

COVID-19 Focused Infection Control (FIC) Survey with Staff Vaccination Mandate 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 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.
<input type="checkbox"/> 5. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
ENTRANCE CONFERENCE
<input type="checkbox"/> 6. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/> 7. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 8. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units.
<input type="checkbox"/> 9. Complete the COVID-19 Staff Vaccination Matrix or provide a list containing the same information as soon as possible. <i>(if applicable for a full review of F888).</i>
<input checked="" type="checkbox"/> 10. <i>Provide a list of contract companies that provide services to the facility/residents. 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 (if applicable for a full review of F888).</i>
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*
<input type="checkbox"/> 11. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/> 12. 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"/> 13. 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.”
<input type="checkbox"/> 14. Facility Policies and Procedures: <ul style="list-style-type: none"> • 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 • COVID-19 Healthcare Staff Vaccination Policies and Procedures <i>(if applicable for a full review of F888)</i>

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| <input type="checkbox"/> | 15. 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. |
| <input type="checkbox"/> | 16. Documentation related to COVID-19 testing, which may include the facility’s testing plan, logs of county 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 over the last 4 weeks, and, if there were testing issues, contact with state and local health departments. |
| <input type="checkbox"/> | 17. A list of residents and their COVID-19 vaccination status. |
| <input type="checkbox"/> | 18. Numbered list of resident cases of confirmed COVID-19 over the last 4 weeks. Indicate whether any resident cases resulted in hospitalization or death <i>(if applicable for a full review of F888)</i> . |

*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: _____