



Congregate Living & Social Services Licensing Board

AGENDA

Tuesday, March 28, 2023

6:00 PM

City Hall, 2nd Floor Council Chambers

I. **Call to Order:** Roll Call

II. **Minutes of Previous Meeting:** February 28, 2023

III. **Unfinished Business:**

LB 23-01: Applicant, Hilary Seifer, Executive Director for American House Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 197 Water St., and is in the Business Growth & Reuse District and as defined in Chapter 46, Article X of the Keene City Ordinances.

IV. **Applications:**

LB 23-03: Applicant, Patrick Lyons, Executive Director for Keene Center Genesis Healthcare, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 677 Court St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

LB 23-04: Applicant, Michael Johnson, Executive Director for Langdon Place of Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 136 Arch St., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

V. **New Business:**

VI. **Non-Public Session:** (if required)

VII. **Adjournment:**

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1 City of Keene
2 New Hampshire

3
4
5 CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD
6 MEETING MINUTES
7

Tuesday, February 28, 2023

6:00 PM

Council Chambers,
City Hall

Members Present:

Andrew Oram, Chair
Medard Kopczynski, Vice Chair
Alison Welsh
Thomas Savastano

Staff Present:

John Rogers, Zoning Administrator/Building
& Health Official
Corinne Marcou, Board Clerk
Don Farquhar, Fire Chief

Members Not Present:

Jennifer Seher

8
9
10 **I. Call to Order – Roll Call**

11
12 Chair Oram called the meeting to order at 6:00 PM and roll call ensued.

13
14 **II. Minutes of the Previous Meeting – January 24, 2023**

15
16 A motion by Mr. Savastano to adopt the January 24, 2023 meeting minutes was duly seconded
17 by Ms. Welsh and the motion carried unanimously.

18
19 **III. Unfinished Business**

20
21 Mr. Rogers reported that one item was missing from the agenda packet. His office received the
22 neighborhood relations plan that the Board required from Hampshire House. Chair Oram said he
23 reviewed the plan and stated that it felt thin but was probably adequate—something, not a lot—
24 and he called it perfunctory. Because not all members of the Board had reviewed the plan, Chair
25 Oram tabled the discussion until the next meeting, when Staff will ensure it is included in the
26 agenda packet. Vice Chair Kopczynski agreed that he would like to dispose of the issue.

27
28 **IV. Applications**

- 29 A) **LB 23-02: Applicant, Jay Hayston, Executive Director for Cedarcrest Center,**
30 **is requesting a Congregate Living & Social Services License for a Residential**
31 **Care Facility, located at 91 Maple Ave., and is in the Low Density District**
32 **and as defined in Chapter 46, Article X of the Keene City Ordinances.**
33

34 Chair Oram opened the hearing and requested Staff comments. Mr. Rogers reported that this is
35 an application for a residential care facility on Maple Avenue. While this property is in the Low
36 Density District, Maple Avenue is on the institutional streets list, so this is an allowed
37 conforming use. Mr. Rogers said all inspections were performed. Fire Chief Farquhar said that
38 Cedarcrest Center was 100% Code compliant. Mr. Rogers said the Housing Inspector also found
39 no issues.

40
41 Chair Oram said this was a seemingly adequate and rather complete application. He welcomed
42 the applicant, Jay Hayston, Executive Director of Cedarcrest Center. Mr. Hayston said that
43 Cedarcrest Center has had a long and fruitful relationship with this community and neighborhood
44 since its humble beginnings in Westmoreland and relocation to Keene in 1990. He said the
45 Center has some regulatory oversight from the Department of Education, the Office of Non-
46 Public Schools, and the Department of Health and Human Services. The Center must report to
47 those entities regularly, and parts of those reports were used for this application.

48 Vice Chair Kopczynski agreed that it was a complete application and said it was nice to read. He
49 asked if Cedarcrest Center has any federal oversight. Mr. Hayston said yes, indirectly. He
50 continued explaining that there is federal oversight because Cedarcrest serves people with
51 developmental differences. So, special education IDEA regulations provide some oversight for
52 special education services because Cedarcrest is a private school. Additionally, Mr. Hayston said
53 that Medicaid is a primary payer for these residential services, so there is also oversight from the
54 Department of Housing and Human Services.

55 Vice Chair Kopczynski explained that when this Ordinance was written, it was known that a lot
56 of agencies regularly reported to other agencies. While it seemed duplicative, he said the City
57 embraced it and added it to the Code. The Vice Chair asked whether the applicant had any
58 difficulty completing this application. Mr. Hayston said that as the Executive Director it was
59 easy for him to reply that it was an easy process because he did not do the collating, subject
60 matter experts did. Still, he said it was not too onerous because a lot was already written for other
61 agencies, but things did need reformatting and rephrasing for this application. Mr. Hayston said
62 he was aware of other localities in New England that have deemed status or expedited processes
63 for these sorts of licenses, and he welcomed a conversation about what that could look like in the
64 future. He also imagined that if the application format remains standard year after year, it should
65 be easy to reapply because everything is already written.

66 Ms. Welsh said that while it was not as lengthy as the evacuation plan and others, she
67 appreciated the neighborhood relations plan. She said it seemed like Cedarcrest Center was very
68 welcoming to the community, which she appreciated, and she mentioned their close relationship
69 with the First Baptist Church. She said some applicants have struggled with this part. Mr.
70 Hayston appreciated Ms. Welsh's comments and stated that Cedarcrest Center serves children
71 and young adults outside of their homes. He said the Center has an important obligation to help
72 these young people be members of the community; they go on field trips, attend community
73 events, and they welcome the community into their space on Maple Avenue. Mr. Hayston said

74 the neighborhood relations plan was a fun opportunity to highlight what they have done with the
75 neighborhood.

76 Mr. Savastano said this was a really great application. He said the staff training and procedures
77 plan was short but given the level of oversight and nature of different types of staffing, he did not
78 think it was necessary and was not concerned. Chair Oram agreed and added that a lot of those
79 details were implied because the Center could not function as well as it does without a great deal
80 of staff training.

81 Chair Oram asked Mr. Hayston if creating the neighborhood relations plan was worthwhile. Mr.
82 Hayston said yes because it is an important element of the services that Cedarcrest Center
83 provides. He said it was a useful and pleasant reflection for his team.

84 Vice Chair Kopczynski noted a theme of comments about the neighborhood relations plan. He
85 said when looking at congregate living and social services, there is often a missing connection
86 with their community and neighborhood; the agencies become “other” instead of a part of the
87 community. The Vice Chair thought that point had been missing in conversations with previous
88 applicants. He said the point is not to force these agencies to create a plan. Instead, it is an
89 opportunity for them to articulate that for them and the neighborhood to be successful, they must
90 work together. He said it was a pleasure when a plan achieves that focus and that in this case, it
91 was a bit of a revelation.

92 Chair Oram opened the hearing to public comment. Hearing none, the Board proceeded
93 reviewing the criteria for granting the license.

94 *The licensing board shall consider the following criteria when evaluating whether to approve,
95 renew, or deny a congregate living and social services license application:*

96 Criteria 1: *The use is found to be in compliance with the submitted operations and management
97 plan, including but not limited to compliance with all applicable building, fire, and life safety
98 codes.*

99

100 Vice Chair Kopczynski said he heard ample testimony from Mr. Rogers and Chief Farquhar
101 indicating that the applicant met this criteria. Vice Chair Kopczynski made the following motion,
102 which Mr. Savastano seconded. On a vote of 4–0, the Board found application LB 23-02 in
103 compliance with the first criteria.

104

105 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration
106 that adversely affects the surrounding area.*

107

108 Vice Chair Kopczynski said there was no evidence from the current inspections or historically
109 from the neighbors indicating that Cedarcrest Center had problems with noise, odors, glare, or
110 vibration. Vice Chair Kopczynski made the following motion, which Ms. Welsh seconded. On a
111 vote of 4–0, the Board found application LB 23-02 in compliance with the second criteria.

112

113 Criteria 3: The use does not produce public safety or health concerns in connection with traffic,
114 pedestrians, public infrastructure, and police or fire department actions.

115
116 Vice Chair Kopczynski said that there was no evidence from the inspections, testimonies, or
117 history of this use to indicate any concerns. Vice Chair Kopczynski made the following motion,
118 which Ms. Welsh seconded. On a vote of 4–0, the Board found application LB 23-02 in
119 compliance with the second criteria.

120
121 Mr. Savastano made the following motion, which Ms. Welsh seconded. On a vote of 4–0, the
122 Congregate Living and Social Services Licensing Board approved application LB 23-02.

123
124 **V. New Business**

125
126 Mr. Savastano mentioned the Board’s discussion about the Serenity Center and Monadnock Peer
127 Support from January 2023 that he read in the meeting minutes. Mr. Rogers said that was an
128 initial conversation because within the Board’s rules, they have the ability to transfer a license.
129 With the Serenity Center changing locations, it was the Board’s choice whether to have them
130 come back for a new license. Because Serenity Center is changing locations, Mr. Rogers said
131 they need a Conditional Use Permit from the Planning Board, and that process was underway.
132 After they receive a permit from the Planning Board, they will appear again before this Board.

133
134 **VI. Non-Public Session (if required)**

135 **VII. Adjournment**

136
137 There being no further business, Chair Oram adjourned the meeting at 6:18 PM.

138
139 Respectfully submitted by,
140 Katryna Kibler, Minute Taker
141 March 1, 2023

142
143 Reviewed and edited by,
144 Corinne Marcou, Board Clerk

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American House Keene: Neighborhood Relations Plan:

American House Keene is always happy to share our public spaces with Keene Community. We currently host the Rotary club once a week, BNI group once a month, and are a resource for local theatre groups such as, Branch River theatre and Edge Ensemble.

American House Keene is an active member of the New Hampshire Alzheimer's Association and are active members in planning the annual fundraising walk.

American House Keene is always open to hosting various groups in the community and we look forward to the addition of the Keene Skate Park, and the Patricia Russell park to our the neighborhood.

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:	
Case No.	4323-03
Date Filled	3/7/23
Rec'd By	CJH
Page _____ of _____	

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Fraternity/Sorority | <input type="checkbox"/> Group Resource Center | <input type="checkbox"/> Lodginghouse |
| <input type="checkbox"/> Group Home, Large | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input type="checkbox"/> Residential Care Facility |

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 677 Court Street Operations LLC	NAME/COMPANY: Keene Center
MAILING ADDRESS: 101 E. State St. Kennett Square, PA 19348	MAILING ADDRESS: 677 Court St Keene, NH 03431
PHONE: 603-357-3800	PHONE: 603-357-3800
EMAIL:	EMAIL: patrick.lyons@genesishcc.com
SIGNATURE:	SIGNATURE: <i>Patrick Lyons</i>
PRINTED NAME:	PRINTED NAME: Patrick Lyons

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: <i>Patrick Lyons</i>
MAILING ADDRESS:	MAILING ADDRESS: <i>677 Court St.</i>
PHONE:	PHONE: <i>603-357-3800</i>
EMAIL:	EMAIL: <i>lyons.patrick.lyons@genesishcc.com</i>
SIGNATURE:	SIGNATURE: <i>Patrick Lyons</i>
PRINTED NAME:	PRINTED NAME: <i>Patrick Lyons</i>



City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:

Case No. _____

Date Filled _____

Rec'd By _____

Page _____ of _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Fraternity/Sorority | <input type="checkbox"/> Group Resource Center | <input type="checkbox"/> Lodginghouse |
| <input type="checkbox"/> Group Home, Large | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input type="checkbox"/> Residential Care Facility |

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OWNER

APPLICANT

NAME/COMPANY:
677 Court Street Operations LLC

NAME/COMPANY:
Keene Center

MAILING ADDRESS:
101 E. State St. Kennett Square, PA 19348

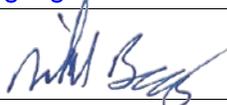
MAILING ADDRESS:
677 Court St Keene, NH 03431

PHONE:
603-357-3800

PHONE:
603-357-3800

EMAIL:
michael.berg@genesishcc.com

EMAIL:
patrick.lyons@genesishcc.com

SIGNATURE:


SIGNATURE:

PRINTED NAME:
Michael Berg, Authorized official, Assistant Secretary

PRINTED NAME:
Patrick Lyons

AUTHORIZED AGENT (if different than Owner/Applicant)

OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) Same as owner

NAME/COMPANY:

NAME/COMPANY:

MAILING ADDRESS:

MAILING ADDRESS:

PHONE:

PHONE:

EMAIL:

EMAIL:

SIGNATURE:

SIGNATURE:

PRINTED NAME:

PRINTED NAME:

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:

677 Court St. Keene, NH 03434

TAX MAP PARCEL NUMBER:

228-015-000-000-000

ZONING DISTRICT:

LOCATION MAP:

Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site. Please see Facility Assessment.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

Please see Facility Assessment.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.
Please see Facility Assessment.

SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keeneh.gov, with "CLSS License Application" in the subject line
- **Mail / Hand Deliver:** Community Development (4th Floor), Keene City Hall, 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

<input checked="" type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i>	<input type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input checked="" type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i>	<input checked="" type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i>
<input checked="" type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i>	APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="checkbox"/> COMPLETED INSPECTION: <i>Inspection date: _____</i>	<input type="checkbox"/> SCHEDULED INSPECTION: <i>Inspection date: _____</i>
<input type="checkbox"/> OPERATIONS AND MANAGEMENT PLAN: Plan based on the industry standard "Best Management Practices" to include: <ul style="list-style-type: none"> ◇ Security Plan ◇ Life Safety Plan ◇ Staff Training and Procedures Plan ◇ Health and Safety Plan ◇ Emergency Response Plan ◇ Neighborhood Relations Plan ◇ Building and Site Maintenance Procedures In addition, Homeless Shelters will need to provide: <ul style="list-style-type: none"> ◇ Rules of Conduct, Registration System and Screening Procedures ◇ Access Policies and Procedures 	



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: KEENE CENTER GENESIS HEALTHCARE
Located at: 677 COURT STREET
KEENE NH 03431

To Operate: Nursing Home

This annual license certificate is effective under the conditions and for the period stated below:

License#: 03706

Effective Date: 06/01/2022

Expiration Date: 05/31/2023

Administrator: PATRICK LYONS

Medical Director: LESLIE PITTS,MD

Total Number of Beds: 106

EFFECTIVE 10/11/2022 PATRICK LYONS IS THE NEW ADMINISTRATOR

A handwritten signature in black ink, appearing to read "Michael D. Kelly".

Chief Legal Officer

State of New Hampshire



Board of Examiners of Nursing Home Administrators

Authorized as
Nursing Home Administrator

Issued To
PATRICK WALTER LYONS, NHA

License Number: 3829
Current

Issue Date: 04/22/2019

Expiration Date: 12/31/2023



CERTIFICATE OF LIABILITY INSURANCE

7/31/2022

DATE (MM/DD/YYYY)
07/23/2021

CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lloyd's		
INSURER B: Zurich American Insurance Company		16535
INSURER C: Coverys Specialty Insurance Company		15686
INSURER D: American Zurich Insurance Company		40142
INSURER E:		
INSURER F:		

INSURED
1475385 Trident Topco, LLC
and its subsidiaries
See attached for Additional Insureds Names
930 Ridgebrook Road
Sparks Glencoe MD 21152

COVERAGES MAIN CERTIFICATE NUMBER: 16852582 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL ISUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N N	W2FA31210101	07/31/2021	07/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N N	BAP 1861365-04	07/31/2021	07/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N N	005MD000027078	07/31/2021	07/31/2022	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
D B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC 1861364 04 WC 0614814 04	07/31/2021 07/31/2021	07/31/2022 07/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	N N	W2FA31210101	07/31/2021	07/31/2022	Per Claim \$1,000,000 Per Aggregate \$3,000,000 Deductible \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 For Providers in PA that participates in MCare, primary limits of \$500K/\$1.5M. MCare limits of \$500K/\$1.5K apply excess of primary limits. All VA providers subject to \$2,500,000/\$7,500,000 limits effective 7/1/21.

CERTIFICATE HOLDER	CANCELLATION See Attachments
852582 KEENE CENTER 677 COURT STREET KEENE NH 34311702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



January 4, 2023

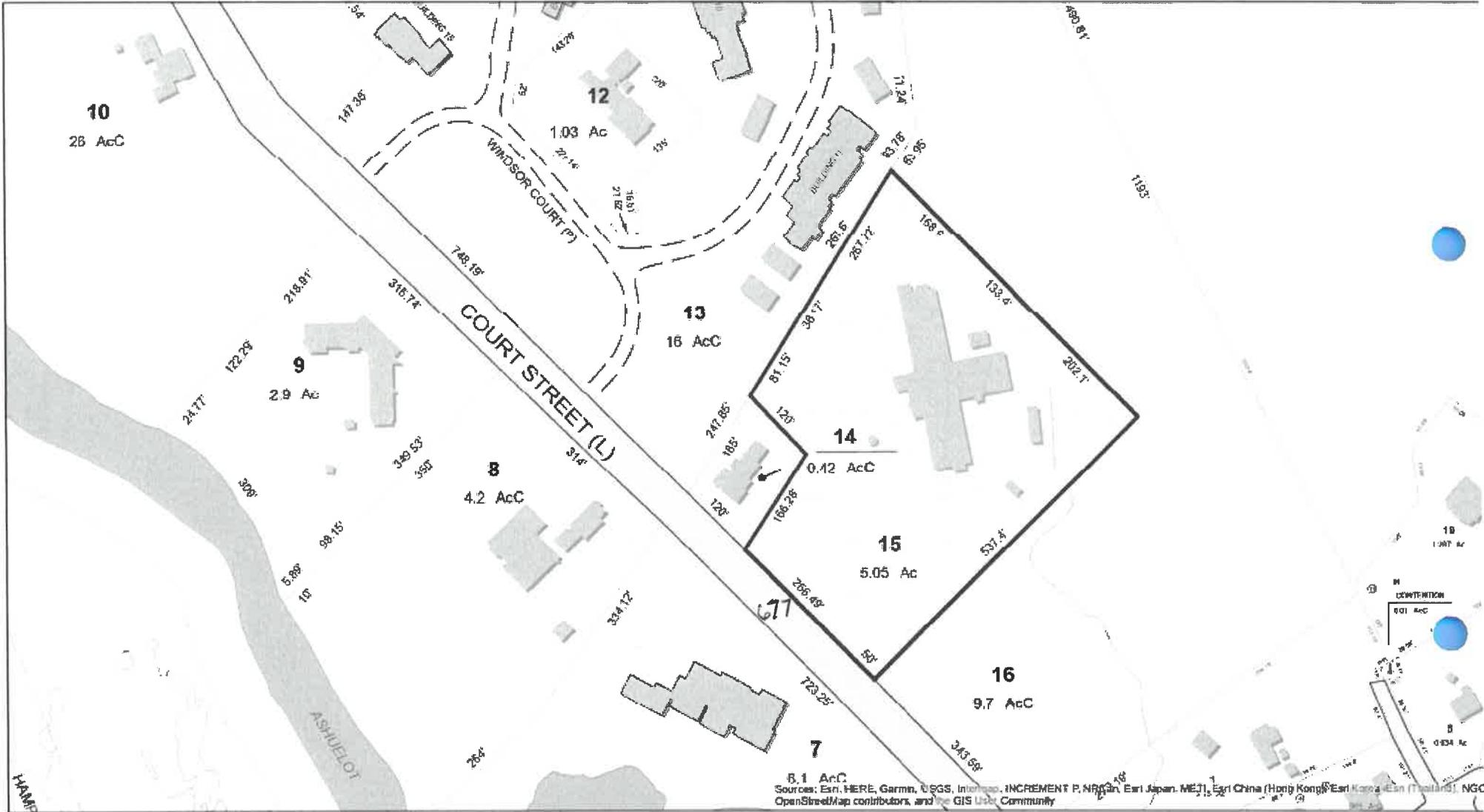
Keene, NH

1 Inch = 137 Feet

0 137 275 413



www.cai-



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, MEIT, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGC, OpenStreetMap contributors, and the GIS User Community

Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies is not responsible for any use for other purposes or misuse or misrepresentation of this map.

677 COURT ST.

Location 677 COURT ST.

Map/Lot # 228 / 015/000 000/000

Acct# 228015000000000

Owner CBYW KEENE PROPCO LLC

Building Name

Assessment \$4,315,700

Appraisal \$4,315,700

PID 5666

Building Count 1

Current Value

Appraisal			
Valuation Year	Improvements	Land	Total
2020	\$3,910,600	\$405,100	\$4,315,700

Assessment			
Valuation Year	Improvements	Land	Total
2020	\$3,910,600	\$405,100	\$4,315,700

Parcel Addresses

Additional Addresses
No Additional Addresses available for this parcel

Owner of Record

Owner CBYW KEENE PROPCO LLC
Co-Owner
Address 4500 DORR ST.
 TOLEDO, OH 43615

Sale Price \$23,029,100
Book & Page 2973/1191
Sale Date 12/23/2016

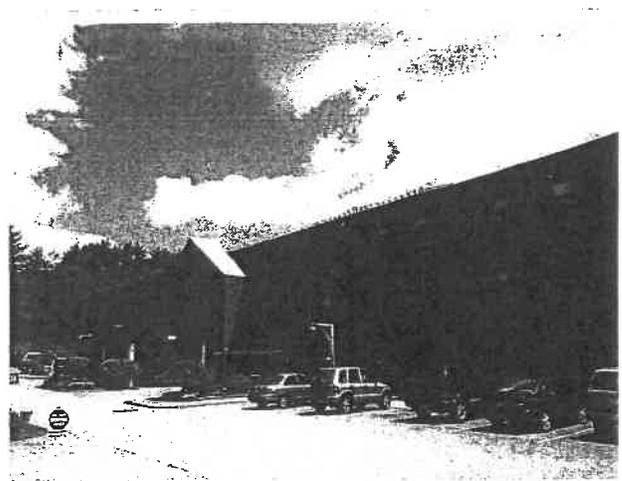
Ownership History

Ownership History			
Owner	Sale Price	Book & Page	Sale Date
KEENE PROPCO LLC	\$23,029,100	2973/1191	12/23/2016
FC-GEN REAL ESTATE LLC	\$6,000,000	2703/0424	07/22/2011
MCKERLEY HEALTH CARE	\$0	0978/0806	12/01/1979

Building 1 : Section 1

Year Built: 1980
Gross Area: 45,999
Replacement Cost: \$5,913,171
Building Percent Good: 64
Replacement Cost Less Depreciation: \$3,784,400

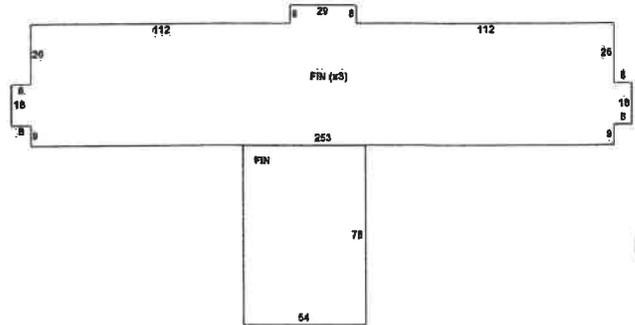
Building Photo



(<http://images.vgsi.com/photos2/KeeneNHPhotos/0007\262.0.jpg>)

Building Attributes	
Field	Description
STYLE	Nursing Home
MODEL	Commercial
Grade	C
Stories:	3
Occupancy	1.00
Exterior Wall 1	Brick Veneer
Exterior Wall 2	
Roof Structure	Flat
Roof Cover	Membrane
Interior Wall 1	Drywall/Sheetrock
Interior Wall 2	Typical
Floor 1	Vinyl/Tile
Interior Floor 2	Carpet
Heating Fuel	Propane
Heating Type	Hot Water
Air Conditioning	Unit
Bldg Use	Commercial Improved
Bedrooms	
Full Baths	
Half Baths	
Extra Fixtures	
FBM Area	
Lighting	Above Normal
Frame	Fire Proof
Plumbing	Normal
Wall Height	10.00

Building Layout



([ParcelSketch.ashx?pid=5666&bid=5666](#))

Building Sub-Areas (sq ft)			Legend
Code	Description	Gross Area	Living Area
FIN	Finished Area	45,999	45,999
		45,999	45,999

Extra Features

Extra Features				Legend
Code	Description	Size	Assessed Value	Bldg #
CNP	CANOPY	480.00 S.F.	\$7,100	1

SPR1	SPRINKLERS-WET	45999.00 SF	\$32,400	1
ELV1	ELEV PAS 2-3 STOPS	2.00 UNITS	\$58,500	1
EE1	Enclosed Entry	88.00 S.F.	\$1,100	1

