ENTRANCE CONFERENCE WORKSHEET
(QIS Facility Copy)

INFORMATION TO PROVIDE IMMEDIATELY UPON ENTRANCE
❑ 1. An ***alphabetical resident census***, with room numbers/units. Note residents on the census who are not in the facility (e.g., in the hospital, home visit, etc.).
❑ 2. **A completed New Admission Information** form. Please list all new admissions after the date listed (roughly the last 30 days) on the form. Include only residents still residing in the facility. Please include Admission Date, Date of Birth, and Room Number/Unit for each resident.
❑ 3. Post survey announcement signs in high-visibility areas.
❑ 4. A copy of the facility floor plan.
❑ 5. A copy of the staffing schedules for licensed and registered nursing staff for the survey time period.
INFORMATION TO PROVIDE WITHIN ONE (1) HOUR OF ENTRANCE CONFERENCE
❑ 6. List of key personnel and their locations.
❑ 7. Name of resident council president or an officer/active council member.
❑ 8. Schedule of meal times and location of dining room(s).
❑ 9. Schedule of Medication Administration times.
❑ 10. All Admission Sample closed records (to be brought to survey team work area). A list of required records will be provided after the Entrance Conference. Make arrangements for overnight storage of the records in a secure location; the survey team will need to access them throughout the survey.
INFORMATION TO PROVIDE WITHIN FOUR (4) HOURS OF ENTRANCE CONFERENCE
❑ 11. A list of residents who receive ventilator, dialysis (whether in or out of the facility), certified Medicare hospice and/or end of life services (see page 2 of this worksheet).
❑ 12. If there are residents receiving dialysis within the facility, provide the following information (see the last page of this worksheet): • List containing residents' names, room numbers, 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. Provide access to the written contract, agreement, arrangement, policies/procedures, and/or plan of care, specifying how the care is coordinated, to assist with the evaluation of care.
❑ 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).

ENTRANCE CONFERENCE WORKSHEET
(QIS Facility Copy)

❑ 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 for Abuse Prohibition Policies and Procedures/Complaints/-Grievance information.
INFORMATION TO PROVIDE WITHIN 24 HOURS OF ENTRANCE
❑ 19. For Medicare or Medicare/Medicaid certified facilities: a list of Medicare residents who requested demand billing since the preceding survey (9-15 mos.) **with payment source noted** and copies of the five (5) most recent denial notices including payment source.
❑ 20. Medicare/Medicaid Application (CMS-671), and Resident Census and Conditions (CMS-672).

ENTRANCE CONFERENCE WORKSHEET
(QIS Facility Copy)

VENTILATOR, DIALYSIS, CERTIFIED MEDICARE HOSPICE AND/OR END OF LIFE SERVICES

Please return the completed worksheet to the survey team within four hours of entrance.

Resident	Room #	Ventilator	Dialysis Hemo-	Dialysis Peritoneal	Certified Medicare Hospice and/or End of Life

If there are residents receiving dialysis within the facility, provide the following:

Resident	Room #	ESRD Assigned Caregiver/Technician	Caregiver/Technician Provider:	Dialysis Treatment Days and Times
			❑ ESRD Facility ❑ DME Supplier ❑ LTC Facility	
			❑ ESRD Facility ❑ DME Supplier ❑ LTC Facility	
			❑ ESRD Facility ❑ DME Supplier ❑ LTC Facility	
			❑ ESRD Facility ❑ DME Supplier ❑ LTC Facility	