

COVID-19 STAFF VACCINATION MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify the vaccination status for all staff. The facility completes this form, including section I, staff name, and columns 1–11, which are described in detail below, or provide a list containing the same information required in the matrix.

Unless stated otherwise, for each staff mark an X for all columns that are pertinent.

- 1. Direct facility hire (DH), Contracted hire (C), or Other (O):** Direct facility hires (DH) are employees who are directly hired by the facility. Contracted hires (C) provide care, treatment, or other services for the facility and/or its residents under contract or by other arrangements. Other (O) includes adult students, trainees, and volunteers.
- 2. Title:** Identify the staff's title (e.g., RN, LPN, CNA, PA, RD).
- 3. Position:** Identify the staff's position (e.g., staff nurse, charge nurse, infection preventionist, restorative aide).
- 4. Assigned work area:** The physical location in the facility (e.g., laundry room, kitchen, unit, ward, wing). If the staff is PRN/floater/agency, indicate their assigned work area on the first day of the survey.
- 5. Partially vaccinated:** Staff who have received one dose of a multi-dose vaccine.
- 6. Completely vaccinated:** Staff who have received one dose of a single dose vaccine or all doses of a multi-dose vaccine. (For the purpose of this document, fully vaccinated and completely vaccinated are the same)
- 7. Booster dose:** A dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.
- 8. Pending (P) or Granted (G) medical exemption:** Per CDC certain allergies or recognized medical conditions, which may provide grounds for a medical exemption (Please refer to the [CDC](#)).
- 9. Pending (PN) or Granted (GN) non-medical exemption:** May be a religious exemption in accordance with Title VII.
- 10. Temporary delay per CDC/new hire:** Vaccination that must be temporarily postponed, as recommended by the [CDC](#), due to clinical precautions and considerations. Newly hired staff, who are not completely vaccinated due to timing requirements between doses.
- 11. Not vaccinated without exemption or**

delay: Any staff who have not received any doses of a vaccine and do not qualify for any of the exemptions or delays.

Section I

Total number of staff: All staff that work in the facility. Staff includes facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.

Number partially vaccinated staff (column 5): Number of current staff who received partial vaccination at any time as defined as, current staff who have received at a minimum, the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine.

Number completely vaccinated staff (column 6): Number of current staff who completed vaccination at any time is defined as, current staff with administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine

Number of staff with pending exemption (columns 8 and 9): Number of current staff with a request (pending) a medical or non-medical exemption.

Number of staff with granted exemption (columns 8 and 9): Number of current staff who was granted a qualifying medical or non-medical exemption.

Number of staff with temporary delay (column 11): Number of current staff whose COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.

Number of staff not vaccinated without exemption or delay: Number of current staff who have not received any doses of a vaccine and do not qualify for an exemption or temporary delay.

- If the percent vaccinated is less than 100%, cite F888.
- **When surveying 60 days following issuance of the QSO-22-07-ALL (effective 2/28/22 and thereafter) / QSO-22-09-ALL (effective 3-15-2022 and thereafter) / QSO-22-11-ALL (effective 03/21/2022 and thereafter):** Use the formula below (or in the Staff Formula spreadsheet) to calculate the percentage (round to the whole number) of staff that received a completed COVID-19 vaccination series.

Formula for surveys conducted 60 following issuance of the QSO memo

$$\begin{array}{c}
 \% \text{Vaccinated} = \frac{\boxed{\# \text{ Completely vaccinated (6)}} + \boxed{\# \text{ Granted exemption (8 and 9)}} + \boxed{\# \text{ Temporarily delayed (10)}}}{\boxed{\# \text{ of total staff}}} \times 100
 \end{array}$$

- If the percent vaccinated is less than 100%, cite F888.
- Note: If the facility's staff vaccination rate is below 100% because of newly hired staff, who are not yet eligible to receive the second dose in a two-dose series, the facility will be considered compliant with the 100% staff vaccination requirement. The facility would need to be in compliance with §483.80(i)(3)(iii), including adhering to additional precautions that are intended to mitigate the spread of COVID-19.

ENTRANCE CONFERENCE WORKSHEET (January 2022)

(Note: Surveyors in a state that is subject to [QSO-22-07-ALL](#) should start using this document on 01/27/2022. Surveyors in a state that is subject to [QSO-22-09-ALL](#) should continue using the Sept 2021 version until 02/13/2022 and start using this document on 02/14/2022. Surveyors in a state that is subject to [QSO-22-11-ALL](#) should continue using the Sept 2021 version until 02/21/2022 and start using this document on 02/22/2022.)

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
<input type="checkbox"/> 1. Census number
<input type="checkbox"/> 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/> 3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/> 4. A list of residents who smoke, designated smoking times, and locations.
<input type="checkbox"/> 5. A list of current residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/> 6. Name of facility staff responsible for Infection Prevention and Control Program.
<input type="checkbox"/> 7. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
ENTRANCE CONFERENCE
<input type="checkbox"/> 8. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/> 9. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/> 10. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/> 11. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 12. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
<input type="checkbox"/> 13. Name of Resident Council President.
<input type="checkbox"/> 14. Provide the facility with a copy of the CASPER 3.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
<input type="checkbox"/> 15. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/> 16. Schedule of Medication Administration times.
<input type="checkbox"/> 17. Number and location of med storage rooms and med carts.
<input type="checkbox"/> 18. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/> 19. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
<input type="checkbox"/> 20. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training; b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks; c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

21. The facility’s mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.

22. Documentation related to COVID-19 testing, which may include the facility’s testing plan, logs of county level positivity rates (before 09-10-2021) and the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 *over the last 4 weeks*, and if there were testing issues, contact with state and local health departments.