Land Use

Use Code 201
Description Commercial Improved
Zone HD
Category

Land Line Valuation

Size (Acres) 5.05
Depth
Assessed Value \$405,100
Appraised Value \$405,100

Outbuildings

Outbuildings						Legend
Code	Description	Sub Code	Sub Description	Size	Assessed Value	Bldg #
LGT1	POLE & SINGLE LIGHT			1.00 UNITS	\$300	1
FGR1	GARAGE- AVE			240.00 S.F.	\$3,000	1
FN1	FENCE			480.00 S.F.	\$500	1
PAV1	PAVING- ASPHALT			21800.00 S.F.	\$21,800	1
PAT1	PATIO- AVE			600.00 S.F.	\$1,500	1

Valuation History

Appraisal			
Valuation Year	Improvements	Land	Total
2019	\$3,910,600	\$405,100	\$4,315,700

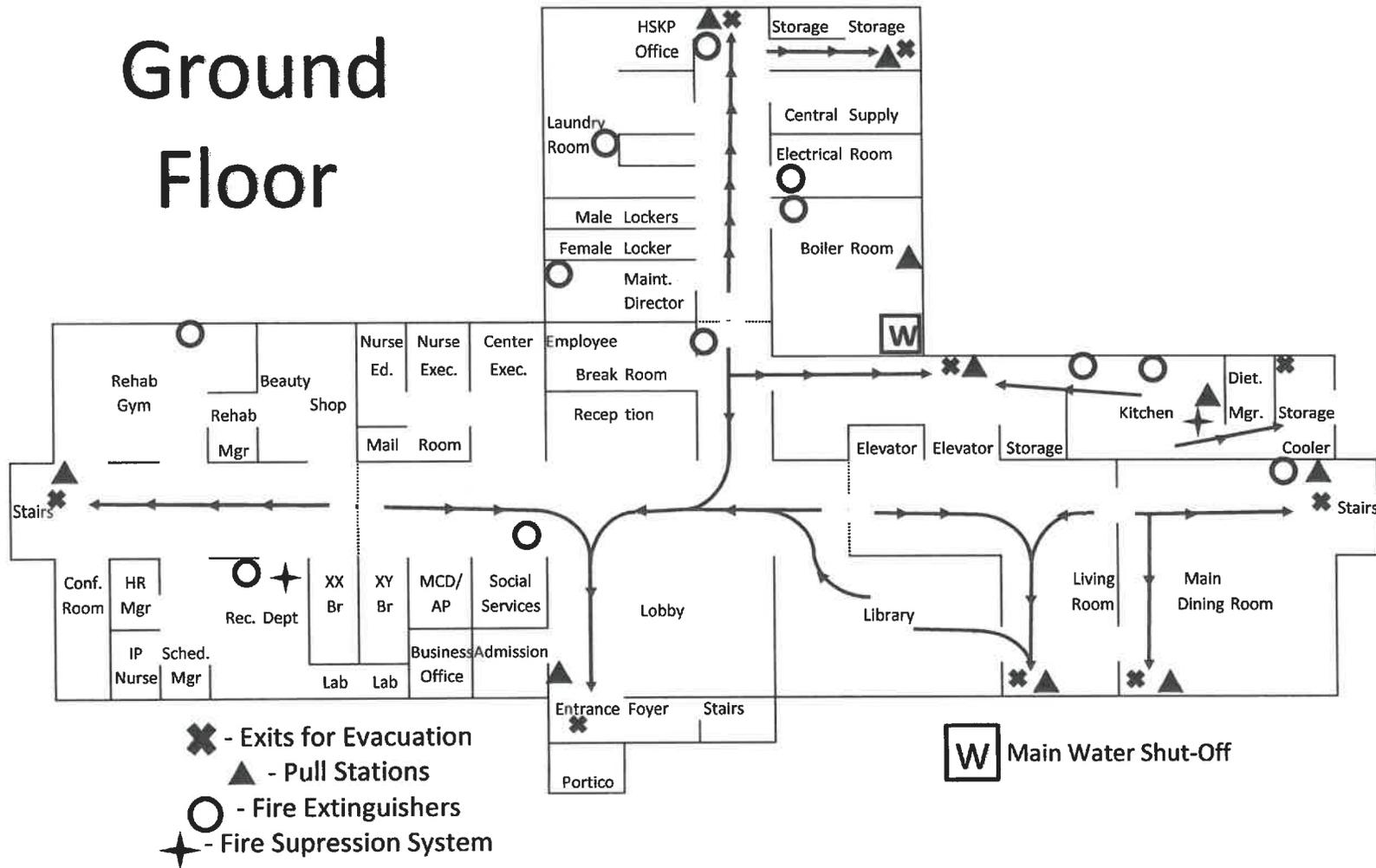
Assessment			
Valuation Year	Improvements	Land	Total
2019	\$3,910,600	\$405,100	\$4,315,700

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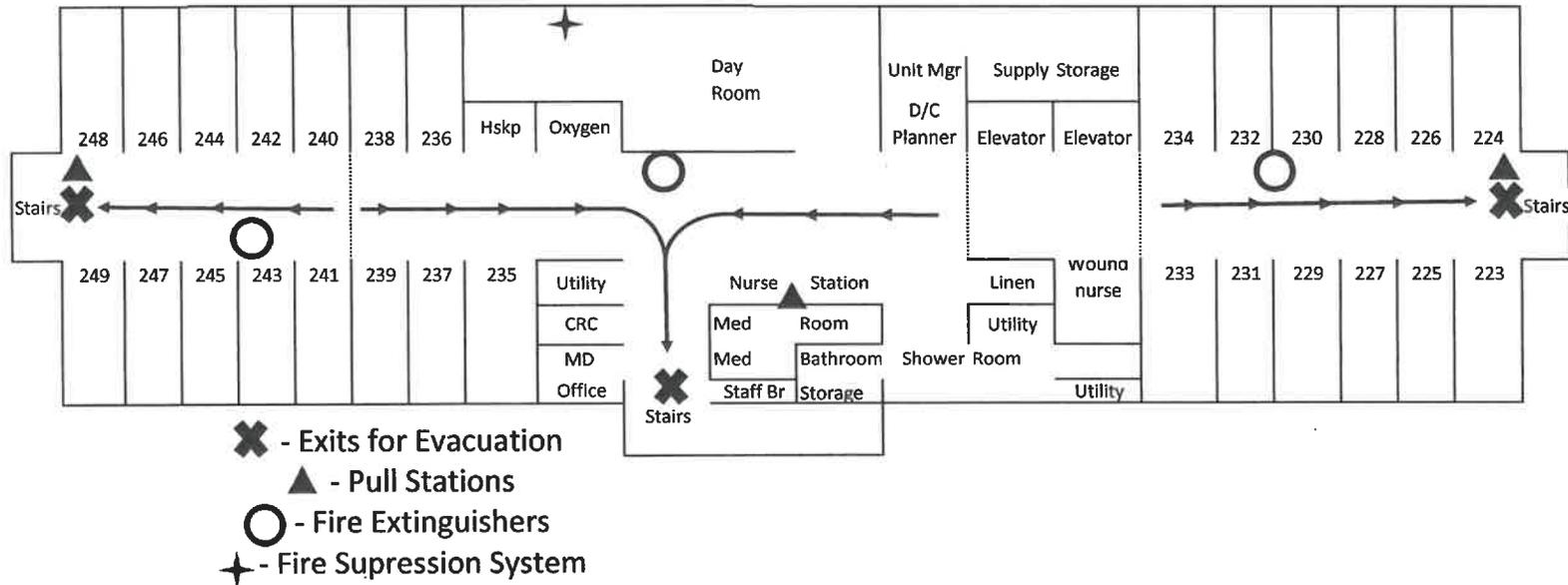
PROPERTY SITE INSPECTION

A. PROPERTY NAME:	Genesis - Keene Center		
Year built	1981	Acreage	9 acres
Renovations	Year: 2005-6	Cost:	\$400,000
DON:	Name: James R. Beeler, NHA	Experience:	17 yrs as NHA, 3.5 yrs. at Genesis
	Name: Diana Wilson, RN	Experience:	8 yrs., 1 yr. as DON at Genesis
Occupancy	Total licensed beds: 106	Decertified beds:	0
Census	Total: 101	Mcare: 13	Mcaid: 64
Annual Survey	Private: 20	Mqd: 2	Other: 2
	When: 7/27/06	Tags (G or higher): 0	Resurvey: 10/06
	Cleared: 10/2/06		
Building Condition And Composite	If G - description of incident		
	Exterior: Brick	Interior: Drywall/steel/cement	ER generator: Yes
	Roof: Flat, tar	#Floors: Three	FL/TX Hurricane Plan: Yes
	Curb appeal: Good	#Nurses Stations: Two	Sprinklers: Full coverage
	Signage: Yes, new	Parking: 52 spaces	
Rates	Mcare: \$395.00	Mcaid: \$137.50	Private: \$255.25
Beds	Semiprivate: \$237.25	ALZ: N.A.	
Special Units (care)	Private: 2	Semi: 104	Triples: 0
	Quads: 0	Therapy: PT, OT, Speech	
Amenities	Beauty: Yes	Van: No	Internet: Yes
Other	Cable: Yes	Phones: New/yes	Other: _____
CAP EX	Unions: None	Agency/Pool use: None	
	Therapy (contract/inhouse): In-House	Housekeeping/Laundry: (contract/inhouse)	In-House
	Physical Plant issues: Minor	Kitchen: Good	Laundry: Aging
	Boiler: Good		
	PTacs/HVacs: Good, but aging		
	Description of Work:		
	Budgeted Work for 2007: Complete Level II renovations of resident rooms, tub room, nursing station, other areas (\$600,000)		
rral System	Top 3 or 2 Hospitals and proximity:		
	1. Cheshire Medical Center (Keene, NH - one mile)		
	2. Dartmouth-Hitchcock Medical Center (Lebanon, NH - 40 miles)		
	3. Monadnock Community Hospital (Peterborough, NH - 25 miles)		
Competitors	Top 3:		
	1. Harborside/Westwood (Keene, NH)	WHY? Proximity	Beds
	85 SNF beds		
	2. Langdon Place/Sun Health (Keene, NH)	WHY? ALF beds	Beds
	25 SNF, 75 ALF		
	3. Maplewood/Cheshire County Nursing Home	WHY? County/size	Beds
	148 SNF, 20 ALF		
Facility Demographics	Area: Monadnock Region	Socioeconomic: Diversified	
Major City	Keene, NH (pop. 15,000)		

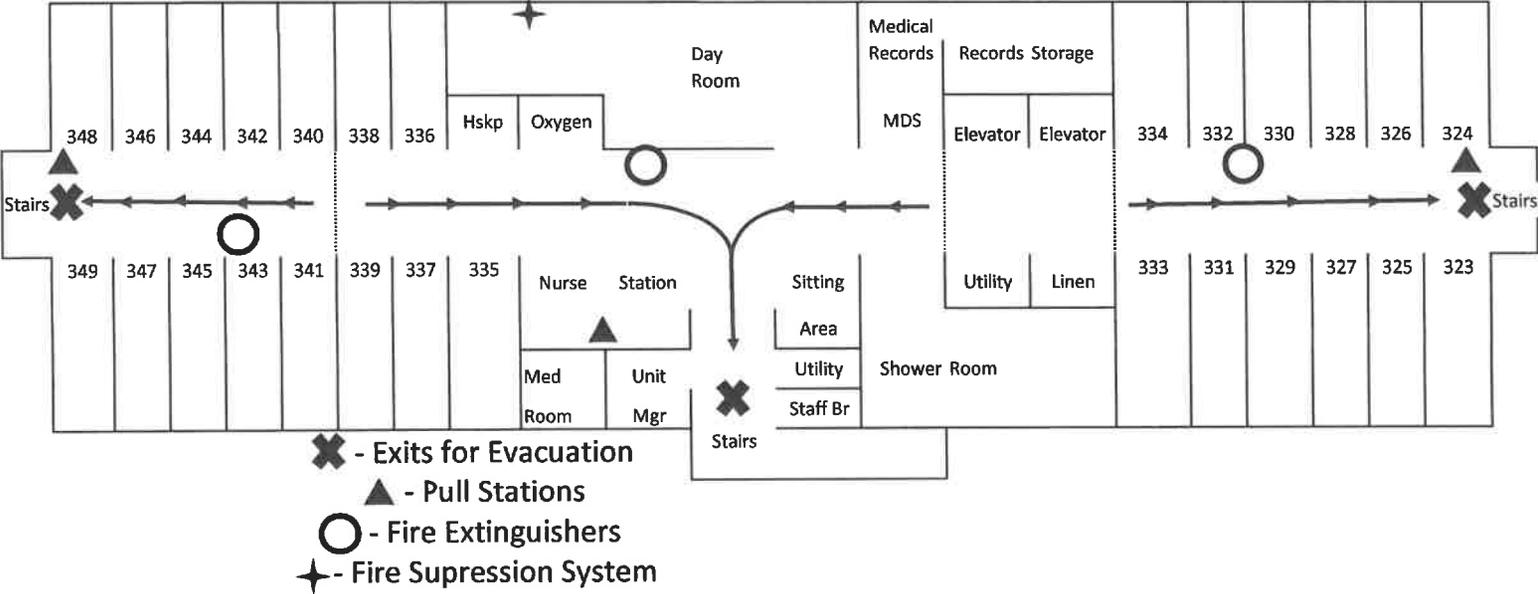
Ground Floor



2nd Floor



3rd Floor



Genesis Keene Center Security Plan

Genesis Keene Center's security measures include lighting in all parking lots, surrounding the building, and at all entrances. We have a security camera for after hours which monitors the front door to the building and allows staff caring for residents on the second floor to monitor activity after hours. All exterior doors except the front main entrance remain locked, with the maintenance door to the rear of the building being controlled by a key code pad. The code is changed periodically as needed. The main front door to the building is locked daily at 6pm and unlocked at 6am.

All privileged patient information is kept according to HIPAA guidelines. This included both written and electronic medical records.

All staff, visitors, and vendors are screened 24/7 by an electronic device monitoring temperature, and a time stamped photo is electronically kept on file for everyone entering the facility.

All staff wear picture name badges identifying their role at all times when in the building. All staff sign agreements upon hire acknowledging weapons, drugs, or alcohol are not allowed on the property.

Keene Center employs a "Wander Guard" system. Residents who may wander and need to be kept safe are free to move around the building, however entrance into stairwells, elevators, or outside doors is prohibited and doors will lock when a Wander Guard device attached to a resident gets within 24 inches of one of these areas.

Submitted with this Security Plan is the Keene Center Emergency Preparedness Plan.

Keene Center Life Safety and Building Maintenance Plan



MENU

Tasks in Use

[Print List](#)

Search for

All task types

Weekly

Category	Title	Assigned To
Generators	Exercise generator (with no load), perform routine checks, create entry in logbook.	Regulatory Logs Maintenance
Resident Wandering System	Check operation of door monitors and patient wandering system.	Regulatory Logs Maintenance
Water Systems	Inspect eye wash stations.	Regulatory Maintenance
Water Temps	Test and log the hot water temperatures.	Regulatory Logs Maintenance
Laundry Inspection	Check dryer	Maintenance
Oxygen Concentrators	In-House Maintenance	Maintenance
Resident Lifts	Weekly Lift Rounds/Clinical Check-In	Maintenance

Monthly

Category	Title	Assigned To
Defibrillators (AED)	In-House Maintenance	Regulatory Maintenance
Elevators	Firefighters' Emergency Operation Testing	Regulatory Maintenance
Emergency and Exit Lighting	Conduct a 30 second functional test.	Regulatory Logs Maintenance
Fire Extinguishers	Check and initial fire extinguishers	Regulatory Maintenance
Generators	Test generator under load, perform routine checks, create entry in logbook - Diesel	Regulatory Logs Maintenance
Kitchen Exhaust Hoods	Owner's Inspection - Quick Check	Regulatory Maintenance
Magnetic Exit Locks	Test operation of doors and locks.	Regulatory Logs Maintenance
Resident Lifts	Inspect mobile lifts.	Regulatory Maintenance
Exhaust Fans	Inspect exhaust fans for proper operation and clean if necessary	Maintenance
Facility Inspection	Inspect kitchen small appliances	Maintenance
Resident Scales	Check calibration of resident scales	Maintenance

Every 2 Months

Category	Title	Assigned To
Grease Traps	Inspect grease trap Next due: February 2023	Maintenance

Every 3 Months

Category	Title	Assigned To
Dryer Vent	Complete In-House System Cleaning Next due: January 2023	<input checked="" type="checkbox"/> Regulatory Maintenance
Emergency and Exit Lighting	Conduct a 90 minute operational test Next due: February 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Fire Drills	Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete) Next due: March 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance
Fire Drills	Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete) Next due: January 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance
Fire Drills	Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete) Next due: February 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance
Fire Sprinkler System	Have fire sprinkler system certified/inspected. Next due: January 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Ice Machines	Check filters (if present), clean coils, sanitize interior, delime as necessary Next due: February 2023	Maintenance
Rooftop Inspections	Regular maintenance and safety inspection. Next due: January 2023	Maintenance

Every 6 Months

Category	Title	Assigned To
Disaster Drills	Conduct a Facility-based exercise (Disaster Drill) Next due: June 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Emergency Preparedness Drills	Conduct elopement drill (Missing Resident Drill)	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance

Facility Safety	Next due: February 2023 Life Safety Documentation Audit Next due: January 2023 Have fire alarm system inspected by a contractor	Regulatory	Requires Doc	Maintenance
Fire Alarm Test	Next due: April 2023 Have Fire Suppression System inspected by outside contractor	Regulatory	Requires Doc	Maintenance
Kitchen Exhaust Hoods	Next due: March 2023 Have hood cleaned by a certified contractor	Regulatory	Requires Doc	Maintenance
Kitchen Exhaust Hoods	Next due: January 2023 Conduct a test of the nurse call system.	Regulatory	Logs	Maintenance
Nurse Call System Test	Next due: March 2023			

Every 12 Months

Category	Title	Assigned To		
Beds - Electric	Bed Safety Audit 001-040 beds Next due: November 2023	Regulatory	Logs	Maintenance
Beds - Electric	Bed Safety Audit 041-080 beds Next due: November 2023	Regulatory	Logs	Maintenance
Beds - Electric	Bed Safety Audit 081-120 beds Next due: November 2023	Regulatory	Logs	Maintenance
Electrical	Test and Document the Electrical Receptacle Inspections Next due: September 2023	Regulatory	Requires Doc	Maintenance
Elevators	Schedule certification and ensure certificate in unit is up-to-date Next due: February 2023	Regulatory	Requires Doc	Maintenance
Facility Safety	Complete Risk Assessment - Click Instructions for the Assessment Tool and Procedure Next due: February 2023	Regulatory	Requires Doc	Maintenance
Facility Safety	Inspect all facility window openings* Next due: April 2023	Regulatory	Logs	Maintenance
Fire Extinguishers	Have fire extinguishers certified. Next due: July 2023	Regulatory	Requires Doc	Maintenance
Fire and Smoke Doors	Inspection - Latch and Gap Next due: June 2023	Regulatory	Logs	Maintenance
Generators	Have generator serviced by contractor Next due: January 2023	Regulatory	Requires Doc	Maintenance
Water Systems	Complete training on Water Management Plan	Regulatory		Maintenance

	Review - Click on instructions Next due: December 2023 Water Management Plan Review - Upload your plan to TELS Next due: November 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Water Systems		
HVAC - Air Handlers	Inspect air filter, verify operation Next due: October 2023	Maintenance
HVAC: Condensing Units	Inspect condenser coils; clean as necessary Next due: April 2023	Maintenance
HVAC: Package Units	Clean / change air filter and verify unit operation Next due: October 2023	Maintenance
HVAC: Package Units	Inspect condenser coils; clean as necessary Next due: April 2023	Maintenance
Resident Lifts	Genesis Safe Handling Center Assessment - Lift Program Next due: August 2023	<input type="checkbox"/> Logs Maintenance
Safety Committee	Conduct April Safety Committee Meeting Next due: April 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct August Safety Committee Meeting Next due: August 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct December Safety Committee Meeting Next due: December 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct February Safety Committee Meeting Next due: February 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct January Safety Committee Meeting Next due: January 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct July Safety Committee Meeting Next due: July 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct June Safety Committee Meeting Next due: June 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct March Safety Committee Meeting Next due: March 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct May Safety Committee Meeting Next due: May 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct November Safety Committee Meeting Next due: November 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance
Safety Committee	Conduct October Safety Committee Meeting Next due: October 2023	<input type="checkbox"/> Loss Prevention <input type="checkbox"/> Requires Doc Maintenance

Safety Committee	Conduct September Safety Committee Meeting Next due: September 2023	Loss Prevention	Requires Doc	Maintenance
TELS Masters Training	TELS Offers Free Trainings - See instructions for further assistance Next due: November 2023			Maintenance
Vital Signs Monitors	Unit Recalibration Next due: August 2023			Maintenance

Every 36 Months

Category	Title	Assigned To		
Emergency Generators	Conduct a 4 hour Load test Next due: November 2025		Regulatory	Requires Doc Maintenance

Every 48 Months

Category	Title	Assigned To		
Facility Safety	Inspection and Testing - Fire Dampers and Smoke Dampers Next due: November 2025		Regulatory	Requires Doc Maintenance

Genesis Healthcare Annual Mandatory Training

- Module 1 - Understanding the World of Dementia: The Person and the Disease
- Module 2 - Being with a Person with Dementia: Listening and Speaking
- Module 3 - Being with a Person with Dementia: Actions and Reactions
- Active Shooter in Long Term Care
- Residents' Bill of Rights & Staffs' Responsibilities
- Electrical Safety & Work-Related Practices 1
- Electrical Safety & Work-Related Practices 2
- Hazardous Communication
- Fire Safety
- Bloodborne Pathogens - BBP & PPE
- Elopement
- Access to Exposure & Medical Records
- Tuberculosis
- Infection Prevention and Control Overview
- Musculoskeletal Disorder Prevention
- Abuse Prohibition
- Respiratory Protection Training - Training on the use of Respirators
- Welcoming Program Centers Completion
- 2022/2023 Code of Conduct - All Staff
- GHC Emergency Preparedness Plan

Nurse Aide (CNA/LNA) Orientation Checklist

Employee Name:	Orientation Start Date"
Mentor Name:	Shift:

Instructions:

1. The *Orientation Checklist* is to be maintained by the new employee. The assigned mentor and new employee will complete the listed learning objectives by Day 3 of hire.
2. The new employee signs/dates the completed checklist. The original signed *Checklist* is to be returned to the Nurse Manager/Shift Supervisor or designee.

