

# PROVIDER COPY: ASSISTED LIVING FACILITY ENTRANCE CONFERENCE CHECKLIST



<b>Checklist for Standard Licensure Surveys</b>
The survey team coordinator will conduct the entrance conference with the facility administrator/designee.
<b>INFORMATION NEEDED FROM THE FACILITY UPON ENTRANCE</b>
<input type="checkbox"/> Census number
<input type="checkbox"/> Facility Admission/Discharge Log
<input type="checkbox"/> Alphabetical list of all residents (note any resident out of the facility)
<input type="checkbox"/> List of residents who self-administer medications
<input type="checkbox"/> List of residents (if any) on transmission-based precautions
<input type="checkbox"/> List of residents who are receiving nursing services from facility staff
<input type="checkbox"/> List of residents who receive third party services (hospice, home health)
<input type="checkbox"/> List of residents who attend community Adult Day Care Center and addresses of ADCC (if any)
<input type="checkbox"/> List of in-house Adult Day Care Residents (if any)
<input type="checkbox"/> Mealtimes
<input type="checkbox"/> Medication pass times
<input type="checkbox"/> Specialty License: List of residents under LNS/LMH/ECC license
<input type="checkbox"/> Staffing schedule
<input type="checkbox"/> List of staff with dates of hire/position title
<input type="checkbox"/> Copy of the CEMP
<input type="checkbox"/> Copy of annual inspections (Fire, Department of Health)
<b>**Other documentation may be requested**</b>