

| INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE* | |
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| <input type="checkbox"/> | 1. Census number |
| <input type="checkbox"/> | 2. An alphabetical list of all residents and room numbers (note any resident out of the facility). |
| <input type="checkbox"/> | 3. A list of residents who are confirmed or suspected cases of COVID-19. |
| <input type="checkbox"/> | 4. Name of facility staff responsible for Infection Prevention and Control Program. |
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| <input type="checkbox"/> | 5. Conduct a brief Entrance Conference with the Administrator. |
| <input type="checkbox"/> | 6. Signs announcing the survey that are posted in high-visibility areas. |
| <input type="checkbox"/> | 7. A copy of an updated facility floor plan, if changes have been made. |
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| <input type="checkbox"/> | 8. The actual working schedules for licensed and registered nursing staff for the survey time period. |
| <input type="checkbox"/> | 9. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility. |
| <input type="checkbox"/> | 10. 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.” |
| <input type="checkbox"/> | 11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc. |
| <input type="checkbox"/> | 12. Facility Policies and Procedures: <ul style="list-style-type: none"> • Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan. • Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies NOTE – A comprehensive review of policies should be completed offsite. |
| <input type="checkbox"/> | 13. The facility’s mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates. |

***NOTE:** The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.

ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

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

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| Provide specific instructions on where and how surveyors can access the following information in the EHR (or | |
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| 1. Infections | |
| 2. Hospitalization | |
| 3. Change of condition | |
| 4. Medications | |
| 5. Diagnoses | |

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____