

CBC Entrance Conference Checklist

Please provide the following information as soon as possible.

Facility Name: _____ Facility #: _____

Date & time _____ Facility Type _____ RCF _____ ALF _____

- ___ 1. Capacity: Beds _____
Current census: _____
 - ___ 2. Facility email address _____
 - ___ 3. List of residents by room number
 - ___ 4. Activity calendar (for current month, if available)
 - ___ 5. Menus (for current week)
 - ___ 6. Management-team list giving names and titles
 - ___ 7. List of all facility employees, giving first and last name, position and hire date
 - ___ 8. Resident council and food committee minutes for last 3 months
 - ___ 9. Fire and Life Safety Records for the last 6 months
 - ___ 10. RN Licensure documentation
 - ___ 11. Administrator CEUs
 - ___ 12. Policy for unit-dose packaging
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Memory Care Community Endorsed Facilities Only:

- ___ 1. Memory Care Community disclosure statement
- ___ 2. Weekly staffing schedule for the month
- ___ 3. Memory Care Community activity calendar

Please return this form to the TC with the required documents