Employee Signature: _____

Date Checklist Completed: _____

CENTER TOUR & GENERAL INFORMATION	
Office Locations: <ul style="list-style-type: none"> <li style="width: 50%;">● Scheduler <li style="width: 50%;">● Assistant Director of Nursing (ADON)/Nurse Practice Educator (NPE) <li style="width: 50%;">● Director of Nursing <li style="width: 50%;">● Unit Manager, Nursing Supervisor <li style="width: 50%;">● Center Administrator <li style="width: 50%;">● Human Resources 	
Nursing Unit(s)	
Assigned Unit Introduction/Tour	
Bed Location Identification (door/window)	
Location of AED/crash cart <i>By DAY 1 Orientation</i>	
Telephones: <ul style="list-style-type: none"> ● Locations ● Use & Paging Demonstration ● Phone Directory 	
Wandering System: <ul style="list-style-type: none"> ● Location(s) ● Demonstration & Code ● Location of Elopement Book ● Center Elopement Protocol 	
Emergency Door Alarms (Codes)	
Location of Personal Protective Equipment (PPE)	
POLICY & PROCEDURE HIGHLIGHTS	
Communication	
Nurse to CNA Shift Report STOP AND WATCH (Early Warning Tool) CNA Assignment/Tasks	Vital Signs Weights Kardex
Safe Resident Handling	

Nurse Aide (CNA/LNA) Orientation Checklist

- Lift equipment requires two (2) staff members
- Safe Resident Handling = Lift & Turning & Positioning
- Lift Demonstration; *Specific to Center Type*
- Location of Lifts, Slings, Gait Belts, & Repositioning Devices
- *Safe Resident Handling Skills Checklist(s)* Must Be Completed Prior to Transferring a Resident with a Lift
- Total Lift Full Body Sling & Two (2) Staff Must Be Used to Lift a Resident Off the Floor S/P Fall

Bed Rail Safety

- Bed Rails will **ONLY** be used as mobility enablers
- Nurse evaluates need for bed rail
- If the bed rail is NOT indicated, the rail will be removed or secured in the DOWN position by maintenance
- Kardex indicating the use of the bed rail
- Immediately report any bed rail incidents

Infection Prevention & Control / COVID-19

- Hand Hygiene
- Donning & Doffing PPE
- Transmission Based (Isolation) Precautions
- Respirator Fit Testing
- COVID protocols

Skin Health & Pressure Injury Prevention

- **Pressure Injury (Ulcer/Bed Sore) Prevention is a PRIORITY!**
- **Prompt Identification, Reporting and Interventions are Essential!**
 - Promptly report skin changes, skin concerns, or new/worsening wounds to the nurse supervisor
 - Promptly report interventions that are not working as intended or are missing &/or need replacement (e.g., heel lift boots, specialty surfaces)
 - Seek direction before using/applying any new intervention (e.g., heel lift boot)
- Refer to Kardex for:
 - Heel positioning devices/techniques/schedules
 - Turning/Repositioning devices/techniques/schedule
 - Skin care/incontinence care products & strategies
 - Seating devices (e.g. cushions, chairs)
 - Other individualized pressure injury prevention efforts

Elopement

- Resident Leaves the Premises Without Authorization
- Wandering Device use
- Report elopement behaviors to Nurse

Falls Management

- Center Process for Communicating High Risk Residents
- **Immediately Report Any Fall**
- Licensed Nurse evaluation required prior to moving the resident who had a fall
- Total Lift Full Body Sling & Two (2) Staff Must Be Used to Lift a patient Off the Floor after Fall

Nurse Aide (CNA/LNA) Orientation Checklist

Nutrition/Hydration:

- Thick Liquid (Dysphagia)/NPO Status Communication
- Diet Orders/Consistency
- Validation of Diet Order Prior to Serving

Current Center Survey Plan of Correction

- Review, if applicable

ADL Documentation *(**Utilize SmartZone Application within PointClickCare as indicated)*

Complete Point of Care (POC) course - *By Day 1 SmartZone**

- Review Center's process for documentation
- Review tub/shower schedule & documentation

Restorative Nursing

- Identifying Patients with Restorative Nursing Program (Kardex)
- Review Center's process for documentation (paper or electronic)

Patient Care Needs

- Inventory of Effects
- Patient Supplies (e.g. Basin, Urinal, etc.)
- Assistive Devices (eg. Walker, Wheelchair)
- Incontinence Products
- Special Care Needs: Tracheostomy, Dialysis, Ventilator, Infusion Devices, Enteral Feeding Devices, Oxygen/Respiratory Therapy

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Licensed Nurse (RN/LPN/LVN) Orientation Checklist

Employee Name:	Orientation Start Date:
Employee Job Title:	Mentor Name/Title:

Instructions:

1. The *Orientation Checklist* is to be maintained by the new employee. The assigned mentor and new employee will complete the listed learning objectives by Day 3 of hire..
2. The new employee signs/dates the completed checklist. The original signed *Checklist* is to be returned to the Nurse Manager/Shift Supervisor or designee.

Employee Signature: _____ Date Completed: _____

CENTER TOUR & GENERAL INFORMATION	
Office Locations: <ul style="list-style-type: none"> • Scheduler • Director of Nursing • Center Administrator • Human Resources 	<ul style="list-style-type: none"> • Assistant Director of Nursing (ADON)/ Nurse Practice Educator (NPE) • Unit Manager, Nursing Supervisor • Central Supply • Other
Nursing Unit(s) (e.g., names of units, locations, secured/unsecured, etc.)	
Assigned Unit Introduction/Tour (e.g., medication room, utility rooms, kitchenette, etc.)	
Bed Location Identification (door/window)	
Location of AED/crash cart <i>By DAY 1 Orientation</i>	
Location of Omnicell and/or Emergency Drug Kit	
Telephones: <ul style="list-style-type: none"> • Phone Directory(s) • Use & Paging Demonstration 	
Wandering System: <ul style="list-style-type: none"> • Location(s) • Location of Elopement Book • Demonstration & Entry/Reset Code • Center Elopement Protocol 	
Emergency Door Alarms (Codes)	
Location of Personal Protective Equipment (PPE) / Clinical Supplies	
POLICY & PROCEDURE HIGHLIGHTS	
Cardiac &/or Respiratory Arrest – Must Be Completed By DAY 1 Orientation	
<ul style="list-style-type: none"> • Location of Code Status Orders • Center Process for Emergencies / Code 	
Communication	
Nurse to Nurse - Nursing Shift Report Nurse to CNA Shift Report STOP AND WATCH/Early Warning Tool CNA Assignment/Tasks	24 Hour Report Kardex Provider Notifications Patient/Patient Representative Notifications
Incident & Accident Reporting	

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

- PCC Risk Management Portal
- Event Completed for Any Patient Accident/Incident or Grievance/Concern
- Nursing Supervisor Notified of Any Accident/Incident
- Physician/Patient Representative Notification

Safe Resident Handling

- **Lift equipment requires two (2) staff members**
- Safe Resident Handling = Lift & Turning & Positioning
- Lift Transfer Reposition UDA
- Lift Demonstration; Specific to Center Equipment Brand
- Location of Lifts, Slings, Gait Belts, & Repositioning Devices
- **Safe Resident Handling Skills Checklist(s) Must Be Completed Prior to Transferring a Patient with a Lift**
- **Total Lift Full Body Sling & Two (2) Staff Must Be Used to Lift a Patient Off the Floor S/P Fall**

Bed Safety

- Bed Rails will **ONLY** be used as mobility enablers
- Bed Rail Evaluation (UDA): completed upon admission, readmission, quarterly, change in bed/mattress, & change in condition
- If the bed rail is NOT indicated, the rail must be removed or secured in the DOWN position by maintenance
- Requirements for bed rail use:
 - Utilize Bed Action Safety Grid to identify & minimize any zones of entrapment
 - Consent & physician order
 - Care Plan & Kardex indicating use of the bed rail

Infection Prevention & Control / COVID-19

- Hand Hygiene
- Donning & Doffing PPE
- Transmission Based Precautions
- Antibiotic Stewardship
- Immunizations
- Respirator Fit Testing
- COVID Screening
- Cleaning and Disinfection
- Outbreak Management

Skin Health & Pressure Injury Prevention

- **Pressure Injury Prevention is a PRIORITY**
- **Skin Check** UDA admission & weekly
- **Braden** (or Norton Plus): admission, weekly x 4, quarterly, & with change in condition
- At Risk & Actual **CP & Kardex** initiated upon admission (no later than 24 hours after admission)
- Review **Guidelines** (Surfaces, Skin Care, Turning/positioning, Heels, Skin, Wound)
- Weekly Wound Evaluation (SWIFT)
- **Prompt Identification, Reporting & Interventions Essential**
- **Promptly** observe & respond to any reports of skin/wound concerns by CNA or others
- **New Wound:** complete Change in Condition UDA, wound evaluation, notify provider/RP, update care plan, & obtain treatment order
- **PCC Risk Portal:** Completed for all new IHA pressure injuries

Elopement

- Patient Leaves the Premises Without Authorization
- Wandering Device Placement & Function Documentation Required
- PCC Risk Management Portal, Physician, Patient Representative, Administrator/Director of Nursing Notification, Preventive Intervention(s), Care Plan Updates

Falls Management

- Process for Communicating High Risk Patients
- **Immediately Report Any Fall**
- Nurse Evaluation Prior to Moving the Patient
- **Total Lift & (2) Staff Must Use Lift to upright Patient Off the Floor S/P Fall**
- Complete PCC Risk Management Portal for All Falls; Physician & Patient Representative Notification, Preventive Intervention(s), Care Plan updates
- **Neuro checks for ANY Fall Unwitnessed by Staff or Head/Facial Injury**

Neuro Checks Documented on Paper Flow Sheet

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

- Every 15 minutes x 2 hours, then
- Every 30 minutes x 2 hours, then
- Every 60 minutes x 4 hours, then
- Every 8 hours until least 72 hours has elapsed

Nutrition / Hydration

- Dysphagia/NPO Status communication process
- Diet Orders/Consistency
- Enteral Feeding: Administration / Pump
- *Diet Order Communication Form*
- Validation of Diet Order Prior to Serving

Controlled Substance Documentation

- New Orders for Schedule II-V Controlled Substances
- Delivery and Receipt of Controlled Substances
- Inventory of Controlled Substances
- Routine Reconciliation (e.g. Shift Count) of Controlled Substances
- Accessing Emergency Medications from eKit/Automated Medication Dispensing System (e.g. Omnicell)
- Disposal/Destruction of Expired or Discontinued Controlled Substances
- **Loss/Theft of Controlled Substances: Any Discrepancy Must Be Reported Immediately to Nursing Supervisor**

Notification of Patient Change in Condition

- eInteract Change in Condition UDA
- Print SBAR from Change in Condition UDA
- Complete PCC Risk Management Portal, if applicable
- Physician/Patient Representative Notification
- Changes in Orders or Treatment
- Transfer or Discharge
- STOP AND WATCH
- Clinical Dashboard Monitoring

Medication Administration *(**Utilize SmartZone Application within PointClickCare as indicated)*

Complete eMAR Order Supply Management course - By Day 1 SmartZone**

Complete EMAR course - By Day 1 SmartZone**

Complete Pharmacy Orders course - By Day 1 SmartZone**

- Omnicell Access
- Medication Error Requires Physician & Patient Representative Notification
- Electronic Order Entry
- Medication Receiving
- EMAR Documentation
- 24 Hr. Chart Check
- Monthly Order Review
- Medication Not Available, Check Omnicell, Pharmacy & Physician Notification
- Medication Refusal Requires Physician Notification
- Behavior Monitoring Documentation
- Medication Disposal
- Omniview Medication Returning
- Omniview Resident Discharge
- Omniview Resident Leave of Absence

PointClickCare (PCC) *(**Utilize SmartZone Application within PointClickCare as indicated)*

- **Complete Assessments Management course - By Day 1 SmartZone****
- Assessment and Progress Notes
- Document Manager
- UDA Schedule
- Dashboard
- Care Plan(s)
- Lab and Radiology

Admissions / Discharges *(**Utilize SmartZone Application within PointClickCare as indicated)*

- **Complete Resident Entry course - By Day 1 SmartZone****
- Nursing Documentation UDA Upon Admission
- Bed Rail Evaluation UDA
- Skin Check UDA
- Discharge Documentation UDA and Discharge Transition Plan
- Omniview Patient Discharge
- Baseline Care Plan

Point of Care Testing

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

- Finger Stick Glucose, Fecal Occult Blood, Hemoglobin, INR, Influenza, SARS antigen testing performed according to manufacturer instructions.

Infusion Therapy

- **Nurses Who Lack Infusion Experience Must Complete an Approved Infusion Education Program Prior to Caring for Patient with Infusion Devices**
- **RN ONLY UPON HIRE:** May perform assessment and management of Short Peripheral Catheters and Midline/PICCs
- IV Pumps

Respiratory Management

- Oxygen Administration.
- Location of Oxygen/Respiratory Equipment.
- CPAP / BiPAP / Tracheostomy Care
- Respiratory Equipment: Supply Cleaning, Disinfection, Labeling/Replacement
- Aerosol Generating Procedures

Current Center Survey Plan of Correction

Review, if applicable

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Keene Center Health and Safety Plan

Please see attached Infection Control Policies and Procedures

1. Patient Placement in Transmission Based Precautions
2. Discontinuing Transmission Based Precautions
3. Droplet Precautions
4. Special Droplet and Contact Precautions
5. Standard Precautions
6. Respiratory and Hygiene/Cough Etiquette
7. Contact Precautions

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC306 Patient Placement in Transmission Based Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
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REVISION DATE:	10/24/22
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POLICY

Transmission Based Precautions (Airborne Infection Isolation (AII), Contact, Droplet) will be implemented when indicated. The precautions should be the least restrictive possible for the patient. Personal Protective Equipment (PPE) will be readily available near the entrance to the patient's room.

Transmission Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. For some diseases that have multiple routes of transmission, more than one Transmission Based Precautions category may be required. Whether used singly or in combination, they must always be used in addition to Standard Precautions. The type of PPE and precautions used depends on the potential for exposure, route of transmission, and infectious organism/pathogen (or clinical syndrome if an organism is not yet identified).

PURPOSE

To prevent the transmission of infectious disease.

PROCESS

1. Notify the attending physician or Medical Director (in the absence of the attending physician) and the Infection Preventionist if there is reason to believe that an individual has an infectious disease.
2. Initiate Precautions (Standard plus Airborne Infection Isolation, Contact, or Droplet) as indicated. May utilize *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions* to guide choice of precautions. Post "STOP. Please see nurse before entering room." sign on door.
 - 2.1 Empirically initiate Transmission Based Precautions based on signs and symptoms that are consistent with a communicable disease.
 - 2.1.1 If laboratory tests confirm diagnosis, continue with precautions indicated.
 - 2.1.2 If test(s) results are negative, adjust or discontinue precautions as indicated.
3. Notify patient, family/health care decision maker, and all departments of precautions.
4. Instruct patient and visitors regarding Precautions and use of personal protective equipment (PPE) as indicated.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC306 Patient Placement in Transmission Based Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
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- 4.1 Patients on Transmission Based Precautions should remain in room except for medically necessary care.
5. Document in medical record:
 - 5.1 Notification of physician;
 - 5.2 Initiation of Precautions;
 - 5.3 Notification of patient, family/health care decision maker, and departments;
 - 5.4 Instructions to patient and visitors.

Refer to:

- *Airborne Infection Isolation Precautions policy*
- *Contact Precautions policy*
- *Droplet Precautions policy*
- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Safety and Health Policies and Procedures, Personal Protective Equipment policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC302 Discontinuing Transmission Based Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/20
PAGE:	1 of 1

POLICY

Transmission Based Precautions will be discontinued when it has been determined that the risk of transmission of disease is over.

PURPOSE

To discontinue precautions when indicated.

PROCESS

1. Refer to *“Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions”* to evaluate the appropriateness of discontinuing Precautions.
2. When appropriate duration criteria has been met, consult with Infection Preventionist or Director of Nursing to consider the discontinuation of Precautions.
3. When discontinuation of Transmission Based Precautions is appropriate:
 - 3.1 Notify all departments;
 - 3.2 Instruct patient and visitors that Precautions are no longer needed;
 - 3.3 Return patient to his/her room if a move to a separate room occurred, if indicated;
 - 3.4 Inform the Environmental Services Department to perform discharge/turnover cleaning;
 - 3.5 Remove “STOP” signs once discharge/turnover cleaning is complete.
4. Document:
 - 4.1 Discontinuation of Precautions;
 - 4.2 Instruction of patient and visitors;
 - 4.3 Room change, if indicated.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/20
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POLICY

Droplet Precautions will be followed in addition to Standard Precautions when caring for a patient who has known or suspected infection by microorganisms that are transmitted by droplets (large particle droplets, larger than 5 µm in size); for example, influenza. State regulations will be followed when applicable.

PURPOSE

To prevent transmission of infectious agents by droplets.

PROCESS

1. Place patient in private room, if possible.
 - 1.1 Patient may cohort with an individual who has the same organism.
 - 1.1.1 Avoid placing immunocompromised patients with patients who are on Droplet Precautions.
 - 1.2 When neither private room nor cohorting is possible, patient may share a room with a roommate with limited risk factors. Maintain spatial separation of at least three feet between the infected individual and others, including other patients and visitors.
 - 1.3 Draw curtain between patient beds.
 - 1.4 Special air handling is not necessary.
 - 1.5 May keep door to room open.
2. Post a "STOP. Please see nurse before entering room." sign on door.
3. Instruct staff, patient and his/her representative, and visitors regarding Precautions and use of personal protective equipment (PPE).
4. Staff will put on surgical mask upon entry to room of infected individual. Handle items contaminated with respiratory secretions (e.g., tissues) with gloves.
 - 4.1 If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles/face shield should be worn.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
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- 4.2 Change personal protective equipment and perform hand hygiene between contact with patients in the same room.
- 4.3 If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield) should be worn.
- 4.4 Before exiting room, remove and bag PPE and wash hands.
 - 4.4.1 Remove bagged PPE from room and discard in soiled utility.
5. Limit transport of such patients to essential purposes such as diagnostics and therapeutic procedures that cannot be performed in the patient's room. Provide cover/containment of infected area when the patient is outside of his/her room. Patients will follow respiratory hygiene/cough etiquette. Staff will assist the patient with hand hygiene as needed.
 - 5.1 Notify the healthcare provider in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission; and
 - 5.2 For patients being transported outside of the Center, inform the receiving facility and the medi-van or emergency vehicle personnel in advance about the type of transmission-based precautions being used.
6. Dedicate personal care equipment (thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available.
 - 6.1 If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
7. Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).
8. Once the patient is no longer a risk for transmitting the infection (i.e., duration of the illness and/or can contain secretions), discontinue precautions.

Refer to:

- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Cleaning and Disinfecting policy*
- *COVID-19 policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
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- *Respiratory Hygiene/Cough Etiquette procedure*
- *Safety and Health Policies and Procedures, Personal Protective Equipment policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC310 Special Droplet and Contact Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	12/07/22
REVIEW DATE:	
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POLICY

Special Droplet and Contact Precautions will be used to prevent transmission of infectious organisms that can be spread via pathogens that spread through the air or by direct person-to-person respiratory transmission. An example of a disease requiring special droplet and contact precautions is SARS-CoV-2. State regulations will be followed, when applicable.

PURPOSE

To prevent the spread of infectious agents.

PROCESS

1. Display Special Droplet/Contact Precautions sign outside the patient/resident (hereinafter “patient”) room on the door.
2. Keep the patient’s door to the room closed unless doing so would endanger the patient.
3. Instruct patients and visitors regarding the precautions in use and the required personal protective equipment (PPE).
 - 3.1 Have the patient wear a surgical mask anytime staff is in the room.
4. Wear proper PPE including respiratory protection (N95 respirator), eye protection, gown, and gloves prior to entering the room of those who require Special Droplet and Contact Precautions.
 - 4.1 Before exiting the room, remove gown and gloves and bag PPE and perform hand hygiene. Once outside of the room, remove and clean eye protection. Discard N95, perform hand hygiene, and don a new mask.
 - 4.2 Remove bagged PPE from the room and discard it in the soiled utility.
5. Limit transport of patients to essential medical purposes. If transport out of the room is necessary:
 - 5.1 Place a surgical mask on the patient and instruct them to observe respiratory hygiene and cough etiquette;
 - 5.2 Transport personnel need to wear a surgical facemask during transport if the patient is masked.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC310 Special Droplet and Contact Precautions
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5.2.1 If the patient is not masked, transport personnel need to wear an N-95 respirator;

5.3 Notify the receiving location of precautions.

6. Dedicate use of personal care equipment (thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment, when available.
7. If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
 - 7.1 Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).
8. The duration of these transmission-based precautions will be determined per Centers for Disease Prevention & Control (CDC) guidance for discontinuing precautions for persons with COVID.

Refer to:

- *COVID-19 policy*
- *Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions*
- *Cleaning and Disinfecting policy*
- *Safety and Health Policies and Procedures:*
 - *Personal Protective Equipment policy*
 - *Respiratory Protection Program policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
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POLICY

All blood and body fluids are considered potentially infectious and, therefore, Standard Precautions are always used when providing patient/resident (hereinafter “patient”) care.

PURPOSE

To reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.

PROCESS

1. Perform hand hygiene per *Hand Hygiene* policy.
2. Wear gloves whenever exposure to any of the following is planned or anticipated:
 - 2.1 Blood, blood products, and other potentially infectious materials (all body fluids including urine, feces, saliva) except sweat;
 - 2.2 Mucous membranes;
 - 2.3 Wound drainage;
 - 2.4 Drainage tubes;
 - 2.5 Non-intact skin;
 - 2.6 Potentially contaminated intact skin (i.e., patient incontinent of stool or urine).
3. Change gloves:
 - 3.1 Between tasks and procedures on the same individual and after contact with material that may contain a high concentration of microorganisms;
 - 3.2 After contact with patient and/or surrounding environment (including medical equipment);
 - 3.3 During patient care if hands move from contaminated body site to clean body site.
4. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
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5. Wear mask, eye protection, and face shield during procedures/care that are likely to generate droplets/splashing/spraying of blood/body fluids/secretions or excretions.
 - 5.1 During aerosol generating procedures (i.e., suctioning of respiratory tract) if patients not suspected of being infected with an organism for which respiratory protection is otherwise recommended (i.e., TB, influenza).
 - 5.2 Wear face mask if in contact (i.e., within three feet) with a patient with a new, acute cough or symptoms of a respiratory infection (i.e., influenza-like illness).
6. Wear gowns:
 - 6.1 During procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
 - 6.2 Remove gown and perform hand hygiene before leaving the patient's environment..
7. Prevent transmission of microorganisms from used equipment.
 - 7.1 Wear gloves and PPE as needed when handling used equipment soiled with blood and/or body fluids.
 - 7.2 Do not use reusable equipment for the care of another individual until it has been cleaned and disinfected appropriately.
 - 7.2.1 Disposable equipment may be used when available.
 - 7.3 Discard single use items promptly.
8. Before exiting room, remove and bag PPE and perform hand hygiene.
 - 8.1 Remove bagged PPE from room and discard.
9. Provide routine cleaning and disinfection of environmental surfaces, beds, bed rails, bedside equipment, and other frequently touched surfaces.
10. Handle, transport, and process used linen soiled with blood and/or body fluid in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other individuals and the environment.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
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11. Follow Sharps safety (refer to *Safety and Health Policies and Procedures, Needle Handling and Sharps Injury Prevention* policy).
12. Follow respiratory hygiene/cough etiquette.
13. Use protective mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is possible.
14. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions, or wound drainage in a single patient room, when available).
15. **Safe Injection Practices:**
 - 15.1 Use aseptic technique to avoid contamination of sterile injection equipment.
 - 15.2 Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae, and syringes are sterile, single use items. They should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
 - 15.3 Use fluid infusion and administration sets (i.e., intravenous bags, tubing, and connectors for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion or administration set.
 - 15.4 Use single dose vials for parenteral medications whenever possible.
 - 15.5 Do not administer medications from single dose vials or ampules to multiple patients or combine leftover contents for later use.
 - 15.6 If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
 - 15.7 Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
 - 15.8 Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

Genesis HealthCare

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Refer to:

- *Hand Hygiene policy*
- *Linen Handling policy*
- *Cleaning and Disinfecting policy*
- *Respiratory Hygiene/Cough Etiquette procedure*
- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Safety and Health Policies and Procedures:*
 - *Needle Handling and Sharps Injury Prevention policy*
 - *Personal Protective Equipment policy*

PROCEDURE:

RESPIRATORY HYGIENE/COUGH ETIQUETTE

1. Post signs at entrances instructing patients/residents (hereinafter “patients”) who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection and to practice Respiratory Hygiene/Cough Etiquette. Refer to CDC for examples of signage.
2. **Respiratory Hygiene/Cough Etiquette:**
 - 2.1 Individuals who have signs and symptoms of a respiratory infection (cough, congestion, runny nose, or increased production of respiratory secretions) should:
 - 2.1.1 Cover the nose and mouth with a tissue when coughing or sneezing.
 - 2.1.2 Use tissues to contain respiratory secretions. Dispose of used tissues in a waste receptacle.
 - 2.1.3 Perform hand hygiene after contact with mucus and contaminated objects. Hand hygiene consists of:
 - 2.1.3.1. Hand washing with plain soap and water, OR
 - 2.1.3.2. Using alcohol based hand rub.
3. **Masking and Separation of Persons who have Respiratory Symptoms:**
 - 3.1 Offer masks to persons who are coughing, when tolerated and appropriate. Masks with ear loops or with ties may be used to contain respiratory secretions.
 - 3.2 Encourage persons with a respiratory infection to maintain separation of least three feet away from others.
4. **Droplet Precautions:**
 - 4.1 Health care personnel should observe Droplet Precautions when examining or caring for a patient who has symptoms of a respiratory infection.
 - 4.1.1 These Precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.
 - 4.2 Healthcare personnel who have a respiratory infection are advised to avoid direct patient contact, especially with high risk patients. If this is not possible, then a surgical mask must be worn while providing patient care.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC301 Contact Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/22
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POLICY

In addition to Standard Precautions, Contact Precautions will be used for diseases transmitted by direct or indirect contact with the resident/patient (hereinafter “patient”) or the patient’s environment (e.g., *C. difficile*, norovirus, scabies). State regulations will be followed when applicable.

