Survey Readiness

The survey readiness topic in ECS is designed to follow the Survey Entrance Checklist and provide a simple way to organize information in preparation for the arrival of state surveyors.

How to Use the Survey Readiness Topic

Navigation

- Entrance Conference Worksheet – Link to the 2022 entrance conference worksheet, listing each item required for survey with additional details.
- Survey Resources/CMS – Link to CMS website
- ECS Handout for Surveyors – Opens the ECS surveyor handout. Users can print this document and fill in the username and password for each surveyor, to help them navigate ECS more easily
- One Hour Items, Four Hour Items, and End of Day1 & 24-Hour Items – These options will take you to the sections of the topic designated for items assigned within each of these time frames.

Within 4 Hours of Entrance			4 Hour Report
Worksheet Item	**Information Source**	**Last Name or Effective Date**	**Retrieve Information From**
22. Matrix for other residents	802 Survey Reporting Tool	n/a	802 Matrix
23. Admission Packet	Uploaded Document	-	Manage Document
24. Dialysis Contract(s)	Dialysis Procedures	-	Manage Document
25. Dialysis Staff	Enter Dialysis Staff:	-	4 Hour Report
26. Dialysis Transport	Dialysis Transportation	-	Manage Document
27. Onsite ESRD unit?	Enter ESRD Info:	-	4 Hour Report
28. Hospice Agreement	Enter Hospice Coordinator:	-	4 Hour Report
	Hospice Agreement	-	Manage Document
29. Infection Prevention	IPC Program Standards	-	Manage Document
30. QAA Committee info.	Enter QAA Committee Info:	-	4 Hour Report

Layout

- Sections within the topic are divided to match the Entrance Conference worksheet. Each section has 4 columns.
- Worksheet Item: This column lists the number and a brief description of the item to be addressed from the entrance conference worksheet.
- Information Source: This column tells the user where the information for each item can be found.

- Green text tells the users what type of document the information is contained in.
- Maroon button words will allow the user to input information directly into the topic.
- Grey text indicates information that is not documented electronically.
- Black text indicates information found in other areas of ECS.
- Last name or date of upload: This column contains the last information entered in the case of key personnel, or the effective date of an uploaded document. A "-"indicates that no information has been entered for that item.
- Retrieve information from: This column provides users with links to information and reports for printing during the survey window.
- Manage document: Takes users to the topic housing scanned documents. This is where documents can be viewed, printed, or uploaded.
- Each section also has it's own designated report which pulls together information from other topics within ECS and also prints the documents scanned into that section. This report is located at the top of the screen.

Managing Documents

- The Survey Readiness topic is accompanied by it's own topic for managing documents. This is called "Policy & Procedure (facility)."
  - If you have the Document Management section in ECS, it will be located in here.
  - If your database does not have a designated document management section, it will be located in the "Face Sheet" section, near your current "Scanned Documents" topic.
- Clicking on "Manage Document" in the Survey Readiness topic will take you to the Policy and Procedure Document Topic.
- All policies should be saved on the "Facility, Policies & Procedures" resident. This resident should populate automatically when the topic opens.
- To save a document specifically requested on the Entrance Conference Worksheet, click on one the appropriate title in the column under "Survey Readiness"
- If specific information is to be included per the worksheet, you will be prompted with an information box with this information. Click okay to close this box and move on.
- A box will then open which will allow you to browse your computer for the location of the stored document that you would like to upload. Choose the document and click "Open."
- You will then be prompted to enter the date of the document. This should be the effective date of the document being saved.
- Once you have selected the document and entered the date, click "Sign" to save your entry.
- If you would like to save a policy or procedure document that is not specifically referenced on the Survey Entrance Worksheet, you may do so by choosing the "Facility

Policy & Procedure" button located under "General Policies" and following the steps above.

- Once you have saved a document to a button under "Survey Readiness" in the Policy & Procedure topic, the Effective Date will show up in the "Last name or Effective Date" column of the Survey Readiness topic.
- To update a policy or uploaded document, simply save the new policy and effective date in the "Policy & Procedure (facility)" topic. The reports and date column will pull the most recent entry.

Documenting in the Topic

- To document information that is included in the Survey Readiness topic, choose a maroon button word in the Information Source column.
- Document the Name or information that you wish to include and click "Save."
- When you refresh the topic, you will see the information that you entered displayed in the "Last Name or Effective Date" column.
- It will also be included in the report for that section, located at the top of the screen.