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

23. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.

24. Admission packet.

25. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

26. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.

27. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.

28. Does the facility have an onsite separately certified ESRD unit?

29. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

30. Infection Prevention and Control Program Standards, Policies and Procedures, to include the Surveillance Plan, Procedures to address resident and staff who refuse testing or are unable to be tested, and Antibiotic Stewardship Program.

31. Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.

32. List of residents and their COVID-19 vaccination status.

33. *Numbered list of resident cases of confirmed COVID-19 over the last 4 weeks. Indicate whether any resident cases resulted in hospitalization or death.*

34. *COVID-19 Healthcare Staff Vaccination Policies and Procedures.*

35. *COVID-19 Staff Vaccination Matrix (Note: Facilities may complete the COVID-19 Vaccination Matrix for Staff or provide a list containing the same information as required in the staff matrix).*

36. QAA committee information (name of contact, names of members and frequency of meetings).

37. QAPI Plan.

38. Abuse Prohibition Policy and Procedures.

39. Description of any experimental research occurring in the facility.

40. Facility assessment.

41. Nurse staffing waivers.

42. List of rooms meeting any one of the following conditions that require a variance:

- Less than the required square footage
- More than four residents

INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

43. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled “Electronic Health Record Information.”

INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

- 44. Completed Medicare/Medicaid Application (CMS-671).
- 45. Completed Census and Condition Information (CMS-672).
- 46. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

ENTRANCE CONFERENCE WORKSHEET

Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	
16. COVID-19 test results	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

Federal Regulatory Groups for Long Term Care

***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**

**** Tag to be cited by Federal Surveyors Only**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	Resident Assessments	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*{PHASE-3} Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	Physician Services
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F642	Coordination/Certification of Assessment	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F644	Coordination of PASARR and Assessments	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F645	PASARR Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	483.21	Comprehensive Resident Centered Care Plan	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	Nursing Services
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
		F660	Discharge Planning Process	F729	Nurse Aide Registry Verification, Retraining
		F661	Discharge Summary	F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

Federal Regulatory Groups for Long Term Care

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483.40	Behavioral Health	F811	Feeding Asst -Training/Supervision/Resident	483.90	Physical Environment
F740	Behavioral Health Services	F812	Food Procurement, Store/Prepare/Serve - Sanitary	F906	Emergency Electrical Power System
F741	Sufficient/Competent Staff-Behav Health Needs	F813	Personal Food Policy	F907	Space and Equipment
F742	*Treatment/Svc for Mental/Psychosocial Concerns	F814	Dispose Garbage & Refuse Properly	F908	Essential Equipment, Safe Operating Condition
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable	483.65	Specialized Rehabilitative Services	F909	Resident Bed
F744	*Treatment /Service for Dementia	F825	Provide/Obtain Specialized Rehab Services	F910	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services- Physician Order/Qualified Person	F911	Bedroom Number of Residents
483.45	Pharmacy Services	483.70	Administration	F912	Bedrooms Measure at Least 80 Square Ft/Resident
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records	F835	Administration	F913	Bedrooms Have Direct Access to Exit Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	License/Comply w/Fed/State/Local Law/Prof Std	F914	Bedrooms Assure Full Visual Privacy
F757	*Drug Regimen is Free From Unnecessary Drugs	F837	Governing Body	F915	Resident Room Window
F758	*Free from Unnec Psychotropic Meds/PRN Use	F838	Facility Assessment	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F839	Staff Qualifications	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F840	Use of Outside Resources	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F841	Responsibilities of Medical Director	F919	Resident Call System
483.50	Laboratory, Radiology, and Other Diagnostic Services	F842	Resident Records - Identifiable Information	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F843	Transfer Agreement	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F844	Disclosure of Ownership Requirements	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F845	Facility closure-Administrator	F923	Ventilation
F773	Lab Svs Physician Order/Notify of Results	F846	Facility closure	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F847	Enter into Binding Arbitration Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F848	Select Arbitrator/Venue, Retention of Agreements	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F849	Hospice Services	483.95	Training Requirements
F777	Radiology/Diag. Svcs Ordered/Notify Results	F850	*Qualifications of Social Worker >120 Beds	F940	{PHASE-3} Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	F851	Payroll Based Journal	F941	{PHASE-3} Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	483.75	Quality Assurance and Performance Improvement	F942	{PHASE-3} Resident's Rights Training
483.55	Dental Services	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F867	QAPI/QAA Improvement Activities	F944	{PHASE-3} QAPI Training
F791	Routine/Emergency Dental Services in NFs	F868	QAA Committee	F945	{PHASE-3} Infection Control Training
483.60	Food and Nutrition Services	483.80	Infection Control	F946	{PHASE-3} Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	F880	Infection Prevention & Control	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F881	Antibiotic Stewardship Program	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F882	Infection Preventionist Qualifications/Role	F949	{PHASE-3} Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F883	*Influenza and Pneumococcal Immunizations		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F884	**Reporting – National Health Safety Network		
F805	Food in Form to Meet Individual Needs	F885	Reporting – Residents, Representatives & Families		
F806	Resident Allergies, Preferences and Substitutes	F886	COVID-19 Testing-Residents & Staff		
F807	Drinks Avail to Meet Needs/P references/ Hydration	F887	COVID-19 Immunization		
F808	Therapeutic Diet Prescribed by Physician	F888	COVID-19 Vaccination of Facility Staff		
F809	Frequency of Meals/Snacks at Bedtime	483.85	Compliance and Ethics Program		
F810	Assistive Devices - Eating Equipment/Utensils	F895	{PHASE-3} Compliance and Ethics Program		