Contact Precautions should also be used in situations when a resident is experiencing wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and suggest an increased potential for extensive environmental contamination and risk of transmission of a pathogen, even before a specific organism has been identified. For patients colonized with multi-drug resistant organisms, refer to *Modified Enhanced Barrier Precautions* policy.

PURPOSE

To reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.

PROCESS

1. Place patient in private room, if possible.
 - 1.1 Patient may cohort with an individual who has the same organism.
 - 1.2 Do **not** place colonized or infected patient with another patient who has:
 - 1.2.1 A different multi-drug resistant organism;
 - 1.2.2 An invasive device such as a port, IV line, track, or indwelling bladder catheter;
 - 1.2.3 A recent post-operative wound;
 - 1.2.4 Open wound(s) (including pressure injury);
 - 1.2.5 Severe immunosuppression (e.g., cancer, HIV, etc.).
2. Place a “STOP. Please see nurse before entering room.” sign on door.
 - 2.1 Print Precautions sign in color or order from Smartworks.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
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3. Instruct staff, patient and his/her representative, and visitors regarding Precautions and the use of personal protective equipment (PPE).
4. Staff must use barrier precautions before or upon entering the room. PPE must be worn before contact with the patient or the patient's environment
 - 4.1 Wear gown and gloves.
 - 4.2 Wear eye protection if splashing of infectious material is likely.
 - 4.3 Change gloves and gowns during care if gloves/gowns come in direct contact with infectious material.
 - 4.4 Change gown and gloves, and perform hand hygiene before providing care to other patient in the room.
 - 4.5 Before exiting room, remove and bag gown and gloves and wash hands upon exiting room.
 - 4.5.1 Remove bagged PPE from room and discard in soiled utility.
 - 4.5.2 Wash hands.
5. Dedicate personal care equipment (e.g., thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available.
 - 5.1 If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
6. Limit transport of such patients to essential purposes such as diagnostics and therapeutic procedures that cannot be performed in the patient's room. Provide cover/ containment of .infected area when the patient is outside of his/her room. Patients will follow respiratory hygiene/cough etiquette. Staff will assist the patient with hand hygiene as needed.
 - 6.1 Notify the healthcare provider in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission; and
 - 6.2 For patients being transported outside the Center, inform the receiving facility and the medi-van or emergency vehicle personnel in advance about the type of transmission-based precautions being used.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC301 Contact Precautions
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7. Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).
8. Once the patient is no longer a risk for transmitting the infection (i.e., duration of the illness and/or can contain secretions), discontinue precautions.

Refer to:

- *Multi-Drug Resistant Organisms (MDROs) policy*
- *Modified Enhanced Barrier Precautions policy*
- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Safety and Health Policies and Procedures, Personal Protective Equipment policy*



Center Emergency Preparedness Plan (EPP) 2022/2023

Center Name: Keene Center

Address: 677 Court Street, Keene, NH 03431

Phone Number: 603-357-3800

This document outlines the center's integrated approach to emergency preparedness. When appropriate, the center team contacts local emergency response services officials and other healthcare providers, to participate in collaborative and cooperative planning efforts. This Emergency Preparedness Plan is reviewed and updated annually, and on an as-needed basis.

IMPORTANT NOTE: After this document has been reviewed completed by the center Emergency Preparedness Leadership Team, it must be saved electronically on Central and printed and stored in multiple, unlocked locations that may be accessed by center staff.

SAFETY PHILOSOPHY

This center is committed to operating in a manner that promotes the safety, health, and well-being of our staff while providing the quality care to all of our customers. We strive to continually develop, promote, and enforce safe work practices and provide a healthful working environment consistent with established federal, state, and accreditation requirements. This center encourages team cooperation and collaboration with local, tribal, regional, state and/or federal emergency preparedness officials to participate in an integrated response during disaster and emergency situations.

Information contained in the Emergency Preparedness Plan (the “Plan”) is based on available best practices. The Plan has been prepared as guidance for emergency response and crisis management. It cannot be assumed that the Plan takes into consideration all potential events, scenarios, and/or circumstances. As a result, the Plan is designed to be flexible based on the specific and unique circumstances, conditions, and/or events related to any emergency situation. Notably, while the Plan has been developed consistent with legal authority, the experiences and judgments of those responsible for local leadership and implementation of the Plan will determine how best to utilize it in an emergency situation. This center does not make any guarantees or representations related to the absolute sufficiency and comprehensiveness of the Plan, and notes that additional information/steps may be required in the event of an actual emergency.

Throughout this document, the terms “disaster” and “emergency” are used. Emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action; disaster is a sudden event, such as an accident or a natural catastrophe, that may cause great damage or loss of life. This Plan is written to address both types of events. The term “staff” is also used, to reference center employees, contract personnel, regularly scheduled volunteers and medical professionals that provide service to center residents and patients.

In the event of a public health crisis such as the coronavirus (“COVID-19”) outbreak, policies and procedures may be temporarily modified or adjusted to align with Company and facility needs and/or directives issued by federal, state, local health care, and/or regulatory authorities. These modifications may be communicated either through Company notices or other communications

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EPP GENERAL STATEMENT/PURPOSE

THE PURPOSE OF THIS PLAN IS TO PROVIDE GUIDELINES FOR THE CENTER TO:

1. Respond effectively during disasters/emergencies;
2. Reduce human vulnerability to adverse effects of the disaster or emergency;
3. Reduce environmental and structural vulnerability to adverse effects of the disaster/emergency;
4. Provide care and services to the center's residents/patients during an emergency and/or an evacuation;
5. Identify staff responsibilities during an emergency;
6. Provide timely and effective communication;
7. Provide for recovery after the emergency.
8. Comply with relevant legal authority and guidance including but not limited to: Life Safety Codes, OSHA's Employee Emergency Action Plans (29 CFR 1910.38), CMS guidelines, elements of the Nursing Home Incident Command System (NHICS), and any pertinent state/local requirements.

SCOPE OF PLAN

THIS CENTER HAS THE POTENTIAL OF BEING AFFECTED BY, BUT NOT LIMITED TO, THE FOLLOWING EMERGENCIES:

1. Threats to security;
2. Utility failures;
3. Weather conditions;
4. Structural damage from fires or explosions;
5. Chemical spills;
6. Community disasters; and
7. Community, regional, national or global infectious disease outbreaks.

THESE SITUATIONS MAY REQUIRE:

1. Suspension of routine processes (further described below);
2. Center employees performing non-routine tasks should understand the task completely.
 - a. If a staff member does not know how to safely perform the task, the employee is guided to ask their department head for instructions on how to safely perform the task.
 - b. If the department head is not aware of the task's safety considerations, the department head will contact the Director of Employee Safety for guidance.
3. Triage;
4. Decision-making regarding evacuations and sheltering-in-place;
5. Evacuation of residents/patients, visitors and personnel;
6. Resident elopement; and
7. Acceptance of unscheduled admissions.
 - a. The Center only accepts admissions within its scope of care unless directed by a regulatory agency.

THIS PLAN IS DEVELOPED SPECIFICALLY FOR THIS CENTER BASED ON A SITE-SPECIFIC HAZARD VULNERABILITY ASSESSMENT, AND INCLUDES:

1. A developed and tested incident management process, including the center's communication plan;
2. A corresponding analysis of the resources of the center;
3. Center-specific planning and response tools for emergency management; and
4. Elements that promote collaboration, interoperability, and communication with state, local, tribal and community resources.

This center provides a copy of this completed plan to the local Emergency Management Services on an Annual Basis, and as necessary.

Refer to: Appendix 1: Hazard Vulnerability Assessment (HVA)

GENERAL GUIDELINES

WHEN POSSIBLE, THIS CENTER TAKES ADVANTAGE OF AVAILABLE LEAD-TIME BEFORE EMERGENCIES. STAFF SHOULD:

1. Immediately report all potential emergency and/or disaster situations to the Administrator or designee and the Director of Nursing (DON);
 - a. Notify additional department heads or designees as instructed by the Administrator.
 - b. Administrator/designee: Notify the Marketing President (MP) of any potential emergency situation. Provide a copy of this completed plan to the local EMS;
2. Keep a radio/television tuned to an emergency weather channel or other Emergency Alert System broadcaster on at all times;
3. Review the Emergency Preparedness Plan for evacuation routes, emergency specific guidelines, communication plan and contact information;
4. Locate the emergency and protective action supplies. Replenish if necessary;
5. Clear corridors of obstructions;
6. Reassure residents/patients, visitors, and team members;
7. Assist in the Incident Commander (see below) determinations regarding the number and mix of employees necessary if emergency is activated;
8. Notify the Administrator, DON, or designee of the potential staffing and supply needs;
9. Conserve resources (e.g., water, linen, supplies, etc.);
10. Keep phone lines free of personal calls;
11. Ensure a supply of food and water is available for residents/patients and staff in collaboration with the Dining Services Director;
 - a. The center acknowledges during a disaster visitors may be present. The center's first priority for water and food distribution is to staff and residents.
 - b. Note: Water can be used indefinitely as long as container intact. Dates do not imply expiration.
12. Be sure resident census is updated and accurate;
13. Estimate the number of ambulatory and non-ambulatory residents, and identify residents on transmission-based precautions that will need cohorting or segregation from other residents;
14. Identify residents with communication impairments, limited English proficiency, and plan for interventions to provide effective communication, such as interpreter services, large print or translated materials.
15. Centers with pets or resident service animals should consider the pets/animals in any emergency situation - i.e. food, water, care needs, and handling/controlling the animal.

NOTIFICATION and INCIDENT COMMANDER

1. During an emergency, the center's highest-ranking individual serves as the acting Incident Commander until the Administrator/Designee arrives. This person immediately contacts the Administrator/Designee.
2. When on-site, the Administrator/Designee is the Incident Commander and is updated on the situation by the acting Incident Commander. Refer to [Appendix 22](#) for the center succession plan.
3. The Incident Commander is responsible for activation, implementation, and termination of the Emergency Preparedness Plan, staff assignments, patient oversight and associated documentation.
4. The Incident Commander is responsible for contact, and collaboration with, as appropriate:

- a. Department heads;
- b. MP;
- c. Residents and responsible parties;
- d. State Licensing Board;
- e. Local, tribal, regional, state or federal emergency management officials; and
- f. State Ombudsman Office.

LEVELS OF EMERGENCY

1. After determining an emergency situation exists, the Incident Commander declares an emergency. The levels of emergency are:
 - a. **Alert.** Disaster possible; increased awareness. Administrator or designee notified;
 - b. **Stand By.** Disaster probable, ready for deployment. All department heads notified;
 - c. **Activate.** Disaster exists, deployment. Department heads or designees report to Center; and
 - d. **Stand Down.** Disaster contained, resumption of normal activities.

NOTIFICATION OF PLAN

1. Residents are notified of the EPP via a statement in the Admission Kit and a posting in the Center.
2. The Administrator requests time to review the EPP during Resident Council meetings.

Refer to Posting GHC 5408 in SmartWorks and the Emergency Preparedness Compliance Guide.

COMMAND AND CONTROL

1. The Incident Commander coordinates activities in the center;
2. All staff are generally considered to be essential for the duration of a declared emergency;
and
3. Emergencies are typically managed from a central location, identified as the Emergency Operations Center.

Refer to:

Appendix 2: Building Construction and Life Safety

Appendix 3: Center Administrative Staff Contact List

Appendix 4: Emergency Operation Center Designation

COMMUNICATION PLAN

1. During emergencies, this center uses primary and alternate means of communication;
 - a. Landline telephone, cell phones, and the Regroup Mass communication platform are primary means of emergency communication. Email, and text messaging are alternate means for communication efforts; and
 - b. Two-way radio communications are used where required to communicate with the local EMS during a regional emergency.
2. Internal Communication
 - a. The Incident Commander is responsible for communicating the initial and ongoing situation status with the center's department heads and MP or designee.
 - b. The MP or designee is responsible for communicating the status of any emergency to area/division leadership and appropriate corporate staff.
 - c. Center staff attempt to use simple, precise language when communicating during an emergency. Codes are not used.
3. External Communication
 - a. The Incident Commander is the key spokesperson for the center and:
 - i. Notifies and communicates with regulatory and community agencies and resources regarding the center's occupancy, status, needs and ability to provide assistance;
 - ii. Notifies/self-reports incidents involving fire, death, and/or serious bodily injury in accordance with federal and state guidelines.
 - iii. Notifies the public relations department (Lori Mayer at 610-283-4995) who will handle radio/TV or other media inquiries, press releases or statements.
 1. NOTE: Center and regional employees do NOT communicate directly with the media; rather, all communications are handled by the public relations department. (Refer to Appendix 6.)

Refer to:

Appendix 5: Area Administrative Contact List

Appendix 6: Company Contacts

Emergency Notification Announcements

CRISIS PUBLIC RELATIONS: STAFF MEMBERS, VOLUNTEERS, CONTRACTORS, PHYSICIANS, FAMILY OF RESIDENTS AND COMMUNITY (INCLUDING OTHER LONG TERM CARE FACILITIES, AS APPROPRIATE)

1. In advance of a crisis or disaster situation, the center works to ensure staff members, contractors, volunteers, physicians, residents, family members, and the community-at-large understand the center has developed a relationship with local emergency responders as well as the local Emergency Management Services to plan for, prepare for, respond to, and recover from such situations.

COMMUNICATION WITH RESIDENTS, FAMILY MEMBERS AND OTHERS

2. This center uses the Genesis HealthCare CareLine as the emergency contact number (866-745-2273) as alternate communication in addition to primary telephone numbers for the residents' responsible parties and family members for contact during an emergency.

3. Based on direction from the Administrator/Incident Commander, residents, responsible parties and family members are notified as soon as possible when there is an emergency declaration at the center by center staff in person, via telephone, and through use of the Genesis CareLine. This communication includes patients who are included in census but outside of the center at the time of the emergency (i.e., at external physician appointments, dialysis, etc.). If the center determines additional alternate communication methods are needed, the Incident Commander works with company resources to obtain support, equipment and services.
4. If the center determines it has additional surge capacity (see below), local EMS and other long term care providers are notified of such capacity.
 - a. The HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need. In addition, while the HIPAA Privacy Rule is not suspended during an emergency, the Secretary of the U.S. Department of Health and Human Services may waive certain provisions of the privacy rule.
 - b. Without a waiver, patient information is permitted to be disclosed in accordance with the Privacy Rule and as noted in the center's Notice of Privacy Practices.
 - c. During an emergency, the center implements reasonable safeguards to protect patient information against impermissible uses and disclosures, and apply administrative, physical and technical safeguards of the HIPAA Security Rule to electronic protected health information. Protected health information continues to be managed in a manner that is most likely to protect privacy if possible, and disclosures are limited to the minimum necessary to accomplish the purpose.
 - d. During emergencies, the center monitors communications from U.S. Department of Health and Human Services and state and local regulatory agencies for additional guidance.

Refer to:

Appendix 7: Emergency Resources and Contacts

Appendix 8: Additional Resources

INTERNAL FUNCTIONS

THE CENTER TAKES ADVANTAGE OF LEAD-TIME BEFORE EMERGENCIES:

1. Staff will notify the Administrator or designee and DON of all potential emergency situations.
2. Keep a radio/television on at all times (if possible) and tuned to an emergency weather channel or other Emergency Alert System broadcaster.
3. Review the Emergency Preparedness Plan for evacuation routes, emergency specific guidelines, emergency supplies, communication plans and appropriate contact information, with staff, visitors, volunteers and onsite contractors. Staff are monitored through use of the staffing schedules (updated as needed), and volunteers, visitors and others are monitored using the visitor log (typically kept in the reception area).
 - a. Locate the emergency supplies; replenish if necessary. Refer to **Appendix 12: Emergency Supplies and Location of Critical Equipment.**
 - i. The following equipment is typically available at this center: wheelchairs, walkers and canes, portable/folding chairs (for Staging Area), oxygen concentrators, IV poles, feeding pumps, suction machines, bedside commodes.
 - ii. The following medical supplies are typically available at this center; first aid supplies, gauze, bandages, alcohol, triple antibiotic ointment, disposable gloves, eye protection, disposable gowns, surgical masks, BioMasks, N95 respirators, saline eyewash solution, incontinence products, barrier cream, sanitizing wipes, hand sanitizer, medications, medication cups/straws, shelf-stable nutritional supplements, food thickener, bladder catheter supplies, sterile pads, first aid tape, syringes, stretch gauze, elastic bandages, glycerin swabs, normal saline, and insulin supplies.
4. Remind staff to remain calm and in control, for organized response and to reassure the residents.
5. Clear corridors of obstructions.

DEPARTMENT HEAD EMERGENCY RESPONSIBILITIES:

1. Train personnel on department responsibilities;
2. Assign on-call responsibility for emergency management;
3. Provide support as directed by the Incident Commander;
4. Assure emergency duties are assigned;
5. Assign duties to staff based on physical capabilities and competencies;
6. Maintain a current list of all employees and their phone numbers;
7. Identify staff interested in volunteering to work in receiving facilities if evacuation is initiated;
8. Determine the minimal number and mix of employees necessary if an emergency is activated.
9. Notify the Administrator, DON, or designee of the potential staffing and supply needs; and
10. Conserve resources (e.g., water, linen, and supplies).

EMERGENCY PROCEDURE: TAKE COVER

1. It is the Incident Commander's responsibility to monitor all threatening situations and determine when the **Take Cover Procedure** is initiated. Situations involving risk to

residents, staff, and visitors due to events occurring inside and outside of the center are considered in the decision to **Take Cover**.

2. Upon making the decision to **Take Cover**, an announcement is broadcast over the center intercom system stating the following message:
 - a. **“Attention all staff, there is an immediate situation requiring all occupants to Take Cover. Please initiate the Take Cover Procedure.”**
 - b. Staff, if it is safe to do so, assist residents to Areas of Refuge identified in Appendix 2 of this EPP. If unsafe, staff takes immediate cover.
 - c. Residents who use wheelchairs and cannot get into the Take Cover position are positioned with wheelchairs facing a wall with wheels locked, and covered with linens to help protect from flying debris (time permitting).
 - d. Staff, residents and visitors (as they are able to), get into the Take Cover position (see below).



3. Emergency Job Tasks – Take Cover
 - a. Administrator/Incident Commander
 - i. Direct all individuals to Take Cover.
 - ii. Be prepared to contact authorities if injuries and damages occur.
 - iii. Direct everyone to remain in the refuge area until the danger has passed.
 1. **An “All Clear, Take Cover is over” message is then paged to signal the Take Cover situation has ended.** Afterwards, the Incident Commander accounts for residents, staff, and visitors.
 - b. Nursing Staff
 - i. Connect oxygen concentrators/tanks to residents requiring oxygen as needed.
 - ii. Take first aid supplies/medical supplies to designated Area of Refuge, time permitting.
 - iii. Relocate the residents to safe refuge and stay in close proximity of the residents while **taking cover**. Maintain transmission-based precautions as best as possible.
 - iv. Close drapes, blinds, doors, and windows (time permitting).
4. Upon broadcast of the Take Cover announcement, all staff immediately discontinues tasks they are working on and begin implementing their **Take Cover** responsibilities.
 - a. Immediately relocate residents and visitors to bathrooms or interior hallways (refer to Areas of Refuge, Appendix 2) away from all windows and doors. Staff closes all drapes, blinds, and doors.

IMPORTANT NOTE: If residents, visitors, and staff are directed to Take Cover in a hallway having a door or window at the end of the corridor, attempt to keep a distance of 30 feet (30') away from the door or window.

- b. Staff avoid areas with large ceiling spans. Small rooms or interior hallways away from windows and doors are suitable for **taking cover**.
- c. Upon relocating all residents to a safe refuge, the staff stays in proximity of the residents while **taking cover** as well.
- d. **Maintenance staff and Managers on Duty** should be prepared to activate Utility Shut-Off Procedures.
- e. All *other* staff members immediately secure records, close drawers and cabinets, shut down electronic appliances, and report to the nearest Area of Refuge (refer to Appendix 2).
- f. If a situation allows for advanced warning, residents, staff, and visitors will be relocated a designated area providing optimum refuge.
- g. Upper floor occupants are moved to the basement or lowest level within the center.
- h. Priority is given to evacuating the highest floor first.
- i. Census is taken to account for all residents, staff, and visitors.
- j. Upon issuance of the All Clear announcement, residents are taken back to their rooms.

Administrator (OR DESIGNEE) ALL EMERGENCIES:

1. Administrators are responsible for execution of Transfer Agreements and/or Memorandums of Understanding (MOU) for patient care and transportation. Updating your center's EPP ensures Divisional and Corporate support can access the Transfer Agreements or MOU's and activate those as you coordinate center emergency response.
 - a. Where possible, centers attempt to transfer residents to Genesis-affiliated centers, as this allows for usage of existing databases and continuity of care.
 - b. Administrators use Transfer Agreements and/or MOUs with non-affiliated centers, which are often mutual agreements, to arrange for patient care and services and evacuation transportation. (These agreements are activated after a decision has been made to evacuate.)
 - c. Administrators activate this Emergency Preparedness Plan when necessary. If applicable, the National Criteria for Evacuation Decision-Making in Nursing Homes is reviewed with the management team to evaluate whether to evacuate or Shelter-in-Place. The availability and duration of emergency power is considered when making such determinations.
2. The Administrator/Designee is the Incident Commander and is responsible for activating and coordinating all activities related to the emergency.
 - a. Only the Incident Commander, in collaboration with the MP and/or an authority with jurisdiction, can declare an evacuation.
3. The Administrator/Designee contacts the MP and directs internal and external communication as described above.
4. The Administrator/Designee contacts the local EMS and collaborates on integrated response, as appropriate.
5. The Administrator/Designee contacts the Ombudsman and communicates:
 - a. How the residents will be sheltered;
 - b. When/If the residents will be evacuated; and
 - c. Where the residents will be sheltered.
6. The Administrator/Designee contacts the state licensing board.
7. The Administrator/Designee notifies the Medical Director and department heads.

8. The Administrator/Designee instructs staff to keep all doors closed in resident rooms, stairwells and functional rooms (storage, pantry, linen, etc.).
9. The Administrator/Designee instructs staff regarding suspension of non-essential services and procedures during emergencies.
10. The Administrator/Designee tracks the incident's progress and disseminates information to respective staff.
11. The Administrator/Designee determines involvement, appropriate tasks and roles of volunteers.
12. The Administrator/Designee establishes frequent communication with staff members, residents, and resident responsible parties.
13. The Administrator/Designee contacts vendors and others who may be needed for post-incident restoration and makes arrangements for services.
14. The Administrator/Designee completes NHICS Form 251, Center System Status Report to assess the center's damage.
15. The Administrator/Designee directs additional emergency documentation completion; refer to Appendices and Exhibits in this EPP.

Refer to Appendix 9: Transfer Agreements

Appendix 10: Short-term Evacuation Plan

Administrator (OR DESIGNEE) SHELTER-IN-PLACE (SIP): During emergencies the Administrator/Designee:

1. Meets with management team to discuss preparations for SIP.
2. Activates the center's SIP Plan as directed by area/divisional, regional, or corporate Leadership; and local authorities.
3. Notifies staff members, residents, and resident responsible parties of the decision to SIP.
4. Instructs individuals in the center to remain until it is safe to leave.
5. When it is safe, allows staff, volunteers, visitors, and vendors to communicate with their family members.
6. Oversees moves of residents to Areas of Refuge as necessary.

Administrator (OR DESIGNEE) EVACUATION: During emergencies the Administrator/Designee:

1. Activates the center's Evacuation Plan as directed by area, divisional, regional, or corporate leadership; or by local authorities. (Management team then notifies supervisors and staff.)
2. Meets with management team to finalize instructions for evacuation.
3. Coordinates evacuation efforts with local Emergency Management Agencies.
4. Notifies the following of the evacuation decision:
 - a. The Genesis CareLine (866-745-2273) to determine bed availability;
 - b. Residents and responsible parties of decision to evacuate. Communicates emergency phone numbers including alternate care center numbers;
 - c. The Medical Director; and
 - d. The receiving facility(ies) of the pending arrival.
5. Designates a staff member to monitor and complete the NHICS Master Resident Evacuation Tracking Log Form 255.
6. Notifies alternate care facilities of the pending arrival. Activates Transfer Agreements/MOU as necessary.

7. Secures the center and verifies all electronics and computers have been turned off and unplugged.
8. Approves shut-down procedures for non-essential utilities and designates appropriate personnel to implement shut-down.
9. Verifies emergency supplies for transport.
10. Initiates recovery and re-entry efforts when deemed safe.