Completing the CMS-671

- Items to complete the Long-Term Care Facility Application for Medicare and Medicaid (CMS-671) are also included in this topic.
- To complete the information necessary for the CMS-671, go to the section labeled "24hr Items" and click on the maroon "^ Complete Form" button beneath "Information Source."
- This will take you to a section of the topic where you can fill in the information necessary to complete this form.
- Clicking on "^ Sign/Print CMS-671" when complete, will allow you to electronically sign and/or print the completed form.

CMS-671 Info.					
^ Back to Beginning	FACILITY COUNTY:	OWNERSHIP:		SPECIAL CARE UNITS:	RESIDENT'S GROUP:	WAIVER OF RN REQUIREMENT:
	FACILITY TYPE:	For-Profit	Government	AIDS:	Yes	Date granted:
	Skilled Nursing Facility (SNF)	Individual	State	Alzheimer's Disease:	No	Hours waived:
	Nursing Facility (NF)	Partnership	County	Dialysis:	FAMILY GROUP:	NA
	SNF/NF - Medicare/Medicaid	Corporation	City	Disabled Children/Young Adults	Yes	WAIVER OF 24 HR REQUIREMENT:
	HOSPITAL BASED:	Limited Liability Corporation	City/County	Head Trauma:	No	Date granted:
	Yes	Non-Profit	Hospital District	Hospice:	EXPERIMENTAL RESEARCH:	Hours waived:
	No	Church Related	Federal	Huntington's Disease:	Yes	NA
	MULTI-FACILITY ORG:	Nonprofit Corporation		Ventilator/Respiratory Care:	No	^ View Uploaded Waivers
	Yes	Other Nonprofit		Other Specialized Rehab:	PART OF CCRC:	NURSE AIDE TRAINING PROGRAM:
	No				Yes	Yes
					No	No

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Exempt

LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID

SURVEY TEAM WILL COMPLETE:

Standard Survey:		Extended Survey:	
From: F1 *(mm/dd/yyyy)*	To: F2 *(mm/dd/yyyy)*	From: F3 *(mm/dd/yyyy)*	To: F4 *(mm/dd/yyyy)*

GENERAL INSTRUCTIONS:

This form is to be completed by the Facility. For the purpose of this form, "the facility" equals certified beds (i.e., Medicare and/or Medicaid certified beds).

Name of Facility	Provider Number	F5: Fiscal Year Ending *(mm/dd/yyyy)*
AMERICAN DATA	623415	

Street Address
711 21st Street

City	County	State	Zip Code
Sauk City		WI	53578-

F6: Telephone Number:	F7: State/County Code:	F8: State/Region Code:
6086438022		

F8a: Medicare	1	F8b: Medicaid		F8c: Other		F8d: Total Residents	1

F9:
01 Skilled Nursing Facility (SNF) - Medicare Participation
02 Nursing Facility (NF) - Medicaid Participation
03 SNF/NF - Medicare/Medicaid

F10: Is this facility hospital based? .... ☐ Yes ☐ No
If yes, indicate Hospital Provider Number: F11

F12: Ownership

For-Profit	Non-Profit	Government	
01 Individual	04 Church Related	07 State	10 City/County
02 Partnership	05 Nonprofit Corporation	08 County	11 Hospital District
03 Corporation	06 Other Nonprofit	09 City	12 Federal
13 Limited Liability Corporation			

F13: Owned or leased by Multi-Facility Organization .... ☐ Yes ☐ No

F14: Name of Multi-Facility Organization

Dedicated Special Care Units: *(show number of beds for all that apply)*

F15: AIDS	F16: Alzheimer's Disease	F17: Dialysis

F18: Disabled Children/Young Adults	F19: Head Trauma	F20: Hospice

F21: Huntington's Disease	F22: Ventilator/Respiratory Care	F23: Other Specialized Rehabilitation

F24: Does the facility currently have an organized residents' group? .... ☐ Yes ☐ No

F25: Does the facility currently have an organized group of family members of residents? .... ☐ Yes ☐ No

F26: Does the facility conduct experimental research? .... ☐ Yes ☐ No

F27: Is the facility part of a continuing care retirement community (CCRC)? .... ☐ Yes ☐ No

Form CMS-671 (09/2023)

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