

COVID-19 Focused Infection Control (FIC) Survey Entrance Conference Worksheet

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*
<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 current residents who are confirmed or suspected cases of COVID-19.
ENTRANCE CONFERENCE
<input type="checkbox"/> 3. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/> 4. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 5. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units.
<input type="checkbox"/> 6. Complete the COVID-19 Staff Vaccination Matrix or provide a list containing the same information as soon as possible (only applicable if there are complaints/concerns specific to the staff vaccination requirement, F888).
<input type="checkbox"/> 7. Provide a list of contract companies that will provide services to the facility/residents during the survey period. Identify the name of the contract company; whether the company provides direct care or non-direct care; how often services are provided (e.g., daily, weekly); and the approximate number of contract staff provided by the company. Provide information on how the facility ensures that their contractor staff are compliant with the vaccination requirement (only applicable if there are complaints/concerns specific to the staff vaccination requirement, F888).
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*
<input type="checkbox"/> 8. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/> 9. List of key personnel location, and phone numbers <i>including the Medical Director, the facility staff responsible for the Infection Prevention and Control Program and the COVID-19 vaccination efforts, and</i> contract staff (e.g., rehab services).
<input type="checkbox"/> 10. 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 2 which is titled “Electronic Health Record Information.”
<input type="checkbox"/> 11. Facility Policies and Procedures for: <ul style="list-style-type: none"> • Infection Prevention and Control Program, to include the Surveillance Plan • <i>Addressing COVID-19 testing of</i> residents and staff who refuse testing or are unable to be tested • Emergency Preparedness to include Emergency Staffing Strategies • Influenza, Pneumococcal, and COVID-19 Vaccination • COVID-19 Healthcare Staff Vaccination (only applicable if there are complaints/concerns specific to the staff vaccination requirements, F888).

*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.

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ELECTRONIC HEALTH RECORD (EHR) INFORMATION

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

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	
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: _____