**ENTRANCE CONFERENCE WORKSHEET Part 2**

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|  | Additional Information Needed from or to Convey to the Facility |
|  | 1. Is there a current or suspected facility outbreak. |
|  | 1. List of residents on transmission based precautions, diagnosis for precautions, and room number. |
|  | 1. List of residents receiving dialysis with room number. |
|  | 1. List of resident receiving hospice with room number. |
|  | 1. List of residents with pressure ulcer, where acquired, stage, location of pressure ulcer, and room number. |
|  | 1. List of resident who had a level II PASRR completed since the Exit Interview Date (EID) of your last survey, date of admission, room number, and who still reside in the facility. |
|  | 1. Resident Counsel minutes (3 months), request permission from the resident representative, prior to reviewing. |
|  | 1. Grievance book/log including missing items. |
|  | 1. Fear of retaliation annual in-service training sign off sheet with training materials. |
|  | 1. Copy of CLIA waiver certificate (write tests performed i.e., occult blood, urine dipsticks, sign, and date the form.) |
|  | 1. Copy of Administrator/DNS job descriptions. |
|  | 1. Administrator/DNS business cards (staple inside survey packet). |
|  | 1. Request Administrator send a test email to TL’s email to ensure the resident sample can be sent at the end of the survey. |
|  | 1. EPOC: Ensure the facility has 2 users and logs in every 6 months to maintain access. |
|  | 1. EPOC: Remind the facility to send the state violation plan of correction, as an attachment, along with federal violation through EPOC. DO NOT MAIL. State violations need to be submitted in the space provided in the body of the state violation letter. |
|  | 1. Indicate to facility if there are complaints being investigated as part of the survey. |
|  | 1. Inform the Administrator if any incident occurs that needs to be reported to DPH to report the incident also to TL. Reporting to the survey team DOES NOT exempt the facility from reporting responsibilities to DPH. |
|  | 1. Inform the Administrator that waivers now expire every 2 years with licensure. New waivers and renewals must be sent through E-License |
|  | 1. Unit/bed/room number form; ensure the facility completes and returns to the TL |
|  | 1. Do you have an IV therapy program? |
|  | 1. Do you provide Outpatient Physical Therapy (OPPT) (requires a license)? |
|  | 1. Do you have a Nurse Aid Training program? |
|  | 1. Do you have a SUD Methadone Program? |
|  | 1. Provide the Glucose meter cleansing policy |
|  | 1. At the conclusion of the survey an exit conference will be conducted. The facility will have the opportunity to discuss and supply any additional information that may be pertinent to any findings that were identified. |

2.22.24