**Survey Notebook Checklist:**

**I. Census**

1. Current Census

2. Completed Matrix for all new admissions in last 30 days still residing

3. Alphabetical list of all residents (note if out of facility)

4. List of resident smokers; designated smoking times; smoking locations

5. List of residents with confirmed or suspected cases of COVID 19

**II. DON & Responsible COVID staff**

6. Name of facility staff responsible for Infection Prevention program

7. Name of facility staff responsible for overseeing the COVID 19 vaccination effort

8. DON - Full time coverage

**III. Facility**

9. Emergency Water source policy and agreement (Not the water management plan)

10. Signs in notebook announcing survey -post in high visibility areas

11. Current floor plan -include COVID-19 observation and Covid-19 units

12. Name of Resident Council President

**IV. Dietary**

13. Dietary Info

A. Schedule of Meal Times

B. Current Menus including Therapeutic menus to be served during the duration of the survey time period – Include changes as they occur during the survey and on all menus posted

**V. Medication Administration**

14. Schedule of Medication Administration times

15. Number and location of Med storage rooms and med carts

**VI. Key Personnel & Staffing**

16. Actual working schedules for all staff, separated by departments for the survey time period

17. List of key personnel, location and phone numbers

A. Note contract staff(rehab)

B. List of staff responsible for notifying all residents, representatives and families of confirmed or suspected COVID-19 cases in facility

**VII. Paid Feeding Assistants**

18. If the facility employs paid feeding assistants:

A. Whether the paid feeding assistant training was provided through a State approved training program by qualified professionals as defined by state law with a minimum of 8 hours training

B. The 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

C. List of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants

**VIII. COVID-19 Communication and Testing Documentation**

19. Identify the facility’s mechanism for communicating to residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility.

20. 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

**IX. Resident Information**

21. Matrix for all other residents

22. Admission packet

**X. Dialysis**

23. Dialysis Contracts, Agreements, Arrangements, Policies and Procedures

24. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments

25. Agreement or Policies & Procedures for transport to and from dialysis treatments

26. If there is a facility onsite separately certified ESRD unit – Policies & procedures etc.

**XI. Hospice**

27. Hospice Agreement, Policies & Procedures for each hospice use including the name of the facility designee9s0 who coordinate services with hospice providers

**XII Infection Prevention (Could insert page referring Surveyors to Infection Prevention and Control Manual that has these items in it and present that manual at the same time the survey book is presented.)**

28. Infection Prevention and Control Program Standards, Policies and Procedures, Surveillance plan, procedures to address resident & staff who refuse testing or are unable to be tested and the Antibiotic Stewardship program.

29. Influenza, Pneumococcal and Covid-19 Immunization Policies & Procedures

30. Lists of residents and their COVID-19 vaccination status

31. Numbered list of resident cases of confirmed COVID-19 over the last 4 weeks. Indicate 3whether any residents’ cases resulted in hospitalization or death.

32. COVID-19 Healthcare Staff Vaccination Policies and Procedures

33. COVID-19 Staff Vaccination Matrix (Complete matrix or provide a list containing the same information as required in the staff matrix)

**XIII. QAA**

34. QAA committee information (name of contact, names of members and frequency of meetings)

35. QAPI Plan

**XIV. Abuse Plan**

36. Abuse Prohibition Policy and Procedures

**XV. Research**

37. Description of any experimental research occurring in the facility

**XVI. Facility Assessments**

38. Most recent facility assessment

**XVII. Waivers/Variances**

39. Nursing staffing waivers

40. List of rooms meeting the following conditions that require a variance

A. Less than the required square footage

B. More than 4 residents

**XVIII. Access to Medical Records**

41. Surveyor Access information to electronic records: log in and password

42. Information on how to access EHRS outside of conference room

43. Completed form “Electronic Health Record Information”

**XVIIII. CMS Forms**

44. Completed Medicaid/Medicare Application (form CMS-671)

45. Completed Census and Condition Information (Form CMS-672)

46. Completed Beneficiary Notice – Residents Discharged with in the Last Six Months”

Based on Entrance Conference Worksheet (January 2022)