SENDING CENTER: ADMINISTRATION TASK LIST

1. Schedule additional staff to coordinate transportation; consider and determine plans for cohorting patients, when applicable.
2. Work with MP to schedule transportation.
3. Update original evacuation report to reflect any changes; i.e., residents in hospital.
4. Review return plan with staff and ensure plan is followed.
5. Schedule additional staff to coordinate transportation.
6. Send supplies to receiving center as needed. Consider need to provide beds, wheelchairs, over bed tables, oxygen, food, water, bathing materials, linens, means for privacy, medical supplies and continence supplies.
7. Communicate daily with receiving center Administrator on return status.

RECEIVING CENTER: ADMINISTRATION TASK LIST

1. Verify all local emergency services are available prior to resident transport.
2. Contact center staff and ensure adequate staff is available to meet the needs of the residents; discuss and determine plans for cohorting patients when applicable.
3. Schedule staff to prepare the building for residents and ensure adequate supplies for each department are available.
4. Verify local vendors and contractors are available i.e. food and nutrition services, housekeeping/laundry, dialysis, physicians, pharmacy, oxygen, gas stations, x-ray and lab services.
5. Coordinate the return schedule with Senior Vice President of Operations and MP.

DIRECTOR OF NURSING OR DESIGNEE (NURSING): ALL EMERGENCIES

1. During all emergencies nursing is responsible for:
 - a. Coordinating resident care;
 - b. Coordinating communication with medical providers;
 - c. Printing and securing the following resident-specific documents:
 - i. Admission Record (face sheet).
 - ii. MARS;
 - iii. TARs;
 - iv. Most recent monthly order sheet;
 - v. Care Plan;
 - vi. Weight and VS Summary;
 - vii. Most recent 7 days of nursing notes;
 - viii. Most recent physician progress notes;
 - ix. Behavior Monitoring Form;
 - x. Skin integrity report; and

- xi. Patient-specific medications, treatment and feeding supplies, including adaptive equipment, special needs items and preventive devices for falls and skin breakdown.
- d. Obtaining additional clinical staff in collaboration with the Administrator and Human Resources;
- e. Coordinating resident needs with food and nutrition services and materials management;
- f. Notifying pharmacy services of pending evacuation and alert for need to provide back-up medications;
- g. Communicating the status of care and resident conditions to the Administrator;
- h. Accounting for and keep track of residents and staff;
- i. Maintaining effective lines of communication with nursing staff members;
- j. Preparing medications (one week supply if possible) for those residents going to alternate facilities, hospitals, or home;
- k. Verifying all physician orders are current and have been obtained for residents.
- l. Updating and printing resident/patient census reports;
- m. Estimating the number of ambulatory and non-ambulatory residents/patients for transportation and assistance purposes. Identify residents on transmission-based precautions that require cohorting or segregation from other resident; and
- n. Identifying residents with communication impairments, and associated planned interventions and updating resident care plans as necessary.

DIRECTOR OF NURSING OR DESIGNEE (NURSING): EVACUATION TASK LIST

1. Designates Phase I and Phase II Evacuation Nurse Coordinators.
 - a. Nurse Coordinator Phase I works to transfer the highest acuity residents first via ambulance if possible. Considers hospital transfers as appropriate.
 - b. Nurse Coordinator Phase II works to transfer lower acuity residents via the most appropriate methods available. Phase II residents may be moved to a staging area prior to evacuation. Staff members are designated to each of the vehicles to assist and care for the residents during the transport. Identifies patients that may be cared for by family/friends and arranges discharge.
2. Groups the residents according to unit, acuity, and those on transmission-based precautions and assigns staff members accordingly.
3. Prepares the lists of residents and receiving location(s) so staff can prepare clothing, supplies, medications, and any other items.
4. Completes the *NHICS 260 Individual Resident Evacuation Tracking Form* for each patient. This tracking includes patients that are counted in the resident census even if they are off-site at the time of the emergency.
5. Designates staff members to accompany each group.
6. Assists in coordinating transfer of all residents to alternate hospitals or other locations. Use *NHICS 255 Master Resident Evacuation Tracking Form*.
7. The Evacuation Nurse Coordinators or designees:
 - a. Complete *NHICS 260 Individual Resident Evacuation Tracking Form* for each patient noting patient-specific supplies and equipment.
 - b. Collect patient-specific information (see above).
 - c. Collect the supplies as noted on NHICS 260 and supervise load of medications, supplies and administration records to accompany transport vehicle:

- i. A licensed nurse is assigned to safeguard controlled substances.
 - ii. If residents needing critical medications are deemed unsafe to carry their own medications, then a licensed nurse carries the medications.
 - iii. When necessary and appropriate, a separate cooler is provided for temperature-controlled medications.
 - d. Contact the DON of receiving center to inform him/her of the status of the evacuation.
 - e. Transfer residents from bed and transport in accordance with care plans.
 - f. If possible and time-permitting, inspect the residents for:
 - i. Proper attire for the weather;
 - ii. Identification (ID) wristbands (if applicable);
 - iii. Assistive devices including hearing aids, dentures, glasses, and prosthesis.
 - g. Provide a change-of-shift (hand off) report. Include information regarding patients at risk for falls and elopement.
 - h. Supervise resident evacuation from the building and the resident flow to transportation.

SENDING CENTER: NURSING TASK LIST

1. Provide the *NHICS 260 Individual Resident Evacuation Tracking Form* and *NHICS 255 Master Resident Evacuation Tracking Form* for transport.
2. Pack resident medical records, supplies, clothing, necessary personal items and medications. Inventory sheets are completed if there is ample lead-time.
3. Prepare/pack any special needs equipment or supplies as necessary. (For example: special size Foley/ostomy supplies, enteral feed formula, oxygen).
4. Load residents with assistance from transport crew.
5. Give report and narcotics/controlled medications to transport nurse/crew.
6. Provide the resident records to transport crew.
7. Provide a method for resident identification either via use of wristbands or use of photo identification.
8. Provide resident identification.
 - a. The sending center nursing team reports significant resident information to receiving center in a verbal or written hand-off report, including (wristbands may be used for this purpose):
 - i. Code status/Advanced Directives
 - ii. Potential for Fall Risk
 - iii. Potential for Elopement Risk
 - iv. Diagnoses
 - v. Food, Medication and Other Allergies
 - vi. Thickened liquid consistency
 - vii. Diet consistency
 - viii. NPO Status
 - ix. Seizures
9. Provide medication management
 - a. Medications are checked against the MARs to ensure all meds are accounted for per physician order before the residents are transported to the receiving center.
 - b. Narcotics/controlled medications are separated and provided to the transport nurse who keeps control of the medications until arrival at the receiving center.

- c. The transport nurse and DON or designee include the narcotic count sheet/MAR with each medication.
10. Provide resident special needs equipment.
 - a. The DON/Designee uses the NHICS 260 Individual Resident Evacuation Tracking Form to identify special equipment or supplies needed during transport.
 - b. Pressure relief devices for residents identified with specific wound needs.
 - c. When possible, special equipment or supply needs (i.e., positioning devices, oxygen (see below) and means of securing oxygen, nebulizers, gel pads, special size colostomy bags) are loaded on the transport vehicle prior to the residents.
 11. Provide oxygen needs to appropriate residents.
 - a. Oxygen use is documented on the NHICS 260 Individual Resident Evacuation Tracking Form.
 - b. Residents requiring oxygen are transported by wheelchair with the oxygen tank secured to the chair. Chair wheels are locked to prevent rolling during transport.
 - c. Extra oxygen tanks are secured to prevent movement.
 - d. Residents requiring oxygen may be transported separately due to limited number of wheelchair spaces on transporting vehicles.
 12. Provide enteral feeding supplies to appropriate residents.
 - a. The DON/Designee is responsible for ensuring enteral feeding formula and supplies are packed.
 - b. Formula, tubing and syringes are collected, packed for transport, and labeled with the resident name(s).
 - c. If support is necessary (i.e. inadequate formula on hand), the DON/Designee contacts the Regional Manager of Food and Nutrition Services for assistance.

TRANSPORTING CREW: NURSING TASK LIST

1. Find/Load first aid kit.
2. Ensure all transported supplies are labeled.
3. Inspect oxygen to ensure it is secured for transport.
4. Ensure transport team and residents have required PPE.
5. Upon arrival at the sending center, notify Administrator and DON and obtain a copy of NHICS 260 Individual Resident Evacuation Tracking Form and NHICS 255 Master Resident Evacuation Tracking Form for transport.
6. Assist with loading assigned residents.
7. Check actual residents loaded against NHICS 255 Master Resident Evacuation Tracking Form to ensure accuracy.
8. Check for critical medications and equipment: snacks/drinks; clothing and belongings; and associated administration records (MARs and TARs).
9. Take report from evacuating center nurse and take possession of narcotics.
10. As time allows, document resident condition on departure.
11. Provide care/services as necessary during transport and document such services.
12. Contact the receiving center periodically to coordinate arrival time.
13. Report to the nursing team at the receiving center upon arrival and transfer resident medications, belongings, documentation, and supplies.

TRANSPORTING CREW NURSING POLICY AND PROCEDURE

1. Oxygen.

- a. The center uses *NHICS 260 Individual Resident Evacuation Tracking Form* to identify residents that require continuous or PRN oxygen. Residents with continuous or PRN oxygen needs are transported via wheelchair so the oxygen tank can be secured to the chair. During transport, the chair wheels are locked to prevent rolling. Residents using oxygen may be transported separately due to the limited number of wheelchairs spaces on transport vehicles.
- b. Extra oxygen tanks are secured to prevent movement.
- c. Guidance for the Safe Transportation of Medical Oxygen for Personal Use
 - i. Vehicle operators take precautions to ensure medical oxygen for passengers' personal use is handled and transported safely.
 - ii. For Transportation in the Passenger Area Task List/Instructions:
 - 1. Only transport oxygen in a cylinder maintained in accordance with the manufacturer's instructions. The manufacturer's instructions and precautions are usually printed on a label attached to the cylinder.
 - 2. Before boarding, inspect each cylinder to assure that it is free of cracks or leaks, including the area around valve and pressure relief device. Listen for leaks; do not load leaking cylinders. Visually inspect the cylinders for dents, gouges or pits. A dented, gouged, or pitted cylinder should not be transported.
 - 3. Limit the number of cylinders to be transported on board the vehicle to the extent practicable.
 - 4. If transportation arrangements allow, the vehicle operator considers limiting the number of passengers requiring medical oxygen.
 - 5. Cylinders used for medical oxygen are susceptible to valve damage if dropped. Handle these cylinders with care during loading and unloading operations. Never drag, roll or carry a cylinder by the valve or regulator.
 - 6. Do not handle oxygen cylinders or apparatus with hands or gloves contaminated with oil or grease.
 - 7. Secure each cylinder to prevent movement and leakage. "Secured" means the cylinder is not free to move when the vehicle is in motion. Each extra cylinder should be equipped with a valve protection cap.
 - 8. Oxygen cylinders or other medical support equipment are not stored or secured in the aisle. Make sure the seating of the passenger requiring oxygen does not restrict access to exits or use of the aisle.
 - 9. Since the release of oxygen from a cylinder could accelerate a fire, secure each cylinder away from sources of heat or potential sparks.
 - 10. Smoking or open flames (cigarette lighter or matches) are not permitted in the vehicle when medical oxygen is present.
 - 11. When the destination is reached, remove all cylinders from the vehicle as soon as possible.
 - iii. For Transportation in the Cargo Compartment Task List:
 - 1. Place each cylinder in a box or crate or load and transport in an upright or horizontal position.
 - 2. Protect valves from damage, except when in use.
 - 3. Secure each cylinder against movement.

2. Narcotics/controlled medications.

- a. When necessary, narcotics/controlled medications are transported from the sending center to the evacuation center.
 - b. All narcotics/controlled medications should have the count sheet/MAR attached to the medication.
 - c. A log listing the narcotics/controlled medications/MAR for each resident is sent to the receiving center. A copy is provided to the transporting nurse.
 - d. A nurse completes a narcotic count with the receiving center nurse upon arrival.
 - e. All narcotics/controlled medications should remain in the possession of a nurse during transport.
3. Illness or death enroute.
 - a. If a resident/patient has a significant change in condition or expires during transport, the transporting vehicle diverts to the closest acute care center, if possible.
 - b. If this is not possible, the transport crew alerts the receiving center and manages the patient situation until arrival.
 4. Documentation.
 - a. During transport, the transportation nurse/crew document resident conditions and status at the time of transfer and also documents medications administered, treatments given and any other information that is deemed pertinent.

NURSING: RECEIVING CENTER TASK LIST

1. On arrival take report from the transport nurse/crew and count narcotics/controlled medications.
2. Complete triage.
3. Pull original documents from the transport nursing documentation, make copies, and return original documentation to the sending center as soon as possible, and as appropriate.
 - a. Give copies of the documentation from the sending center to medical records for retention to support continuity of care during the evacuation process.
4. Review MARs and TARs against documentation received from sending center to ensure all physician order changes were posted to these documents. Review other changes to identify orders for continuation.
5. Depending on appropriateness and availability, arrange for grief counselors to counsel evacuees.

NURSING: TRIAGE EVACUATION RECEIVING CENTER TASK LIST

1. If possible, set up stations for providing care as follows:
 - a. Station I: Complete the resident admission assessment including:
 - i. Vital signs with pain assessment
 - ii. Evaluate presence of infections
 - iii. Weight
 - iv. Height
 - v. Provide resident belongings to receiving nurse along with resident assessment information.
 - b. Station II: Provide:
 - i. Hydration
 - ii. Snacks
 - c. Station III:
 - i. Transport resident and belongings to assigned room

- ii. Provide as-needed personal care

NURSING: SHELTER-IN-PLACE TASK LIST

1. Assist in moving residents to Area of Refuge (if indicated) and frequently monitor their conditions.
2. Connect oxygen concentrators/tanks to residents requiring oxygen.
3. Take first aid supplies/medical supplies to designated safe areas and initiate treatment.
4. Be prepared to assist as needed at the direction of the Incident Commander.

NURSING: EXPANSION/SURGE OF RESIDENTS

1. Coordinate triage of casualties, if necessary.

Refer to Appendix 11: Triage of Casualties

MEDICAL DIRECTOR: ALL EMERGENCIES TASK LIST

1. If possible and appropriate, report to the center;
2. Provide assistance as appropriate, via telephone, electronically or in-person, during an external or internal emergency requiring medical evaluation and /or intervention and coordinate the activities of physicians as necessary;
3. Coordinate unplanned admissions resulting from external emergencies with the Director of Nursing;
4. The center only accepts admissions within its scope of care unless directed by a regulatory agency.
5. Triage casualties;
6. Obtain additional medical resources in collaboration with the SVP/VP of Medical Affairs or Regional Medical Director; and
7. Assist center with transfer decisions and emergency orders if attending physician cannot be reached.

HUMAN RESOURCES AND SCHEDULING: ALL EMERGENCIES TASK LIST

1. Human Resources /Benefits Designee and Scheduler are responsible for scheduling and assembling adequate staff in consultation with the Administrator/Designee:
 - a. Maintain current information all center personnel and volunteers with addresses and phone numbers for contact purposes;
 - b. Coordinate with center department heads to determine staff/volunteer resources needed both for onsite needs and in the event that staff is needed in alternate locations;
 - c. Update the department heads with results of attempts to obtain staff. Confirm expected availability as well as the number of family members joining the staff members;
 - d. Coordinate, if necessary, transportation of the center staff to work;
 - e. Monitor the length of time each employee works during the declared emergency and provide adequate time off to rest and recover. Time worked should not exceed sixteen (16) hours over a 24 hour period if possible;
 - f. Identify areas where employees can rest and recover;
 - g. If necessary, work with regional Human Resources staff to contact other Genesis centers to obtain additional staff.

FOOD AND NUTRITION SERVICES: ALL EMERGENCIES TASK LIST

1. The Dining Services Director or designee:
 - a. Follows the Food and Nutrition Services Policies and Procedures, Food Service Emergency Plan and associated guidelines including a plan to obtain food and water in the event of an emergency;
 - b. Obtains additional staff in collaboration with Human Resources;
 - c. If power outage is likely, set refrigerators and freezers to the lowest setting to preserve items for the longest possible time period;
 - d. Unplugs non-essential equipment;
 - e. Obtains supplies of food and water for residents/patients and staff;
 - f. Creates water supply:
 - i. Fill tubs, pitchers, and as many containers as possible with water;
 - ii. Bags as much ice as possible and stores bags in the freezers; and
 - iii. If advanced warning is provided, purchases ice and stores in freezers.
 - g. Determines the numbers of residents, visitors, volunteers, and employees for whom food service may need to be provided.
 - h. Provides food service as appropriate and able. Refer to Exhibit 1 for Sample Emergency Menu.

FOOD AND NUTRITION SERVICES EMERGENCY EVACUATION GUIDELINES

1. The Dining Services Director/Designee:
 - a. Coordinates food service with the center Incident Commander following the EPP.
 - i. Provides adequate snacks and fluids for each vehicle transporting residents;
 - ii. A sample snack menu, extended for consistency modified and Gluten-Free diets, has been developed for these purposes and may be customized as needed; and
 - iii. All therapeutic diets are waived during an emergency with the exception of consistency-modified and Gluten-Free diets as allowed by state regulations.
 - b. Packaged snacks and fluids (including thickened water) are provided in disposable containers or bags, if possible, with labeling for consistency-modified and Gluten-free (when appropriate).
 - c. Gathers relevant vital resident and department records.
 - i. Enteral feedings for residents are managed by nursing staff with support from the Dining Services Director/Designee.

SENDING CENTER: FOOD AND NUTRITION SERVICES TASK LIST

1. If possible, the Dining Services Director or designee sends Food and Nutrition Services staff ahead to the receiving center(s) to prepare snacks and fluids for residents **on their arrival**;
2. Consult with the Regional Manager of Food and Nutrition directly to review plans for evacuation;
3. Dining Services Director makes plans for meals to be served prior to transport. (Note: Meals may be served inconsistently with the normal center schedule to ensure residents are prepared and fed at designated departure times);
4. Create/Print diet roster for distribution to receiving facilities;
5. Create/Print 2 tray card copies for each resident;
6. Prepare a simplified shelf-stable snacks and liquids master list. Include specific-consistency diets, thickened liquids, and disposable supplies (napkins, plastic cutlery).

7. Prepare and label snacks for consistency-altered diets (Dysphagia Advanced and Puree). A snack list identifying snacks for consistency-altered diets is included for transport.

RECEIVING CENTER: FOOD AND NUTRITION SERVICES TASK LIST

1. If possible, the Dining Services Director and assigned staff arrive at the center in sufficient time to allow for inventory of food items to ensure nutrition needs of the residents.
2. The Dining Services Director/Designee prepares beverages and light snacks to be provided upon evacuated residents' arrival to the center. Include meals appropriate for consistency-altered diets and thickened liquids

REHABILITATION SERVICES: ALL EMERGENCIES TASK LIST

1. The Director of Rehab or designee:
 - a. Assists with triage, transfer, or evacuation of residents;
 - b. Obtains additional staff in collaboration with Human Resources; and
 - c. Directs rehab staff to assist on the units as required.

MAINTENANCE SUPERVISOR: ALL EMERGENCIES TASK LIST

1. Gather emergency supplies. See Appendix 12: Emergency Supplies Checklist;
2. Evaluate the safety of the physical plant;
3. Coordinate emergency repairs;
4. Communicate the status of the center environment to the Administrator.
5. Make rounds of the center and grounds;
6. Secure potential flying debris (above, below, around, and in the center);
7. Check equipment for functionality:
 - a. Monitor fuel supply for generator; and
 - b. Check that equipment and utilities are functioning properly.
8. Prepare all vehicles for evacuation if needed;
 - a. Check fuel, oil, and water levels for each vehicle;
 - b. Move vehicles away from trees;
 - c. Prepare maps/obtain directions with evacuation routes and alternate routes for each vehicle. A paper map with all routes should accompany each vehicle.;
 - d. Load phone or other communication devices in each vehicle;
 - e. Load first aid kit in each vehicle; and
 - f. Identify storage space for medical and business records, medications, and equipment in each vehicle.
 - i. Identify oxygen storage area, as needed, in each vehicle. Follow the guidelines for oxygen transport in vehicles.
9. Transporting Crew/Maintenance
 - a. Service van as necessary to include air conditioning, oil, gas, tires, fire extinguisher, safety belts, etc. are all in good condition by completing the Pre-trip Vehicle Safety Inspection Checklist. Check transport supplies and load them into the vehicle;
 - b. Identify route with maps for travel from evacuating center to receiving center and back to original center as appropriate;
 - c. Identify van driver, licensed staff transporting evacuees, and schedule departure. Staff are made familiar with the use of safety devices in the vehicle;
 - d. Bring money or purchase cards in the event supplies are needed during for the trip; and

- e. Load communication devices.

Refer to Appendix 12: Emergency Supplies and Location of Critical Equipment

MAINTENANCE SUPERVISOR: EVACUATION TASK LIST

1. Secure the center and verify all electronics and computers have been turned off and unplugged;
2. Designate someone to stay behind, if deemed safe, to safeguard the center;
3. Activate shut-down procedures for non-essential utilities;
4. Work with responding emergency agencies on building security, traffic control, utility control, and elevator operations;
5. Make final rounds of the center and grounds;
6. Secure windows and other building openings; and
7. Pull shades and close all drapes.

MATERIALS MANAGEMENT (CENTRAL SUPPLY): ALL EMERGENCIES TASK LIST

1. Develop a plan to obtain medical supplies and PPE;
2. Provide supplies and linens to the nursing units; and
3. Notify medical and medication suppliers of additional needs.

SOCIAL WORK: ALL EMERGENCIES TASK LIST

1. Provide support and crisis intervention services for residents, residents' families, and staff;
2. Notify responsible parties and residents, as directed by the Administrator/Incident Commander, of decisions to Shelter-in-Place/Evacuate and resident status;
3. Review and update Advanced Directives;
4. Manage resident discharges and placement, if possible, based on resident/responsible parties' requests;
5. Follow-up within 24 hours, if possible, to confirm care and services for discharged residents.

SENDING CENTER: SOCIAL SERVICES TASK LIST

1. Contact evacuated residents' families to let them know the residents' location;
2. Assist DON in supervising certified nursing assistants as they pack and inventory residents' belongings; and
3. Provide receiving center with a social services report on each resident in an effort to ease transition, promote adjustment to new environment and care plan accordingly.
 - a. For residents experiencing adjustment difficulty, follow up as indicated.

RECEIVING CENTER: SOCIAL SERVICES TASK LIST

1. Provide receiving center with a social services report on each resident in an effort to ease transition, promote adjustment to new environment, and care plan accordingly.
2. Assist DON in supervising certified nursing assistants to ensure resident's personal belongings are made available to each resident and inventoried in accordance with established procedures;
3. Notify Responsible Parties of resident arrival/admission; and
4. Assess psychological/social needs to ensure needs and preferences are communicated to the interdisciplinary team.

- a. Follow up with status call to Responsible Party as soon as possible following admission.

ADMISSIONS DEPARTMENT: ALL EMERGENCIES TASK LIST

1. Maintain a current list of residents;
2. Print face sheets if evacuation is possible;
3. Coordinate admissions with the DON/Administrator;
4. Assist social services with contacting responsible parties; and
5. Report available transportation and receiving center capacities to the Incident Commander.

ADMISSIONS DEPARTMENT: EVACUATION TASK LIST

1. Notify agencies with Center Transfer Agreements of the emergency situation and potential to evacuate;
2. Communicate resident information and status to the receiving center; and
3. Maintain a list that includes each resident name and the time/place of each resident's transfer.

BUSINESS OFFICE/PAYROLL: ALL EMERGENCIES TASK LIST

1. Manage payroll; and
2. Provide means to pay for food, supplies, and/or transportation.

BUSINESS OFFICE/PAYROLL: EVACUATION TASK LIST

1. The Cash Handler secures the following items for evacuation:
 - a. Center petty cash;
 - b. Resident trust fund (RTF);
 - c. Petty cash;
 - d. Resident trust check stock;
 - e. Printed copy of most recent RTF Trial balances;
 - f. Imprest checkbook;
 - g. Payments to be deposited; and
 - h. If applicable, purchase cards.
2. Turn off and unplug all computers; and
3. Take laptop(s) if applicable.

ENVIRONMENTAL SERVICES: ALL EMERGENCIES TASK LIST

1. Develop a plan to obtain linen in the event of an emergency;
2. Secure:
 - a. Linens;
 - b. Blankets;
 - c. Trash can liners;
 - d. Mops;
 - e. Rags;
 - f. Buckets;
 - g. Trash cans;
 - h. Cleaning and disinfecting supplies; and
 - i. Toilet paper.
3. Place emergency orders for supplies;
4. Clear corridors of any obstructions such as carts, wheelchairs, etc.;

5. Check equipment (wet/dry vacuums, etc.);
6. Unplug non-essential equipment; and
7. Maintain sanitation considering best practices for infection control.

