

CBC Entrance Conference Checklist

Facility Name:

Facility #:

Survey Activity:

☐ RL/CHOW/Initial

☐ Revisit

Date and time:

Facility Type

☐ RCF/MCC

☐ ALF

Please provide copies of the following documentation except where indicated. Return this form and the documents to the TC as soon as possible.

- ☐ 1. Capacity: Beds Current census:
- ☐ 2. Facility email address
- ☐ 3. List of residents by room number
- ☐ 4. Management team list giving first and last names and titles
- ☐ 5. Current list of all facility employees (first and last name, position and hire date)
- ☐ 6. RN Licensure documentation
- ☐ 7. Administrator's Residential Care Facility License (copy)
- ☐ 8. Name of Infection Control Specialist and training documentation
- ☐ 9. Activity calendar for current month
- ☐ 10. Menus for current week
- ☐ 11. Resident Council and Food Committee minutes for last three months
- ☐ 12. Fire and Life Safety records for the past six months (original documentation for review ok)
- ☐ 13. Policy for unit-dose packaging
- ☐ 14. Documentation of weekly COVID-19 reporting on vaccination status for past 30 days (interview with TC)
- ☐ 15. Review infection prevention and control protocols

Memory Care Community Endorsed Facilities Only

- ☐ 1. Memory Care Community Disclosure Statement
- ☐ 2. Weekly staffing schedule for the month