### Long Term Care Assessment and Survey
**ASSISTED LIVING ENTRANCE GUIDE**

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<th>Facility Name</th>
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**Surveyors**

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**REQUIRED UPON ARRIVAL:**

1. Today’s census.
2. List of all residents with level of care and room numbers identified (one copy)
3. Identify residents who are and/or have:
   - Health Service Plans
   - Managed Risk Agreements
   - Restraint Use (side rails, lap buddies, etc.)
   - Medicaid Recipients
   - On RESPITE
   - Receiving Dialysis

**HAVE AVAILABLE FOR SURVEYOR WITHIN TWO HOURS:**

1. Two weeks of actual staffing (with CPR/AED certified staff identified)
2. Acuity based Staffing Policy
3. List of all Staff to include: full name, job title and date of hire, certification numbers and expiration dates for all Certified/Licensed staff (Nurse Aide, Medication Aide, Home Health Aide, Personal Care Assistant, RN, LPN, CALA and LNHA) and date CPR/AED certified, if applicable.
5. Pharmacy Policy and Procedure Manual
6. Sanitation Report with Comments’ Sheet
7. System used to track employee in-services
8. System used to track employee Mantoux testing
9. Signed Affidavit of Compliance (all pages)

**HAVE AVAILABLE TO SURVEYOR BY NOON:**

1. Completed “Physical Environment Inspections” (PEI) sheet, page 5 of the Affidavit of Compliance
2. System used to track employee compliance in attending at least one drill annually