



COVID – 19 Focused Survey Readiness Book

Alliant Quality has developed this document to aid nursing homes and long-term care facilities in preparing for the Centers for Medicare & Medicaid Services (CMS) surveying process.

Part One: Entrance Conference Worksheet

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 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.

<i>Example: Medications</i>	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
<i>Example: Hospitalization</i>	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	

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:	

Part Two: COVID-19 Focused Survey Readiness Book

Required documents

Create a COVID-19 Survey notebook tabbed to match the Survey Entrance Worksheet and this checklist. Utilize this checklist to prepare the documents the surveyors will request. Keeping this updated will assist you in providing these requested documents timely to surveyors.

REQUIRED DOCUMENTS	Check when placed in book	Comments:
Due IMMEDIATELY when survey initiated		
1. Current Census		
2. Alphabetical resident listing with room numbers listing any residents out of the facility		
3. List of residents confirmed of presumptive COVID-19		
4. Name of facility staff responsible for Infection Prevention and Control Program		
5. Once provided: Post signage announcing survey in high visibility areas		
6. Updated facility floor plan if changes made for COVID-19		
Due within ONE HOUR		
7. Working schedules for Licensed and Registered Nursing staff for survey time periods		
8. List of Key Personnel, location and phone #'s. Contract staff as appropriate (Rehab)		
9. Provide each surveyor access to Medical Record: <ul style="list-style-type: none"> • Completion of Electronic Health Record Information worksheet (see page 3 of this document) 		
10. Electronic Health Record: Is it available for remote access for surveyors? If no remote access allowed with your EHR evaluate for alternative options: <ul style="list-style-type: none"> • Ability to fax large amounts of documents to surveyors remotely <OR> • Ability to email surveyors encrypted scanned documents. 		
11. POLICIES <ul style="list-style-type: none"> • Infection Prevention and Control Policies and Procedures • Surveillance Plan • Emergency Preparedness to include emergency staffing strategies • CDC NHSN COVID-19 (1) mandated reporting policy and (2) CDC data files that contains all data elements from the COVID-19 module uploaded to NHSN at least once a week • Family and Staff COVID-19 (1) notification policy, (2) communication of updates and mitigation strategies and (3) visitation policy during COVID 		

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Additional documents that may be requested

Additional Documents	Check when placed in book	Comments:
CMS – LTC Facility Assessment Tool https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf		
Staff <ul style="list-style-type: none"> • Entrance screening protocol • Return to work screening 		
Visitor Restrictions and Exceptions process and criteria (end of life) <ul style="list-style-type: none"> • Visitor Screening documentation • Signage at entrances for screening and restrictions 		
Surveillance line listing for residents is up to date		
Surveillance line listings for staff is up to date		
Facility Assessment available		
<ul style="list-style-type: none"> • Documentation of Department of Health Notification as indicated • Documentation of notification to State Survey Agency as indicated per state requirement 		
QAPI Meeting at minimum of quarterly <ul style="list-style-type: none"> • Validation of required members Medical Director, DON and IP attendance (reference state regulations for additional requirements) • Consider recording attendance of COVID-19 calls/meetings that include critical QAPI members. 		
Education records <ul style="list-style-type: none"> • Handwashing • Standard and Transmission Based Precautions: including proper donning/doffing of PPE • Optimizing of PPE plan activated or planned for need • Staff and resident education on COVID-19 • Transfer process with notification of EMS/Acute Care of presumptive symptoms. 		
Facility Plan for PPE shortage and optimization		
Environmental Cleaning Guides		
Review your Emergency Plan for EOO24		
Prepare staff for phone or in person interviews by surveyors on COVID-19. Ex: your facility practices for standard and transmission precautions; meal service, environmental cleaning, PPE supply, activities, etc.		

Resources

1. CMS Memo: [Prioritization of Survey Activities dated March 23, 2020](#)
2. CMS Memo: [Requirements for Notification of Confirmed COVID-19 Among Residents and Staff in Nursing Homes](#)
3. CMS [COVID-19 Survey Entrance Conference Worksheet](#)
4. CMS [LTC Facility Assessment Tool](#)
5. [CDC Strategies to Optimize PPE](#)
6. CMS [Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency:](#)
7. CDC: [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
8. CDC NHSN LTCF [COVID-19 Module with training links](#)
9. CMS [Interim Final Rule, QSO Memo 20-29-NH](#)