LAUNDRY: ALL EMERGENCIES TASK LIST

1. Close all laundry chutes; and
2. Unplug non-essential equipment.

MEDICAL RECORDS: EVACUATION TASK LIST

1. Prepare resident medical records transport to the appropriate receiving facilities;
2. Assist nursing to obtain charting from each nursing station and provide them to the transporting nurse; and
3. In situations of planned evacuation to affiliated centers, centers follow a process to obtain/grant access to electronic medical records. Refer to the Planned Evacuation Process on for details.

RECEIVING CENTER: MEDICAL RECORDS

1. Place the Clinical Record at the appropriate nurse's station;
2. Make copies made of documentation from sending facilities, place the copies in a manila envelope marked "CONFIDENTIAL: Do Not Destroy". Place with the clinical record in the event of discharge of the resident. Send originals back to the sending center as soon as possible, and appropriate;
3. Without a waiver, patient information is permitted to be disclosed in accordance with the Privacy Rule and as noted in the center's Notice of Privacy Practices;
4. During an emergency, the center implements reasonable safeguards to protect patient information against impermissible uses and disclosures by applying administrative, physical and technical HIPAA Security Rule safeguards to electronic protected health information. Protected health information continues to be managed in a manner that is most likely to protect privacy and disclosures are limited to the minimum necessary to accomplish the purpose; and
5. During emergencies, the center monitors communications from U.S. Department of Health and Human Services and state and local regulatory agencies for additional guidance.

SURGE CAPACITY

1. External disaster expansion guidelines:

- a. In the event of an external disaster, this center may be used by local hospitals and other health care facilities to care for additional patients as space/staff permit;
- b. Unplanned admissions from an external disaster are completed in collaboration with:
 - i. External agencies;
 - ii. Healthcare providers;
 - iii. Administrator;
 - iv. DON;
 - v. Medical Director;
 - vi. Admissions Coordinator;
 - vii. Human Resources or Staffing Coordinator; and
 - viii. The CareLine.
- c. The center only accepts admissions within its scope of care unless directed by the local health authorities or a regulatory agency.
- d. If the center team determines it is experiencing a healthcare surge, the following guidelines are used to assess, prepare, and mobilize to meet the need for increased patient care capacity:
 - i. Transfer patients to other institutions in the region, state, or other states;
 - ii. Group like-patient types together to maximize efficient delivery of patient care;
 - iii. Convert single rooms to double rooms or double rooms to triple rooms, if possible;
 - iv. Designate units or areas of the facility for cohorting contagious patients or use these areas for healthcare providers caring for contagious patients to minimize disease transmission to uninfected patients;
 - v. Use cots, beds, or other sleeping surfaces in flat space areas (e.g., cafeterias, recreation areas, lounges, lobbies) for noncritical patient care;
 - vi. Beds should not be placed near windows, if possible and appropriate to the emergency, so as to avoid broken glass and protect patient privacy and security; and
 - vii. Determine whether additional staff, including State or Federally designated health care professionals and volunteers, may be used to address surge needs.
- e. The center identifies areas and spaces that could be opened and/or converted for use as patient treatment areas, such as activity rooms, dining rooms, rooms with unlicensed beds, or other unused center space. Areas are selected based on the intensity of the incident and the anticipated number of healthcare surge patients the center may receive. The identified areas are cleared of excess furniture and equipment as needed.

2. Roles and Responsibilities

- a. The Director of Nursing/Resident Care Director and Admissions Director determine bed availability and admission placement in collaboration with CareLine;
- b. The Medical Director is notified and is responsible for emergency physician coverage, if necessary;
- c. The DON/Resident Care Director evaluates nurse staffing needs;

- d. The Administrator/Designee and department heads are responsible for assuring adequate supplies and staff;
- e. The Administrator/Designee contacts area leadership, the law department and regulatory agencies, as necessary to obtain waivers for additional capacity;
- f. The Social Worker is responsible for notifying the residents' responsible parties of admission;
- g. Center staff coordinates admission, identification, assessment and care planning for new residents following established operational, clinical, and admissions policies and procedures. Exception would be when suspended or waived by management and/or in consideration of CMS, state agency and other regulatory guidance; and
- h. The center assumes responsibility for the care and services of residents admitted as the result of an emergency.

Refer to Appendix 13: Surge Capacity

EMERGENCY PHYSICIAN COVERAGE

The Medical Director is notified of all center-related emergencies having the potential for or currently requiring medical intervention.

DEPENDING ON THE CIRCUMSTANCES AND TYPE OF EMERGENCY, IT IS THE MEDICAL DIRECTOR'S RESPONSIBILITY TO:

1. Provide on-site and/or offsite assistance during an external or internal emergency;
2. Coordinate unplanned admissions resulting from external emergencies with the Director of Nursing;
3. Triage casualties; and
4. Obtain additional medical resources in collaboration with the Vice President/Senior Vice President of Medical Affairs.

INTERRUPTION OF NORMAL OPERATIONS

The Incident Commander may suspend or relax policies and procedures during an emergency. These decisions and the associated potential consequences are considered carefully. In making these decisions, the Incident Commander prioritizes essential operations that must continue to prevent compromise of resident care. All significant departures from established policy and procedures and this EPP must be approved by the Incident Commander, Regional, Divisional, and Corporate leadership.

CAPACITY FOR DECEASED RESIDENTS

1. This center plans for the potential handling and holding of deceased individuals if support from local emergency responders or other community resources is not immediately available;
2. Human remains
 - a. This center considers the following information in handling, processing, and storing human remains onsite on a temporary basis:
 - i. The center's normal capacity, if any, to store deceased individuals; including refrigeration capacity available to store human remains safely and separated from emergency food supply;
 - ii. Suitable areas on the center's periphery to store human remains without refrigeration;
 - iii. Equipment (ice-making, etc.) or materials/supplies needed (storage bags for ice, deodorizers, body bags, heavy duty plastic wrap, personal protective equipment (PPE), tarps, pallets, etc.) to provide temporary storage of human remains; and
 - iv. Ways to control and isolate temporary morgue provisions away from healthy center occupants (residents, staff, and visitors).
 - b. The Incident Commander makes decisions and provides direction regarding temporary storage of human remains, and contacts support services and the local EMS for assistance.
3. Documentation
 - a. The center documents information about deceased individuals on **NHICS Form 259: Master Center Casualty Report**.

RECOVERY AND RESTORATION

1. Post-emergency procedure
 - a. Immediately following the emergency, when it is safe to do so, the Incident Commander undertakes the following actions:
 - i. Coordinate recovery and restoration operations with area, division, region and corporate representatives, the Emergency Management Services (EMS), and other agencies with jurisdiction to restore normal operations.
 - ii. Provide local authorities with a master list of displaced, injured, or dead and notify next of kin/responsible party. ***Refer to NHICS Form 259 Master Facility Casualty Fatality Report***
 - iii. Advise personnel to dispose of any food/supplies suspected to be or actually contaminated or spoiled.
 - b. Inspection task list:
 - i. When it is safe to do so, the Incident Commander and the Maintenance Director, with support services as necessary, perform an initial damage inspection. **NOTE: If there is concern of structural damage, center staff do not enter the building. The following precautions are taken to avoid injury and damage:**
 1. Open doors carefully.
 2. Avoid the use of open flame in the event of fuel leakage, dampened electrical equipment, or flammable materials;
 3. Watch for falling objects or downed electrical wires. Do not touch downed electrical wires or objects touched by downed wires;
 4. Stay away from windows and/or glassed areas;
 5. Take pictures and document damage; and
 6. Arrange for cleaning services, including removal/clean up of spilled medications, drugs, and other potentially harmful materials following center policies and procedures. (Refer to: Safety and Health P&P SH800.)
 - c. When it is safe to do so, the Incident Commander and the Maintenance Director perform a utilities inspection. **The following precautions are taken to avoid injury and damage:**
 - i. If a natural gas smell is noticed, open windows and doors, shut off main gas valve, leave premises, and contact the Utility Provider **IMMEDIATELY**;
 - ii. If damage to wiring is suspected, do not use any appliances and shut off electrical power. Contact the Utility Provider and the contracted Electrical Contractor; and
 - iii. If damage to plumbing is suspected, check water outlets and sewage lines. Shut off the main water valve if damage is observed. Contact the Utility Provider and contracted Plumbing Contractor.
 - d. The Incident Commander reports all building, equipment, or utility damage to the MP;
 - e. Upon notification from the proper authorities, center support services and/or utility providers the emergency has been terminated or de-escalated, the Administrator oversees the orderly return of residents and staff;

- f. Before reoccupation of the building, a safety inspection of the center and surrounding areas, including the utilities delivery systems and HVAC units, is performed by the Incident Commander, the Maintenance Director, and regulatory agency(ies);
- g. Recovery and restoration is managed in consideration of best practices for infection control, including:
 - i. Frequent hand washing. If local water supply contaminated, use bottled water. If hands not visibly soiled – use alcohol-based hand rub;
 - ii. In response to flooding or water damage and when possible, cleaning out damaged areas within 24 to 48 hours to prevent mold growth;
 - iii. Cleaning, wearing rubber gloves, with a solution of approximately 1 cup bleach to each gallon of water, with open doors and windows for air circulation. (Bleach solution is not mixed with ammonia or other cleaners);
 - iv. Use of dust masks during activities that may stir up mold spores or excessive dust.
 - v. If applicable, following local officials’ instructions for use of bottled water. If instructed to boil water, boiling for at least a full minute before using it to cook, clean or bathe;
 - vi. Discarding all perishable food items that may have become contaminated or in contact with flood water including canned food;
 - vii. Treating wounds in accordance with routine infection control practices;

Note: Adapted from Becker’s Infection Control and Clinical Quality, “APIC: 6 tips for infection prevention after a hurricane” written by Brian Zimmerman, 8/29/17.
- h. After center reoccupation is considered safe, the Incident Commander and department leaders work to prepare the center to resume normal operations, and coordinate transportation and re-admission of residents;
 - i. After re-admission, the center re-establishes all essential services; and
 - j. After re-admission, the Incident Commander coordinates provision of crisis counseling for residents/patients, families, and staff as needed.

LOSS OF UTILITIES

1. Loss of electrical power
 - a. Back-up Power/Generators: Emergency lighting/power is provided in conformance with center policies and the state's Department of Health policies to maintain temperatures, provide emergency lighting, as well as for fire detection and extinguishing systems and sewage and waste disposal. The ability to obtain and maintain generator power is a factor in whether to evacuate or Shelter-in-Place;
 - b. The center follows multiple policies and procedures regarding infection control, hazardous waste, food handling and life safety that guide the center's sewage and waste control practices. The center will seek additional resources as necessary to meet sewage and waste disposal needs in accordance with current standards;
 - c. If this center has a generator, the emergency generator system will be inspected weekly by appropriate service location staff and annually by a qualified outside contractor or more frequently if required by state regulation. If this center maintains an onsite fuel source to power the emergency generator(s), the center has contracted with a vendor to supply fuel in an emergency to keep the emergency generator operational for the duration of the emergency.
 - d. Service Delays:
 - i. In the event electrical service is disrupted, flashlights are distributed throughout the center, prioritized as needed;
 - e. Extended Loss: If power is lost and expected to be disrupted for an extended period of time, assistance is requested from local agencies.
 - i. Center staff should consider the content of residents' personal refrigerators and advise residents accordingly;
 - ii. In the absence of power for the call bell/light system the center uses bells or other methods to alert staff to their needs.
 - iii. Loss of Utilities Alert:
 1. When appropriate and possible, the following announcement is made:
"Center Alert-We are activating Loss of Utilities protocols- (Describe loss of Power and Location). Please continue your duties and listen for further instructions."
 - iv. Provide instructions as necessary for the specific circumstances.
2. Air conditioning failure
 - a. Notify HVAC Company and report problem;
 - b. Monitor room temperatures. When the temperature of any resident/patient area reaches 81 degrees Fahrenheit for four (4) consecutive hours:
 - i. Open doors;
 - ii. Operate fans;
 - iii. Notify the Administrator or designee and the Medical Director;
 - iv. Make arrangements for transfer of residents/patients to other areas of the Center, or other facilities if necessary;
 - v. Monitor residents'/patients' temperatures every four (4) hours;
 - vi. Encourage fluids, begin intake and output records as necessary;
 - vii. Relocate residents/patients who are at risk of hyperpyrexia/over-heated;
 - viii. Observe residents/patients for symptoms of hyperpyrexia. Document findings.

- c. The center follows protocols for addressing significant changes in condition for residents with symptoms of hyperpyrexia.
3. Heating failure
 - a. Notify HVAC Company;
 - b. If the outside temperature goes below 30 degrees Fahrenheit, drain plumbing and put antifreeze in the toilets and sinks;
 - c. Monitor room temperatures. When the temperature inside the center remains at 65 degrees Fahrenheit, for four (4) consecutive hours:
 - i. Obtain and distribute blankets, covering hands, feet, and heads;
 - ii. Distribute warm soups, coffee, or tea to residents/patients;
 - iii. Notify the Administrator, DON, or designees;
 - iv. Notify the Medical Director;
 - v. Monitor and chart resident/patient temperatures every four (4) hours;
 - vi. Relocate residents/patients at high risk of hypothermia; and
 - vii. Observe residents/patients for symptoms of hypothermia. Document findings.
 - d. The center follows protocols for addressing significant changes in condition for residents with symptoms of hypothermia.
 4. Interruption of telephone service
 - a. Notify the telephone company and report disruption of service (use cellular or public telephone);
 - b. Evaluate all phones and fax lines in the Center to determine the extent of the disruption; and
 - c. During the disruption, the Incident Commander uses a cellular phone for emergent communication. Other available cell phones are used as needed with prioritization to avoid interruption to care and services.
 5. Loss of water supply
 - a. Notify the water division of the public utility department of the disruption of services;
 - b. If the water department advises services will be resumed promptly, all residents/patients and service areas will be informed and instructed to refrain from turning on water taps until supply is re-established. Nursing services are responsible for advising residents/patients of the situation;
 - c. If necessary, a minimum of the supply in hot water tanks and the emergency supply of water may be used. Contact may be made with the potable water supplier for additional water;
 - d. In the event of a disaster in the immediate area creating prolonged and/or indefinite disruption of water supply to the center, the Incident Commander attempts to obtain water for residents/patients. If adequate water is not available, the Incident Commander proceeds with evacuation; and
 - e. Prepare and handle disposal of human waste using supplies for containment and specific storage locations, and with use of PPE.

Refer to Appendix 14: Emergency Water Supply

Refer to Appendix 15: Utility Shut-Off Procedures

UTILITY, ELEVATOR & GENERATOR SYSTEM FAILURE

Failure	Contact	Action
Sewer drains backing up	Maintenance	Do not flush toilets or hoppers. Do not use equipment that sends water to drain. Be sure to turn off water except for drinking. If long-term outage expected, consider: Evacuation; Bath in a Bag; Accessible Portable Showers; and Accessible Portable Toilets
Water-sinks and toilets inoperative.	Maintenance	Use distilled or sterile water for drinking.
Fire sprinklers or alarm system inoperative.	Maintenance	Begin fire watch. Minimize fire hazards. NOTIFY LOCAL FIRE DEPARTMENT by calling 911
Water non-potable (not drinkable)	Maintenance	Water cannot be used for drinking, washing or cooking. Place "Non-Potable Water-Do Not Drink" signs at all drinking fountains and sinks. If a water shut-off valve is in place, turn off the water to the sink/drinking fountain. Use emergency water supply for drinking and cooking.
Elevator(s) out of service	Maintenance	Review fire and evacuation plans: modify plans if necessary. If people are trapped inside elevator, notify them help is on the way and call fire department. Notify elevator maintenance contractor.
Telephones	Maintenance	Use pay phones, cell phones, and runners as needed. Contact the phone company.
Electrical power (emergency generators working)	Maintenance	Ensure life support systems are on emergency power (red outlets). Distribute flashlights/glow sticks. Never plug generator into wall outlet. Keep generator dry. Allow generator to cool completely before refueling. Use only approved fuel containers. Monitor the generator for overheating. Always operate generators outdoors.
Generator and all electric systems failure	Maintenance Nursing	Use battery powered lighting (flashlights, etc.). Watch battery levels on all critical medical equipment. Implement transfer agreements for residents on critical medical equipment. Prepare center for evacuation
Nurse call system or resident alarms.	Maintenance Nursing	Establish visual resident monitoring rounds or surveillance. Call in additional staff if necessary.
Natural Gas outage or natural gas odor.	Maintenance	Open windows/ventilate area. Remove residents and employees from the area. Turn off gas equipment. Contact the gas company and the fire department.

BOMB THREAT

1. Center bomb threat guidelines for staff
 - a. Do not panic or act in such a way that causes panic to residents, family members, or other employees;
 - b. Do not hang up;
 - c. Notify other employees;
 - d. Have another employee contact 911 and alert authorities to threat;
 - e. The following announcement is made: **“Security Alert-We are activating Bomb Threat protocols- (Describe how the threat was received and Location). Please continue your duties and listen for further instructions.”**;
 - f. **Do not evacuate** the center until instructed to do so by the Incident Commander. This decision is generally based on advice from the police and/or fire department;
 - g. Restrict access to the center;
 - h. Close all doors; and
 - i. Escort visitors and residents to resident rooms where they remain with doors closed until an all-clear is given.
2. If the bomb’s location is mentioned in the threat:
 - a. Immediately remove any residents, visitors and staff from the area;
 - b. If you find an object out of the ordinary or appearing to be an explosive device, do not touch it and inform authorities of the object’s location;
 - c. Do not attempt to disarm, remove or disturb the potential explosive device; and
 - d. Report all suspicious activities to investigating authorities.
3. Potential explosives
 - a. **The center maintains a list of potential explosives to report to the fire/police departments. The potential explosives list:**
 - i. Identifies oxygen storage locations;
 - ii. Identifies fuel storage locations; and
 - iii. Identifies locations of any other potential explosives in the center.

Refer to Appendix 16: Potential Explosives List

4. After the threat is received:
 - a. As soon as possible after receiving the call, the receiver of the call documents all information relating to it, including the:
 1. Possible location and type of bomb;
 2. Time of detonation;
 3. Background noises (e.g., music, voices, etc.); and
 4. Voice quality (male/female), accents, or any speech impediments.
5. If a suspicious/explosive object is found:
 - a. Immediately contact the Incident Commander. The Incident Commander then contacts law enforcement to immediately report the object’s location. In the absence of immediate notification, center staff calls 911;
 - b. Do not touch the object; and
 - c. Follow the instructions of the bomb squad or local law enforcement officials who assume authority regarding object removal.

6. Law Enforcement and/or the Incident Commander initiates a partial or total evacuation as needed.
7. If a suspicious object is found without prior notification:
 - a. Call 911;
 - b. Report the exact location and description of the object;
 - c. Follow any instructions given to you at this time by law enforcement officers; and
 - d. Call Administrator, DON, or Designees.

BIOTERRORISM

1. Reporting requirements and contact information
 - a. Any employee recognizing chemical or biological exposure symptoms immediately notifies the Administrator/Designee/Incident Commander;
 - b. The Incident Commander immediately contacts 911 and area leadership;
 - c. Restrict building entrance and exit until cleared by authorities;
 - d. The Incident Commander contacts the Centers for Disease Control Bioterrorism Emergency Response Office at (770) 488-7100;
 - e. Employees promptly evacuate all persons from the affected area as instructed by the Incident Commander; and
 - f. As instructed by regulatory authorities, all building occupants remain on the premises until cleared and approved to exit.
2. Mail handling
 - a. The center follows general mail handling guidelines, including:
 - i. Opening all mail with a letter opener or method least likely to disturb contents;
 - ii. Opening letters and packages with a minimum amount of movement; and
 - iii. Center staff are advised not to blow into envelopes; or shake or pour out contents, and to keep hands away from nose and mouth while opening mail; and to wash hands after handling mail.
 - b. Observing for suspicious envelopes or packages such as:
 - i. Envelopes/packages with discoloration, strange odors or oily stains, powder or powder-like residue;
 - ii. Protruding wires, aluminum foil, excessive tape or string;
 - iii. Unusual weights for size, or lopsided or oddly shaped envelopes; and
 - iv. Poorly typed or written addresses, no return address, incorrect titles, misspelling of common words, a postmark not matching the return address, and restrictions such as "personal" or "confidential."
3. In Handling Suspicious Mail, staff should:
 - a. Stay calm and do not shake or empty contents of any suspicious package or letter;
 - b. Keep hands away from mouth, nose, and eyes;
 - c. Isolate package or letter and not carry or show to others, and cover gently with clothing, paper, inverted trash can; and
 - d. Not try to clean up any spills or walk through any spilled material;
 - e. Alert others in area and leave area, closing all doors;
 - f. Wash hands with soap and water;
 - g. Notify supervisor/designated responder who in turn calls 911, local FBI Field Office, area, division, region and corporate leadership;
 - h. Not allow anyone to enter the room until proper authorities arrive; and
 - i. List all people who were in the room or area when the package or letter was recognized. Give the list to the health and law enforcement officials.
4. Potential agents
 - a. Diseases with recognized bioterrorist potential and the agents responsible for them are described in Table 1. (Note: The Center for Disease Control does not prioritize these agents in any order of importance or likelihood of use.)

Table 1. Most Common Chemical and Biological Agent Used in Terrorist Attacks

Chemical Agents	Effects	Onset
Nerve Agents Tabun Sarin Soman GF, VX	Contraction of the pupils of eyes Watery discharge from nose Labored or difficult breathing Convulsions	Seconds to minutes
Blister Agents (Vesicants) Mustard Lewisite Phosgene Oxime	Skin redness Blisters Eye Irritation Blindness Labored or difficult breathing Coughing	Minutes to hours
Blood Agents Hydrocyanic Acid Cyanogen Chloride Arsine Methyl Isocyanate	Panting Convulsions Loss of consciousness Breathing stops - usually temporary in nature	Minutes
Choking Agents Phosgene Chlorine Ammonia	Tightness in the chest Coughing Labored or difficult breathing	Minutes to hours

Biological Agents	Effects Of Inhalation	Time From Exposure Until Symptoms Appear	Contagious?/Treatment
Anthrax	Fever Headache Fatigue Labored or difficult breathing Death if untreated	1 to 5 days	Not contagious, but spores can survive outside host for years. Treat with IV antibiotics for 30 days. Can also use vaccination which is effective only if begun before symptoms appear.
Botulism	Blurred vision Eyes sensitive to light Difficulty speaking Progressive paralysis Respiratory failure	1 to 5 days	Not contagious. Treat with supportive therapy. Antitoxin available from CDC.
Hemorrhagic Fever	High fever Low blood pressure Bleeding from mucous membranes Organ failure Death	4 to 21 days	Contagious: spread through body fluids. Treat with supportive therapy. Ribavirin for some viruses.
Plague	Fever Chills Headache Nausea Vomiting Pneumonia Septicemia/blood poisoning Death	2 to 3 days	Highly contagious by aerosol/droplet route. Medications available - Should be given within 8 to 24 hours of time symptoms begin.
Smallpox	Fever Severe fatigue Headache Backache Abdominal pain Blister-like skin lesions Death - 20 to 30% of those infected	7 to 17 days	Highly contagious by aerosol route or contact with pox scabs. Symptomatic treatment. Vaccine available through CDC.

NUCLEAR, RADIATION, OR HAZARDOUS CHEMICAL FALLOUT

1. In the event of a nuclear, radiation, or hazardous chemical fallout:
 - a. Notify Administrator or designee;
 - b. Contact the local health department or police if there is the belief exposure has occurred;
 - c. Tune radio to the local emergency broadcast station;
 - d. Alert center residents/patients, staff, and visitors and keep them informed of new developments. The following announcement is made:
 - i. **“Center Alert-We are activating Nuclear, Radiation or Hazardous Chemical Fallout protocols- (Describe Situation and Location). Please continue your duties and listen for further instructions.”** Provide instructions as needed.
 - e. Close all doors, windows, and drapes;
 - f. Move residents/patients to the hallways and close the fire doors;
 - g. In the event of hazardous chemical fallout, seal all openings to the outside air and block all outside air intakes;
 - h. Reassure residents/patients, visitors, and staff;
 - i. Evaluate the need to restrict entrance into the center in collaboration with Area leadership, division, region, state and local authorities;
 - j. Follow the direction of state and local authorities; and
 - k. If directed by local authorities, evacuate residents/patients per location Evacuation Plan.

