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| **INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE\*** |
|  1. Census number |
|  | 2. An alphabetical list of all residents and room numbers (note any resident out of the facility). |
|  | 3. A list of residents who are confirmed or suspected cases of COVID-19. |
|  4. Name of facility staff responsible for Infection Prevention and Control Program. |
| 5. Name of facility staff responsible for overseeing the COVID-19 vaccination effort. |
| **ENTRANCE CONFERENCE** |
|  6. Conduct a brief Entrance Conference with the Administrator.  |
|  | 7. Signs announcing the survey that are posted in high-visibility areas. |
|  | 8. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units. |
| **INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE\*** |
|  | 9. The actual working schedules for all staff, separated by departments, for the survey time period. |
|  | 10. 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. |
|  | 11. Provide each surveyor with access to all resident electronic health records (EHRs) – do not exclude any information that should be a part of the resident’s medical record. Provide instructions on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page *3* which is titled “Electronic Health Record Information.”  |
|  | 12. Facility Policies and Procedures:* + Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan
	+ Procedures to address residents and staff who refuse testing or are unable to be tested
	+ Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies
	+ *Influenza, Pneumococcal, and COVID-19 Vaccination Policy & Procedures*
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|  | 13. The facility’s mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 cases 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 COVID-19 updates.  |
|  | 14. Documentation related to COVID-19 testing, which may include the facility’s testing plan, logs ofcounty level positivity rates *(before 09-10-2021) and the level of community transmission (after 09-10-2021)*, testing schedules, list of staff who have confirmed or suspected cases of COVID-19, and, if there were testing issues, contact with state and local health departments.  |
|  | *15.* Lists of residents and staff and their COVID-19 vaccination status. |

\*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.

**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 in the hard copy if using split EHR and hard copy system). Surveyors require the same access staff members have to residents’ EHRs in a read-only format. |
| 1. Infections |  |
| 2. Hospitalization |  |
| 3. Change of condition |  |
| 4. Medications |  |
| 5. Diagnoses |  |
| 6. COVID-19 test results |  |
| *7. Immunization data* |  |

**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: