

**ENTRANCE CONFERENCE WORKSHEET  
(QIS Facility Copy)**

<b>INFORMATION TO PROVIDE IMMEDIATELY UPON ENTRANCE</b>
<input type="checkbox"/> 1. An <b><i>alphabetical resident census</i></b> , with room numbers/units. Note residents on the census who are not in the facility (e.g., in the hospital, home visit, etc.).
<input type="checkbox"/> 2. <b>A completed New Admission Information</b> form. Please list all new admissions after the date listed (roughly the last 30 days) on the form. Include only residents <u>still residing in the facility</u> . Please include Admission Date, Date of Birth, and Room Number/Unit for each resident.
<input type="checkbox"/> 3. Post survey announcement signs in high-visibility areas.
<input type="checkbox"/> 4. A copy of the facility floor plan.
<input type="checkbox"/> 5. A copy of the staffing schedules for licensed and registered nursing staff for the survey time period.
<b>INFORMATION TO PROVIDE WITHIN ONE (1) HOUR OF ENTRANCE CONFERENCE</b>
<input type="checkbox"/> 6. List of key personnel and their locations.
<input type="checkbox"/> 7. Name of resident council president or an officer/active council member.
<input type="checkbox"/> 8. Schedule of meal times and location of dining room(s).
<input type="checkbox"/> 9. Schedule of Medication Administration times.
<input type="checkbox"/> 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.
<b>INFORMATION TO PROVIDE WITHIN FOUR (4) HOURS OF ENTRANCE CONFERENCE</b>
<input type="checkbox"/> 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).
<input type="checkbox"/> 12. If there are residents receiving dialysis within the facility, provide the following information (see the last page of this worksheet): <ul style="list-style-type: none"><li>• 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);</li><li>• Days and times each resident will receive his/her dialysis treatment.</li></ul> 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.
<input type="checkbox"/> 13. Influenza / Pneumococcal Immunization - Policy & Procedures.
<input type="checkbox"/> 14. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"><li>• Less than the required square footage</li><li>• More than four residents</li><li>• Below ground level</li><li>• No window to the outside</li><li>• No direct access to an exit corridor</li></ul>
<input type="checkbox"/> 15. Quality Assessment and Assurance (QAA) committee information (name of contact, names of members and frequency of meetings).

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<input type="checkbox"/> 16. Location of Preadmission Screening and Resident Review (PASRR) information.
<input type="checkbox"/> 17. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 18. Name of contact person for Abuse Prohibition Policies and Procedures/Complaints/-Grievance information.
<b>INFORMATION TO PROVIDE WITHIN 24 HOURS OF ENTRANCE</b>
<input type="checkbox"/> 19. For Medicare or Medicare/Medicaid certified facilities: a list of Medicare residents who requested demand billing in the past six months and a list of Medicare beneficiaries discharged from the SNF in the past six (6) months.
<input type="checkbox"/> 20. Medicare/Medicaid Application (CMS-671), and Resident Census and Conditions (CMS-672).