Note: Facilities located in a Nuclear Emergency Planning Zone should follow the plan developed for their location.

FIRE EMERGENCY GUIDELINES

1. This center monitors potential fire risk. Any unsafe condition is reported to a supervisor immediately so corrective measures can be taken promptly.
2. In the event of a fire:
 - a. Extinguishers: Fire extinguishers are used in accordance with instructions.
 - b. Transport: Residents are transported to a safe area;
 - c. Staff Assignments: One person is assigned to wait outside the building to direct the fire department personnel to the area of the fire;
 - d. Evacuation: Residents are evacuated as necessary and according to the Evacuation Plan;
 - e. Staff ensure the Fire Lane is clear for emergency personnel and vehicles;
 - f. Staff use the census log, staff census/schedule, and visitor log to account for staff, residents and visitors;
 - g. Staff relocate wheeled equipment during fire or other emergency; and
 - h. Report fire incidents, death or serious bodily injury by phone to the state agency and others as required by state guidelines.
3. Fire response and announcement:
 - a. Upon discovering fire or smoke, center staff:
 - i. Remove residents from immediate danger according to evacuation guidelines
 - ii. Make the following announcement:
 1. **“Center Alert-We are activating Fire Emergency Protocols (Describe Situation and Location).”**
 - iii. Implement the R.A.C.E. program:
 1. **Rescue** Remove residents to at least 20 ft. from the threatened area, preferably on the opposite side of the closest fire door.
 2. **Alarm** Activate the closest fire alarm. Even though automatic alarms may be activated, contact the fire department by calling 911.
 3. **Confine** After removing endangered residents, close the door(s) of the threatened room or area. Close smoke/fire doors behind you as you go.
 4. **Extinguish/Evacuate** Assess the fire threat to either attempt to extinguish the fire or evacuate residents from the affected station. If the area is evacuated, check that all smoke/fire doors are properly closed. Block the bottom of the doors with sheets or towels to slow smoke penetration into the unaffected areas.
4. Fighting the fire:
 - a. **Call 911 for all fires;** and
 - b. If the fire is small, it may be extinguished by smothering (covering) with sheets or clothes, or by using a portable fire extinguisher.
 - i. Fire extinguishers are used only if the fire is small and there is no threat of endangering the user or other individuals;
 - ii. When using a portable extinguisher, staff are instructed to follow the “PASS” protocol: Pull, Aim, Squeeze, and Sweep:
 1. **Pull** the fire extinguisher pin;
 2. **Aim** the nozzle at the base of the flame;
 3. **Squeeze** the handle; and

4. **Sweep** the fire extinguisher back and forth at the base of the flame.
- iii. Staff are advised to make **one** attempt to extinguish a fire with a fire extinguisher. If first attempt is unsuccessful, staff should confine the fire area and evacuate the residents and staff.

SPECIAL CARE UNIT/RESIDENTS FIRE PROCEDURE:

Vent units, dialysis units, dementia units, bariatric patients, and hospice patients are subject to special consideration during a fire emergency due to a locked unit and acuity. Due to this consideration, this center has special procedures for addressing these specific patients' safety needs, as documented in Appendix 17.

Refer to Appendix 17: Special Care Unit Fire Procedure

AUTOMATIC SPRINKLER OR ALARM SHUT-OFF

When it becomes necessary to shut off the automatic sprinkler or fire alarm system in the building for any reason, it is the duty and responsibility of the Administrator/Designee to:

Inform the Fire Department that the sprinkler or alarm system has been shut off, the reasons for system shut off, and the approximate length of time the system will be off. Designate personnel to serve on fire watch for the period the sprinkler or alarm system is shut off.

Fire watch personnel tour the center at least every hour to check for fire or conditions that could result in fire. (The center follows local fire regulations requiring more frequent rounds to the extent that such regulations exist.)

Refer to:

Appendix 18: Fire Sprinkler Shut-Off Procedures

Appendix 19: Fire Alarm Reset Procedures

SECURITY PLAN

This center has established a security plan to help protect the safety of residents/patients, staff, and visitors.

1. Exterior building security
 - a. This center has a schedule for locking/unlocking of exterior doors during nighttime hours, including persons responsible; and
 - b. This center follows a schedule to inspect outdoor lighting adequacy.
2. Interior building security
 - a. This center's security plan includes, if applicable, a plan for stairwell protection. The plan may include descriptions of door security alarms/keypads and titles of persons responsible for updating/changing entry codes, use of cameras and camera monitoring protocols, or other processes used for stairwell protection.
 - b. This center's security plan includes a schedule to inspect indoor lighting adequacy.
 - c. The center's plan also contemplates resident-specific security needs, including:
 - i. Security measures for special units;
 - ii. Risk for resident elopement;
 - iii. Use of Electronic alarms systems; and
 - iv. Communication call bells.
3. Administrative controls for security
 - a. The center follows the communications protocols established in Section V of this plan as needed to address security issues.
 - b. The center's security plan describes the check-in procedures for visitors.

Refer to Appendix 20: Security Plan

INTERNAL OR EXTERNAL DISTURBANCES

1. For disturbances within the center, staff are advised to:
 - a. Approach the individual causing the disturbance (subject) and attempt to calm them down;
 - b. If the individual cannot be quieted, politely ask the subject to leave the center;
 - c. Call the police department for assistance if the subject does not cooperate; and
 - d. If the subject attempts to leave after the call is made, do not attempt to detain him/her. Call the police back and inform them of the current situation.
2. Under the influence
 - a. To protect the center, residents, visitors and personnel from being injured or offended by individuals under the influence of alcohol or narcotics, staff are advised to:
 - i. Inform the individual of your intention to call them a cab and have them leave the property;
 - ii. If the individual refuses to leave, call the police department; and
 - iii. If the individual is an employee, immediately notify their supervisor and Administrator.
3. External disturbances
 - a. Anyone detecting a civil disturbance or potential civil disturbance during normal business hours reports the situation to the Administrator and/or, after normal business hours, to the Manager on Duty (Incident Commander) who:
 - i. Assesses the situation (location of the disturbance, what the disturbers are doing, how many are there, etc.);
 - ii. Reports the situation to the police department immediately by dialing 911 and requesting assistance;
 - iii. Instructs staff to lock all building doors and windows and close all blinds and curtains in resident rooms;
 - iv. Instructs staff to move residents into their rooms and away from exterior windows and close room doors;
 - v. Instructs visitors to stay in the resident room(s);
 - vi. Monitors building access at all entrances to identify non-authorized persons attempting to enter the center. Unauthorized access/attempts at access to the center are immediately reported to 911;
 - vii. Relinquishes control of the situation, if established, to the police department/EMS upon their arrival; and
 - viii. When the disturbance has subsided or has been controlled, the Incident Commander surveys the affected areas and determine the need for additional assistance.

HOSTAGE SITUATION

1. If a hostage situation is identified, staff are advised to:
 - a. Immediately call 911 and explain the situation to the police and provide specifics such as the:
 - i. Subject's name or identifying information;
 - ii. Victim(s);
 - iii. Exact Location; and
 - iv. Known or suspected weapon(s),
2. Notify Administrator or designee as soon as possible and activate the Emergency Plan;
3. The following announcement is made: **"Security Alert-We are activating Hostage protocols- We have a Hostage situation (Location). Please listen for further instructions."** Provide further instructions as needed;
4. Evacuate the affected area per the location's Evacuation Plan, attempt to isolate the subject, and secure the perimeter;
5. Remain calm; follow the subject's directions;
6. If the subject is talking: listen; do not argue;
7. Avoid heroics: be aware not to make sudden movements; and don't crowd the subject; and
8. Be prepared to respond to law enforcement personnel regarding your observations and any additional information you may have involving the subject or victim.

ELOPEMENT: MISSING RESIDENT/PATIENT

1. If a resident/patient is discovered missing:
 - a. Communicate internal notification of missing resident/patient. The following announcement is made: **“Medical Alert: We are activating Missing Patient protocols. The resident was last seen at (location).” This alerts all staff that a formal search is underway. Repeat this message 3 times.;**
 - b. Begin a coordinated search throughout the building; search every room in the Center;
 - c. Search immediate grounds, supply flashlights and associated supplies; and
 - d. If the resident/patient is not found, the charge nurse/supervisor should:
 - i. Notify the Administrator and DON or designees;
 - ii. Call 911 and report the missing resident/patient;
 - iii. Notify responsible family member;
 - iv. Notify the resident’s/patient’s physician;
 - v. Notify the appropriate state and local agencies; and
 - vi. Supply resident’s/patient’s picture to police, etc.

Refer to Appendix 21: Elopement Drill Documentation Form

SEVERE WEATHER/NATURAL DISASTER

1. TORNADOES

- a. Tornadoes are violent local storms extending to the ground with whirling winds reaching 300 mph. Spawned from powerful thunderstorms, tornadoes can uproot trees, damage buildings, and turn harmless objects into deadly missiles in a matter of seconds. Damage paths can be in excess of one mile wide and 50 miles long. Tornadoes can occur in any state but occur more frequently in the Midwest, Southeast, and Southwest, with little or no warning.
 - i. Tornado Watch – Atmospheric conditions are right for tornadoes to potentially develop. Be ready to take shelter. Stay tuned to radio and television stations for additional information. NOTE: Multi-floor centers consider relocating non-ambulatory and dependent residents from the higher floors to the lowest floor.
 - ii. Tornado Warning – A tornado has been sighted in the area or is indicated by radar. Take cover immediately.
- b. Based on the results of the hazard vulnerability analysis, if this center is at risk for tornado, the center:
 - i. Consults Emergency Management officials regarding the tornado warning system;
 - ii. Monitors local media and alerts for tornado watches and warnings;
 - iii. Has established procedures to inform personnel when tornado warnings are posted and considers the need for spotters to be responsible for looking out for approaching storms;
 - iv. Educates staff on Areas of Refuge identified in Appendix 2;
 - v. Considers the amount of space needed during a tornado, including consideration adults each generally require about six square feet of space and nursing home residents may require more space;
 - vi. Identifies Areas of Refuge considering the best protection in a tornado is usually an underground area. If an underground area is not available, consider:
 1. Small interior rooms on the lowest floor without windows;
 2. Hallways on the lowest floor away from doors and windows;
 3. Rooms constructed with reinforced concrete, brick, or block with no windows or heavy concrete floor or roof system overhead; and
 4. Protected areas away from doors and windows. **Note: Auditoriums, cafeterias, and gymnasiums covered with flat, wide-span roofs are not considered safe.**
 - vii. Makes plans for evacuating personnel away from lightweight modular offices or mobile home buildings. These structures offer no protection from tornadoes;
 - viii. Conducts periodic tornado drills; and
 - ix. Reviews the Take Cover Procedure and instructs affected individuals to **Take Cover** inside the center in a safe area if necessary.
- c. Emergency procedure: Tornado Watch
 - i. The following announcement is made in the event of a Tornado Watch:
“Medical Alert. We are activating severe weather protocols. A tornado watch has been issued for this area effective until _____ (time watch

ends). A **tornado watch** means current weather conditions may produce a tornado. Close all draperies and blinds throughout the center and await further instructions. Please continue with your regular activities.”

- ii. The above message is repeated several times after the first announcement, and then approximately hourly until the **watch** has terminated;
 - iii. In accordance with this EPP, the Administrator and DON are notified if not on the premises. Additional center personnel are notified as needed;
 - iv. Center management convene together for instruction to be prepared for Shelter-in-Place/Take Cover procedures (described above);
 - v. The center team activates this EPP to manage the event. The most qualified staff member on duty at the time assumes the Incident Commander position.
 1. The Incident Commander monitors weather alerts on radio and television.
 - vi. Staff closes all window drapes and blinds;
 - vii. Staff distributes flashlights, towels, and blankets to staff and residents;
 - viii. First aid and medical supplies are secured and taken to central area for refuge;
 - ix. Staff secures outside furniture, trash cans, etc.;
 - x. After the **Tornado Watch** has been cancelled and the Incident Commander has determined the dangerous situation has passed, an announcement is made: **“All Clear, Repeat, All Clear”**; and
 - xi. The Incident Commander/Designee then accounts for residents, staff, and visitors.
- d. Emergency procedure: Tornado Warning
- i. The following announcement is made in the event of a Tornado Warning: **“Medical Alert. We are activating severe weather protocols. A tornado warning has been issued for our area. Immediately implement Take Cover procedures. Repeating—a tornado warning has been issued for our area. Immediately implement Take Cover procedures.”** ;
 - ii. The above message is repeated several times after the first announcement and then hourly until the **warning** has terminated;
 - iii. In accordance with this EPP, the Administrator and DON are notified if not on the premises. Additional center personnel are notified as needed;
 - iv. Center management convene together for instruction to be prepared for Shelter-in-Place/Take Cover/Evacuation procedures (described above);
 - v. The center team activates this EPP to manage the event. The most qualified staff member on duty at the time assumes the Incident Commander position;
 - vi. The Incident Commander monitors weather alerts on radio and television;
 - vii. First aid and medical supplies are secured and taken to central area for refuge;
 - viii. Upon hearing this announcement, all personnel follow the Shelter-in-Place/Take Cover procedures to provide for the safety of the residents, visitors, and themselves;
 - ix. After the Tornado warning is over and the Incident Commander has determined the dangerous situation has passed, an **“All Clear, Repeat, All Clear”** announcement is made to inform affected parties that the **Take Cover** situation has ended;
 - x. Upon issuance of the All Clear announcement, residents are taken back to their rooms; and

- xi. The Incident Commander/Designee then accounts for residents, staff, and visitors.

EARTHQUAKE PROCEDURE

Earthquake: An earthquake is a sudden, rapid shaking of the ground caused by the breaking and shifting of rock beneath the Earth's surface. This shaking can cause buildings and bridges to collapse; disrupt gas, electric, and phone service; and sometimes trigger landslides, avalanches, flash floods, fires, and huge, destructive ocean waves (tsunamis). Buildings with foundations resting on unconsolidated landfill, old waterways, or other unstable soil are most at risk. Buildings or trailers and manufactured homes not tied to a reinforced foundation anchored to the ground are also at risk since they can be shaken off their mountings during an earthquake. Earthquakes can occur at any time of the year.

Hazards Associated with Earthquakes: When an earthquake occurs in a populated area, it may cause deaths, injuries and extensive property damage. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related injuries result initially from collapsing walls, flying glass, and falling objects, or from people trying to move more than a few feet during the shaking. Some of the damage in earthquakes is predictable and preventable.

Aftershocks: Aftershocks are smaller earthquakes following the main shock and can cause further damage to weakened buildings. Aftershocks can occur in the first hours, days, weeks, or even months after the quake. Some earthquakes are actually foreshocks, and a larger earthquake might occur.

1. The following hazards ARE considered if an earthquake may have caused structural damage to the center:
 - a. Water system breaks: may flood basement areas;
 - b. Exposure to pathogens from sanitary sewer system breaks;
 - c. Exposed and energized electrical wiring;
 - d. Exposures to airborne smoke and dust (asbestos, silica, etc.);
 - e. Exposure to blood borne pathogens;
 - f. Exposure to hazardous materials (ammonia, battery acid, leaking fuel, etc.);
 - g. Natural gas leaks creating flammable and toxic environment;
 - h. Structural instability;
 - i. Insufficient oxygen;
 - j. Confined spaces;
 - k. Slip, trip or fall hazards from holes, protruding rebar, etc.;
 - l. Falling objects;
 - m. Fire;
 - n. Sharp objects such as glass and debris;
 - o. Secondary collapse from aftershock, vibration and explosions;
 - p. Unfamiliar surroundings;
 - q. Adverse weather conditions; and/or
 - r. Noise from equipment (generators/heavy machines)
2. In planning considerations for earthquakes, the center:

- a. Completes the HVA and determines the probability of an earthquake;
- b. Consults with Emergency Management officials regarding earthquake preparedness and response expectations;
- c. Identifies safe areas in the center; for example, under a sturdy tables or desks, against interior walls away from windows, bookcases, or tall furniture, considering that the shorter distance the center's occupants need to move to safety, the less likely occupants will be injured;
- d. Secures furniture, appliances and other large items in accordance with applicable requirements to help comply with safety compliance and reduce potential damage and injury;
- e. Uses NHICS Form 251, Center Systems Status Report, to assess the center following an earthquake;
- f. The findings from NHICS Form 251 assist the Incident Commander in determining if the center needs to be evacuated or if occupants can shelter-in-place following the initial earthquake;
- g. Trains staff, residents, and families on immediate response procedures to an earthquake including the steps to evacuate or shelter-in-place;
- h. Conducts drills to prepare staff and residents for earthquakes;
- i. Tracks costs associated with the earthquake's damage;
- j. Identifies primary and secondary communications systems;
- k. Prepares to address the psychological impact an earthquake can have on residents and staff; and
- l. If an immediate peril is identified like a gas leak, uncontrolled fire, or threat of building collapse, the center may immediately evacuate in accordance with the Evacuation Procedures described in Internal Responsibilities.

FLOOD/FLASH FLOOD/DAM FAILURE

Flood Watch: An announced Flood Watch indicates local flooding is possible. To the extent practicable, the center team listens to the local radio and television stations for information and prepares to evacuate.

Flood Warning: An announced Flood Warning indicates flooding is already occurring or will occur soon. The center team takes precautions immediately after being made aware of this warning. Center teams prepare to move to higher ground and evacuate.

1. Planning considerations for floods:
 - a. The risk of flood is assessed in the Appendix 1: Hazard Vulnerability Assessment. If flood is a probable risk, the center:
 - i. Considers purchasing a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup, and staff listens for flood watches and warnings;
 - ii. Reviews the local community's emergency plans and becomes familiar with the planned evacuation routes and areas of higher ground;

- iii. Inspects onsite areas potentially subject to flooding and onsite areas to which records and equipment could be moved making plans to move records and equipment as needed;
- iv. Reviews the center insurance coverage for flooding;
- v. Undertakes flood proofing measures, as necessary. These measures include:
 - 1. Installing watertight barriers, called flood shields, to prevent the passage of water through doors, windows, ventilation shafts, or other openings;
 - 2. Installing watertight doors;
 - 3. Constructing movable floodwalls; and
 - 4. Installing pumps to remove flood waters.
- b. Note: The center may undertake other emergency flood proofing measures generally less expensive than those listed above but require substantial advance warning. They include:
 - i. Building walls with sandbags;
 - ii. Constructing a double row of walls with boards and posts to create a “crib,” then filling the “crib” with soil; and/or
 - iii. Constructing a single wall by stacking small beams or planks on top of each other.
- c. The center evaluates the need for backup systems, such as:
 - i. Portable pumps to remove flood water;
 - ii. Alternate power sources such as generators or gasoline-powered pumps; and
 - iii. Battery-powered emergency lighting.
- 2. Emergency procedure: flooding general procedures
 - a. In the event of an expected flood, the following announcement is made:
 - i. **“Medical Alert-We are activating severe weather protocols. A flood/flash flood watch or warning has been issued for this area effective until _____ (time watch ends). A flood watch means that current weather conditions may produce flooding. A flood warning indicates flooding is occurring in the area. Please await further instructions.”** The center provides additional instructions as known and necessary.
 - ii. Administrator and DON are notified if not on the premises;
 - b. Center staff accounts for all residents and staff members;
 - c. Center management staff convene together for a briefing and instruction;
 - d. The Incident Commander activates this plan to manage the incident. (The most qualified staff member on duty at the time assumes the Incident Commander position);
 - e. The Incident Commander decides whether to flood proof (see above) or evacuate based on geographical location and history of flooding of the center as well as the results of the evacuation analysis discussed above. If evacuation is necessary, the evacuation processes described above are followed; and
 - f. The situation is only deemed “under control” after the local authorities have concluded emergency operations and the Incident Commander has declared the situation “safe.”
- 3. **EMERGENCY JOB TASKS: FLOODING**
- 4. Administrator/Incident Commander:
 - i. Determine to flood proof the center or evacuate;

- ii. If decision is to evacuate, use the evacuation procedures described above; and
 - iii. Account for residents, staff, and visitors.
- b. All Staff/Management:
- i. Assist with flood proofing the center if necessary.

HURRICANES, TROPICAL STORMS AND FLOODING

This center consults with Emergency Management Office to determine flood zone and hurricane evacuation zones, and monitors flood watches and warnings. (Note: Wind damage from a hurricane can necessitate evacuation even if there is no threat of flooding from the storm surge.)

If hurricane or tropical storm warnings are issued for the area, the center team makes plans to protect outside equipment and structures, and follows guidance from the EMS regarding evacuation and other precautions. The center also makes and implements plans to protect windows, such as by use of permanent storm shutters or installation of window covers.

The center also considers and implements backup systems as needed, such as portable pumps to remove flood water and alternate power sources, such as generators or gasoline-powered pumps.

1. Hurricane and tropical storm threat and watch center procedures
 - a. Local authorities issue a “*Watch*” when a hurricane or tropical storm is expected to hit within 36 hours. The center then makes the following announcement is:
 - i. “**Medical Alert: We are activating severe weather protocols. A hurricane/tropical storm watch has been issued for this area effective until _____ (time watch ends).**”
 - b. After the announcement, each department leaders contacts their staff and creates a schedule of employees to work during the emergency. Staff is scheduled to work:
 - i. Before the storm strikes;
 - ii. During the storm; and
 - iii. After the storm.
 - c. The Incident Commander alerts alternate care facilities and transportation providers of the potential evacuation; and
 - d. The Incident Commander and center team considers resident acuity/status, infection control precautions in determining transportation needs. (Refer to the procedures above regarding Shelter-in-Place or Evacuation.)

PANDEMIC INFLUENZA

EPIDEMIC GENERAL STATEMENT

The leadership team (Administrator, DON/Resident Care Director, and Center Medical Director) complete the Epidemic Preparedness Checklist. If there is an outbreak in the center, the leadership team directs activities.

EPIDEMIC GUIDELINES

1. When an epidemic is declared, follow instructions from clinical leadership to implement the following:
 - a. If a severe staffing shortage is apparent, deploy alternative staffing and implement altered standards of care;
 - b. Implement use of the Daily Symptom Screening Form for all new admissions, re-admissions, staff, visitors, and vendors; and
 - c. Make provisions to accommodate overcrowding.
2. Refer to:
 - a. Epidemic Preparedness Checklist
 - b. Influenza Preparedness Plan PowerPoint (on Central)
 - c. Altered Standards of Care
 - d. Daily Symptom Screening Form
 - e. Outbreak Intervention Tiers for Influenza and Gastroenteritis (on Central)
3. General guidelines
 - a. Residents with symptoms of or confirmed with targeted epidemic illness should remain in their rooms. Limit transport to medically necessary purposes;
 - b. Place a sign stating "Stop-See Nurse Before Entering/For Instructions" on the door;
 - c. If there is a widespread outbreak of residents with targeted epidemic illness, or symptoms of influenza, use existing partitions (smoke doors, separate floors) to establish restricted entrance areas in the building furthest away from common areas used by residents and staff;
 - d. Label the area as "Stop-See Nurse Before Entering/For Instructions" on the entrances to the area;
 - e. Allow serial use of N95 disposable respirators within this area to conserve respirators/masks if the respirator/mask supply is in question;
 - f. Place a surgical mask on residents with influenza or other respiratory illness symptoms who are required to be moved out of the restricted area or their rooms;
 - g. Instruct visitors:
 - i. To limit movements within the building;
 - ii. On limiting hand contact with surfaces in the center; perform hand hygiene after surface contact;
 - iii. On respiratory hygiene/cough etiquette; and
 - iv. On hand hygiene before entering and when leaving the resident room and with any resident contact.
 - h. Perform hand hygiene immediately after removing mask or respirator or any PPE;
 - i. Treat all excretions, secretions and body fluids as potentially infectious; and

- j. Wash hands with soap and water if hands visibly soiled or caring for resident with C. diff or any gastrointestinal infection or use an alcohol-based hand gel.

