

## LTC Entrance Conference and Information Request

<b>NEEDED BY THE END OF THE TOUR</b>	
A copy of the actual working schedules for licensed and registered nursing staff for the survey time period.	
Names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;	
Provide a list of CPR certified staff (prior week and this week)	
<b>NEED IN ONE HOUR</b>	
List of key facility personnel, their titles and their locations.	
A copy of the facility's layout, indicating the location of nurses' stations, individual resident rooms, and common areas.	
A copy of the facility admission contract(s) for all residents, i.e., Medicare, Medicaid, other payment sources.	
Copy of the Residents' Rights	
Completed Roster Matrix with residents' conditions–CMS 802	
Provide all the following documentation: <ul style="list-style-type: none"> <li>⇒ meal times;</li> <li>⇒ dining locations;</li> <li>⇒ copies of all menus, including therapeutic menus, that will be served for the duration of the survey;</li> </ul>	
Medication Pass Times/Schedules (halls, wings, neighborhoods, if variable)	
List of admissions during the past month, and a list of residents transferred or discharged during the past 3 months with their destinations	
Facility policies and procedures to prohibit and investigate allegations of abuse and the name of a person the administrator designates to answer questions about what the facility does to prevent abuse.	
Evidence that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other record, and has in place a system to prevent and/or minimize further accidents and incidents.	
The names of any residents age 55 and under	
The names of any residents who communicate with non-oral communication devices, sign language, or who speak a language other than English	
Provide a list of residents who received psychotropic medications within the last 30 days	
Names of dementia residents receiving behavior altering medications and/or specialized rehab <ul style="list-style-type: none"> <li>- Explain individualized care</li> <li>- Explain staff training – Hand in Hand?</li> <li>- Explain how behavior altering meds are monitored and evaluated</li> </ul>	
Who implements the facility's immunization program? Provide a list of residents immunized last season (Oct 1 <sup>st</sup> to March 31).	
<b>PROVIDE WITHIN 24 HOURS</b>	
A completed Long Term Care Facility Application for Medicare and Medicaid (Form CMS-671) and a Resident Census and Conditions of Residents (Form CMS-672)	
A list of Medicare residents who requested demand bills in the last 6 months (SNFs or dually-participating SNF/NFs only).	