7. A copy of the disaster plan, policy & procedure for emergency transport and contracts, if applicable, including emergency water supply.	
8. Is the facility's emergency management/disaster preparedness plan current and address all related contingencies?	
9. Copy of job descriptions and licenses of the DON and NHA and medical director's name and address.	
10. Existing and pending exceptions and waivers	
11. Evidence of the facility's primary insurance liability and professional liability insurance coverage (MCare Insurance Information)	

Does the facility use physician extenders? _____ PAs _____ CRNPs

OBTAIN THE FOLLOWING AS DESIGNATED

Received

1. Nursing time schedules for the weeks of _____ : Three-week nursing schedule with census. (separated by unit and shift – observed posted daily for each shift)	
2. Time schedules for all other personnel for the week of: _____	
3. Pre-Survey Civil Rights Questionnaire	
4. Fire drill records for the past twelve months.	
5. Surety Bond.	