EMERGING INFECTIOUS DISEASES

1. Definition: Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:
 - a. New infections resulting from changes or evolution of existing organisms;
 - b. Known infections spreading to new geographic areas or populations;
 - c. Previously unrecognized infections appearing in areas undergoing ecologic transformation; and
 - d. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures
2. General Preparedness for Emergent Infectious Diseases (EID)
 - a. Center leadership will be vigilant and stay informed about Emerging Infectious Diseases (EID) with the assistance of Corporate and Divisional Clinical leaders. They will keep Divisional administrative and clinical leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.
3. Local Threat
 - a. Once notified by the public health authorities at either the federal, state and/or local level the EID is likely to or already has spread to the center's community, the center activates specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities;
 - b. The center's Infection Preventionist (IP), with assistance from the National Infection Prevention and Control Team as needed, researches the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies;
 - c. Based on the specific disease threat, the center reviews and revises internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated;
 - d. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing;
 - e. If EID is spreading through an airborne route, then the center activates its respiratory protection plan (refer to GHC Policy and Procedure SH408 Respiratory Protection Program) to ensure employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure;
 - f. Provide residents and families with education about the disease and the care center's response strategy at a level appropriate to their interests and need for information;
 - g. Brief contractors and other relevant stakeholders on the center's policies and procedures related to minimizing exposure risks to residents;
 - h. Post signs regarding hand hygiene and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the center along with the instruction that anyone who is sick must not enter the building; and

- i. To ensure that staff, and/or new residents are not at risk of spreading the EID into the center, screening for exposure risk and signs and symptoms may be done, if possible, prior to admission of a new resident and/or allowing new staff persons to report to work.
4. Self-screening:
 - a. Staff will be educated on the center’s plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
 - i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health;
 - ii. Precautionary removal of employees who report an actual or suspected exposure to the EID;
 - iii. Self-screening for symptoms prior to reporting to work; and
 - iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
5. Self-isolation:
 - a. In the event there are confirmed cases of the EID in the local community, the center may consider closing the center to new admissions, and limiting visitors based on the advice of local public health authorities.
6. Environmental cleaning: The center follows current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
 - a. Engineering controls: The center uses appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.
7. Instructions to manage suspected case(s) in the care center:
 - a. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation/precaution room and notify local public health authorities;
 - b. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible. Resident to wear mask during the transfer;
 - c. If the suspected infectious person requires care while awaiting transfer, follow center policies for isolation/precaution procedures, including all recommended PPE for staff at risk of exposure;
 - d. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE;
 - e. If feasible, ask the isolated resident to wear a mask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated resident unless it advised otherwise by public health authorities;
 - f. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation/precaution room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC;

- g. Implement isolation/transmission-based precautions (TBP) procedures in the center (isolation/TBP rooms, cohorting, cancelation of group activities and social dining) as described in the center's infection prevention and control plan and/or recommended by local, state, or federal public health authorities; and
- h. Activate quarantine (separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

ARMED INTRUDER GENERAL GUIDELINES

In situations in which there is lead-in time to a potential armed intruder violence threat against the center, the center management team discusses actions to be taken by the center and questions to ask the intruder.

1. During an armed intruder event, the center follows steps, when possible, staff will determine which of the “Four Outs” will be the best for their survival:
 - a. “Get Out”: Identifying current residents, visitors and staff for potential exit from the center. Individuals will proceed to exit the building until they find a safe place. (This is the best choice if staff can safely do so.);
 - b. “Lock Out”: Identifying if residents, visitors and staff could be protected by potentially locking them in the center, preventing entry by the intruder. Individuals will get behind a locked or barricaded door. This action is the next best choice and if it is safe to do so, the best way to protect residents from becoming a victim;
 - c. “Hide Out”: Identifying current residents, visitors, staff and locations for potential concealment within the center. Staff will hide in inconspicuous places in the center. Staff can help residents by hiding them in plain sight (e.g. Put extra linens on a resident’s bed when the resident is bed-ridden; or
 - d. “Take Out”: Establishing a plan to stop the armed intruder’s activities. Staff will use diversions and weapons of opportunity to take out the Armed Intruder. When considering a takeout plan, if there are several people, use diversions and make a plan to gang up on the Armed Intruder.
2. In addition, a staff member calls 911 when safe to do so. Gives the 911 operator specific details to aid in law enforcement's response to the event. Uses a center phone even if just to leave an open line to the 911 operator;
3. The fire alarm is not pulled/activated; and
4. Refer to the Armed Intruder Training and associated Armed Intruder Table Top Exercise for more information on the center’s plan and practices used to manage these emergencies.

WINTER STORMS

Background

Winter storms are often an underestimated threat. For the frail elderly, the single greatest threat posed by winter is the loss of body heat. Normal aging is accompanied by a decline in the ability to thermo-regulate. Chronic ailments and acute injuries exasperate the ability to self-regulate body temperature. In fact, fifty percent of cold-related injuries happen to individuals over the age of 60.

1. Preparing for the Storm

a. Before the snow begins:

- i. All departments must inventory existing supplies and order low supplies prior to snowfall;
- ii. Generator fuel must be checked and generator test run. If your generator uses diesel or propane, the tank should never fall below ½ tank fill level at any time; and
- iii. Snow blower fuel must be checked and test run.

b. After snow has started to fall:

- i. Parking lot entrance, fire lane and all facility exits must be kept clear;
- ii. Fire hydrants are to be kept accessible at all times; and
- iii. Areas for ambulances and supply vehicles take priority over parking areas.

2. Winter Hazard Communication

a. The National Weather Service issues outlooks, watches, warnings, and advisories regarding potentially hazardous winter weather:

- i. Outlook: this is essentially a forecast, informing the public winter storm conditions are possible in a 2 to 5 day timeframe. Actions at this time are to monitor local media for weather condition updates;
- ii. Advisory: winter weather conditions are expected and could cause significant inconvenience and could potentially create hazardous conditions. However, if one is prepared and cautious, advisory conditions should not be life threatening;
- iii. Watch: winter storm conditions are possible within a 36 to 48-hour window. Begin preparations; and
- iv. Warning: potentially hazardous winter weather is occurring or will occur in 24 hours.

3. Wind Chill

- a. Wind chill can be a significant problem. Exposure to cold can lead to frostbite or hypothermia. The elderly are highly susceptible. Regardless of whether the temperature is 32F or -32F, cold has the same effect. Wind chill is not the actual air temperature, but is the impact of the combination of wind and cold upon exposed skin. Moving air conducts heat away from the body faster.

Wind Chill Chart

Adapted from the National Weather Service, Originally Published 11/01/01.

Temperature across top, wind speed down left side.

Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times

	30 Minutes
	10 Minutes
	5 Minutes

1. Response to wind chill

- a. To ensure residents do not suffer from exposure to cold, consider the following:
 - i. Providing extra attention to residents who wander or are at risk for elopement;
 - ii. Clothing in loose-fitting layers and an insulated head covering, even indoors;
 - iii. Attempt to ensure that residents remain dry;
 - iv. Should a person succumb to cold, warming the person slowly, starting with the body core. Do not start warming with the arms and legs, as this will drive cold blood toward the heart which can trigger heart failure. Change the resident into warm, dry clothing and then cover them with a blanket. Avoiding providing alcohol, coffee, or any other hot beverage or food. Discuss administration of medications with the attending provider;
 - v. Providing high calorie foods and snacks for staff and residents;
 - vi. Providing extra blankets. (If possible, hypo-allergenic blankets should be used. Residents who wish to use their own wool blankets or quilts with other natural fibers should be allowed to do so, but they should not be allowed to share these items as other residents may be allergic to the natural fibers); and
 - vii. Monitoring residents and increasing hydration activities; increased clothing and use of blankets may increase sweating. Dry air associated with extremely cold weather may also lead to residents dehydrating faster.

2. If the heating system suffers a significant mechanical failure during cold weather, consider evacuation;
3. Residents on medical oxygen should be given alternate safe means of staying warm and should be kept away from any potential source of ignition; and
4. Evacuation under icing conditions is not a good idea. Be prepared to shelter in place in winter.

Refer to Loss of Utilities Heating Failure if center heat is compromised.

1135 WAIVERS

1. In the event a major disaster or public health emergency is declared by the Secretary, the facility reserves the right to request a waiver in accordance with section 1135 of the Social Security Act, and by which certain statutory requirements and or services may be modified or waived during the duration of the emergency;
2. Under the waiver the role of the facility in the provision of care and treatment at an alternate care site identified by emergency management officials is such that sufficient services and healthcare items will be provided to the maximum extent feasible and in part, modifies requirements that physicians and other healthcare professional hold licenses in the State in which they provide services if they have a license from another State (and are not affirmatively barred from practice in that State or any State in the emergency area).

VOLUNTEERS

The Center may use volunteers in an emergency or other emergency staffing strategies as necessary to provide for the care and treatment of patients. The Center collaborates with the local Emergency Management Services and state or federally designated health care professionals to address surge needs during an emergency. Involvement of volunteers in management of emergencies is addressed in this EPP.

1. The Administrator/Designee determines involvement, appropriate tasks and roles of volunteers;
2. In advance of a crisis or disaster situation, the center works to ensure staff members, contractors, volunteers, physicians, residents, family members, and the community-at-large understand the center has developed a relationship with local emergency responders as well as the local Emergency Management Services to plan for, prepare for, respond to, and recover from such situations;
3. Staff are monitored through use of the staffing schedules (updated as needed).
4. Volunteers, visitors, and others are monitored using the visitor log (typically kept in the reception area);
5. The center maintains current information all center personnel and volunteers with addresses and phone numbers for contact purposes; and
6. The Incident Commander/designee coordinates with center department heads to determine staff/volunteer resources needed both for onsite needs and in the event staff is needed in alternate locations. Trained volunteers are permitted to transport, move and assist residents if necessary.

Refer to Exhibit 8. NHICS Form 523, Volunteer Staff Registration.

ANNUAL REVIEW AND SIGN-OFF

1. The Safety Excellence Team and the Administrator reviews and approves this manual and associated appendices and supporting documentation:
 - a. Prior to implementation;
 - b. After regulatory updates;
 - c. If new hazards are identified or existing hazards change;
 - d. After tests, drills, or exercises, if issues requiring corrective action have been identified;
 - e. After actual disasters/emergency responses;
 - f. After infrastructure changes;
 - g. At each update or revision; and
 - h. At least annually.
2. Staff Training
 - a. All staff are trained and demonstrate competency during orientation and annually with materials based on this Emergency Preparedness Plan and corresponding policies and procedures. The center maintains electronic and/or written documentation of training. Administrators must ensure training is completed as required.
3. Staff Testing: Exercises, Drills and Simulations
 - a. This center conducts internal and external training exercises, drills, and simulations **at least annually and in accordance with applicable local, state, and federal guidelines**. This training is discussed further in the center's Emergency Preparedness Compliance Guide.
 - i. This center participates in full-scale, community-based exercise or, when a community-based exercise is not accessible, an individual, facility-based exercise.
 - ii. This center conducts an additional exercise that may include, but is not limited to the following:
 1. a second full-scale community-based exercise or individual,
 2. a facility-based full scale exercise, or
 3. a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.
 - iii. If this center has experienced an actual natural or man-made emergency requiring activation of the emergency plan, the center will not need to participate in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the event; and
 - iv. The center documents completion of these activities. This documentation includes an analysis of the center's response to the exercise and emergency events, and revises this Emergency Preparedness Plan as needed.
 - b. Exercises, drills, and simulations are used to practice emergency procedures and to identify concerns prior to a crisis or disaster situation;
 - c. Drill evaluation are be conducted on different levels of management within the center;
 - d. Drill evaluations are not confined to routine fire or evacuation drills;

- e. Drill evaluations are used to verify planning, response, and recovery programs are in place for the center;
- f. Outside resources, including local emergency responders/support services, are invited to periodically participate in, observe, and evaluate internal exercises, drills, and simulations; and
- g. Exercises, drills, and simulations are documented to include:
 - i. Who participated;
 - ii. Concerns identified;
 - iii. Corrective actions taken to correct deficient areas; and
 - iv. Reports of such activities are retained within the center per state and federal regulations.

Refer to:

Appendix 24: Annual Review and Sign-off

STATE AND LOCAL REQUIREMENTS

The center may be required to follow more stringent state and local regulations than guided within this manual. As such, additional regulations are analyzed and complied with as necessary.

Refer to:

Appendix 25: State and Local Requirements

POLICIES AND PROCEDURES LINKS

Corporate Policies and Procedures

[Emergency Preparedness](#)

[Emergency Preparedness: Evacuation and Waivers](#)

[Emergency Preparedness: Medical Records](#)

[Emergency Preparedness: Shelter in Place](#)

[Emergency Preparedness: Supplies](#)

[Significant Events Reporting](#)

Food and Nutrition Services Procedures

[Food Service Emergency Plan \(P&P 6.3\)](#)

[Food Service Emergency Procedures \(P&P 6.4\)](#)

Omnicare LTC Pharmacy Services

[LTC Facilities Receiving Pharmacy Products and Services from Pharmacy](#)

[Relocation of Residents or Pharmacy Services During an Emergency or Disaster](#)

Center Operations

[OPS100 Accidents/Incidents](#)

[OPS142 Transfer Agreements](#)

[OPS161 Facility Assessment](#)

[OPS164 Utilization of Outside Resources during an Emergency](#)

Preventative Maintenance Policies and Procedures

[Emergency Generators](#)

Safety and Health Policies and Procedures

[SH100 Safety Management Program](#)

[SH601 Personal Protective Equipment](#)

[SH602 Personal Protective Equipment: Assessment of](#)

[SH604 Procurement and Distribution of Respirators: Airborne Illness](#)

FEDERAL DEFICIENCIES (ETAG) CROSSWALK

Provided as reference. Users are strongly encouraged to refer to Genesis Central for up to date policies and procedures and to search for key words within this document and on Central for additional information.

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0001	Establishment of the Emergency Program	Corporate P & P 1.22, Emergency Preparedness	Completed EPP (Full Plan) Completed EP Compliance Guide Appendices
E-0004	Development Maintain EP Program	Same as above	Same as above
E-0006	Maintain and Annual EP Updates	Same as above	Same as above
E-0007	EP Program Population	Center Operations P & P OPS 161 Facility Assessment	EPP Appendix 23. Description of Center Patient/Resident Population
E-0009	Process for EP Collaboration	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	References to collaboration throughout EPP
E-0013	Development of EP Policies and Procedures	Refer to Links Above	Refer to Links Above
E-0015	Subsistence Needs for Staff and Patients	Refer to Links Above	References throughout EPP
E-0018	Procedures for Tracking of Staff and Patients	Corporate P & P 1.22, Emergency Preparedness	Refer to Exhibit 3 and Exhibit 7 NHICS Forms 255 and 252 and references to these forms in the EPP
E-0020	Policies and Procedures including evacuation	Refer to Links Above	References to Evacuation throughout EPP
E-0022	Policies and Procedures for Sheltering	Corporate P & P 1.31, Emergency Preparedness: Sheltering in Place	References to Sheltering in Place in EPP
E-0023	Policies and Procedures for Medical Documents	Corporate P & P 1.30, Emergency Preparedness: Medical Records	Refer to Section LL, Receiving Center: Medical Records

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0024	Policies and Procedures for Volunteers	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	Refer to Section XXIX. Volunteers and Exhibit 8, N HICS Form 523, Volunteer Staff Registration
E-0025	Arrangement with Other Facilities	Center Operations P & P OPS142 Transfer Agreements and OPS 164 Utilization of Outside Resources During an Emergency	Refer to Section VI.D. D. Administrator (OR DESIGNEE) ALL EMERGENCIES and Appendix 9, Transfer Agreements
E-0026	Roles under a Waiver Declared by the Secretary	Center Operations P & P OPS163 Utilization of Outside Resources during an Emergency	Refer to Section XXVIII. 1135 WAIVERS
E-0029	Development of Communication Plan	Corporate P & P 1.22, Emergency Preparedness	Refer to section V. COMMUNICATION PLAN and associated exhibits
E-0030	Names and Contact Information	Corporate P & P 1.22, Emergency Preparedness	Refer to Appendix 3: Center Administrative/Staff Contact List
E-0031	Emergency Contact Information	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	Appendix 7: Emergency Resources and Contacts
E-0032	Primary/Alternate Means of Communication	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. COMMUNICATION PLAN
E-0033	Methods of Sharing Information	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. COMMUNICATION PLAN and Appendix 7: Emergency Resources and Contacts as well as references to evacuation and medical records throughout the EPP

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0034	Sharing Information on Occupancy/Needs	Corporate P & P 1.22, Emergency Preparedness, Center Operations P & P OPS 142 Transfer Agreements	Refer to Section VII, SURGE CAPACITY and Appendix 13, Surge Capacity, and Refer to Section VI.D. D. Administrator (OR DESIGNEE) ALL EMERGENCIES and Appendix 9, Transfer Agreements
E-0035	LTC and ICF/IID Family Notifications	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. Communication Plan and Section III. General Guidelines, D. Notification of Plan
E-0036	Emergency Prep Training and Testing	Corporate P & P 1.22, Emergency Preparedness	Refer to Section XXX. Annual review and Sign Off and the Emergency Preparedness Compliance Guide
E-0037	Emergency Prep Training Program	Corporate P & P 1.22, Emergency Preparedness	Vital Learn Reports and Completed Attestations; refer to Emergency Preparedness Compliance Guide
E-0039	Emergency Prep Testing Requirements	Corporate P & P 1.22, Emergency Preparedness	Refer to Section XXX. Annual review and Sign Off and the Emergency Preparedness Compliance Guide
E-0041	LTC Emergency Power	Preventative Maintenance P & P 2.0, Emergency Generators	Refer to Section XII, Loss of Utilities, Appendix 2, Building Construction and Safety, and Appendix 15, Utility Shut Off Procedures
E-0042	Integrated Health Systems	Not Applicable	Not Applicable

PLAIN LANGUAGE EMERGENCY NOTIFICATION SCRIPT

TAKE COVER

“Attention all staff, there is an immediate situation requiring all occupants to Take Cover. Please initiate the Take Cover Procedure.”

“All Clear, Take Cover is over” is then paged to signal the Take Cover situation has ended.

LOSS OF UTILITIES

“Facility Alert-We are activating Loss of Utilities protocols- (Describe loss of Power and Location). Please continue your duties and listen for further instructions.”

BOMB THREAT

“Security Alert-We are activating Bomb Threat protocols- (Describe how the threat was received and Location). Please continue your duties and listen for further instructions.”

NUCLEAR, CHEMICAL, OR RADIATION FALLOUT

“Facility Alert-We are activating Nuclear, Radiation or Hazardous Chemical Fallout protocols- (Describe Situation and Location). Please continue your duties and listen for further instructions.”

FIRE

“Facility Alert-We are activating Fire Emergency Protocols (Describe Situation and Location).”

INTERNAL OR EXTERNAL DISTURBANCE

“Security Alert- We have a disturbance (Location). Please listen for further instructions.”

HOSTAGE/ARMED INTRUDER SITUATION

“Security Alert-We are activating Hostage/Armed Intruder protocols- We have a Hostage/Armed Intruder situation (Location). Please listen for further instructions.”

ELOPEMENT

“Medical Alert-We are activating Missing Resident protocols- The Resident was last seen (location).”

TORNADO WATCH

“Medical Alert-We are activating severe weather protocols- A tornado watch has been issued for this area effective until _____ (time watch ends).” (Repeated after five (5) minutes and then hourly until the watch has terminated.)

TORNADO WARNING

“Medical Alert-We are activating severe weather protocols- A tornado warning has been issued for our area. Immediately implement Take Cover procedures. Repeating—a tornado warning has been issued for our area. Immediately implement Take Cover procedures.” (Repeated after five (5) minutes and then hourly until the warning has terminated)

FLOOD WATCH OR WARNING

“Medical Alert-We are activating severe weather protocols- A flood/flash flood watch or warning has been issued for this area effective until _____ (time watch ends).”

HURRICANE WATCH OR WARNING

“Medical Alert-We are activating severe weather protocols- a hurricane/tropical storm watch has been issued for this area effective until _____ (time watch ends).”

GENERAL ALL CLEAR ANNOUNCEMENT

“All Clear, Repeat, All Clear”

Emergency Preparedness Plan (EPP) List of Appendices

- Appendix 1: Hazard Vulnerability Analysis (HVA)
- Appendix 2: Building Construction and Life Safety
- Appendix 3: Center Administrative/Staff Contact List
- Appendix 4: Emergency Operation Center Designation
- Appendix 5: Area Administrative Staff Contact List
- Appendix 6: Company Contacts
- Appendix 7: Emergency Resources and Contacts
- Appendix 8: Additional Resources
- Appendix 9: Transfer Agreements
- Appendix 10: Short-term Evacuation Plan
- Appendix 11: Triage of Casualties
- Appendix 12: Emergency Supplies and Location of Critical Equipment
- Appendix 13: Surge Capacity
- Appendix 14: Emergency Water Supply
- Appendix 15: Utility Shut-off Procedures
- Appendix 16: Potential Explosives List
- Appendix 17: Special Care Unit Fire Procedure
- Appendix 18: Fire Sprinkler Shut-Down Procedures
- Appendix 19: Fire Alarm Reset Procedures
- Appendix 20: Security Plan
- Appendix 21: Elopement Drill Documentation Form
- Appendix 22: Succession Plan
- Appendix 23: Description of Center Patient/Resident Population
- Appendix 24: Annual Review and Sign-Off
- Appendix 25: State and Local Requirements
- Appendix 26: Insertions from Compliance Guide Completed Tasks

Appendix 1: Hazard Vulnerability Analysis (HVA)

Instructions

Evaluate each event type using the hazard specific scale, using an all-hazards approach that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address a wide spectrum of emergencies/disasters.

Event Type

This column includes the event, risk or disaster you are assessing. Additional events may be added and evaluated in the Assessment; use the blank lines for these items.

Probability

Rate the probability of the risk occurring on a scale of zero (event will not occur) to 3 (event is very likely to occur). To rate the probability of an event occurring, at a minimum consider the known risk of the event occurring based on historical data and manufacturer/vendor statistics.

- Scale: How often has the event occurred within the last year to 10 years?
 - There is no likelihood of this event occurring in this setting/area (i.e., volcano). = score of 0 (no additional entries are required for this event type)
 - Event has not occurred in the past 10 years = score of 1
 - Event occurs every 3 to 10 years = score of 2
 - Event occurs approximately every 1 to 3 years = score of 3

Note: The Probability of human events (i.e., workplace violence, mass casualties) can never be assessed with a probability score of 0. These types of events have the score of 0 identified as N/A in the HVA.

Risk

Rate the associated risk of each event to patients and staff, property, finances (such as the cost to replace, cost of repair, time to recover and the potential interruption or inability to provide services). Input the highest associated score.

- Scale: If the event occurs will it result in:
 - A threat to human health, safety or life? Could the event result in significant injury or death? Score = 5
 - Property Damage? Score = 4
 - Economic Loss or Legal Ramifications? Will employees be able to report to work? Will patients be able to get to the center? Would the center be at risk for fines, penalties, or other legal interventions? Score = 3
 - Systems Failure? Score = 2
 - Loss of Community Trust or Goodwill? Score = 1

Preparedness

Rate the center's level of preparedness for the event.

- Scale: If the event occurs the center is:
 - Well prepared: the center has a current plan, the staff is aware of the plan and has participated in drills, back-up systems are available = score of 1
 - Partially prepared: the center has a plan, with current documents and contracts. Staff may require additional training or drills, center may need back-up systems = score of 2

- Not Prepared: the center does not have a plan at all, or only has a plan, and has not trained the staff or collected associated documents and contracts, and does not have back-up systems = Score of 3

Using the HVA

For each row, Multiply the Probability score by the sum of the Risk and Preparedness scores from all columns, enter score Review and highlight the events types with highest Hazard Vulnerability (HV) scores. These events pose the greatest risks to the center, and are carefully considered and prepared for as the center completes the rest of the appendices in the EPP, and associated training and drills.

Hazard Vulnerability Assessment

Center Name Keene Center Business Unit #: _____ Date: 11/1/22

EVENT TYPE	PROBABILITY				RISK					PREPAREDNESS			HV SCORE <i>← Multiply probability score by sum of risk and preparedness scores from all columns, enter score</i>
	3	2	1	0	5	4	3	2	1	3	2	1	
HURRICANE		X			X							X	
TORNADO		X			X							X	
SEVERE THUNDERSTORM	X				X							X	
SNOWFALL	X				X							X	
BLIZZARD	X				X							X	
ICE STORM		X			X							X	
EARTHQUAKE		X			X							X	
TIDAL WAVE				X					X		X		
EXTREME TEMPERATURES		X				X						X	
DROUGHT				X		X						X	
FLOOD, EXTERNAL			X		X							X	
WILD FIRE			X								X		
LANDSLIDE			X								X		
VOLCANO				X									
PANDEMIC				N/A	X						X		
ELECTRICAL FAILURE		X			X							X	
GENERATOR FAILURE		X			X							X	
TRANSPORTATION FAILURE		X			X						X		
FUEL SHORTAGE		X			X						X		
NATURAL GAS FAILURE		X			X							X	
SEWER FAILURE		X			X							X	
STEAM FAILURE		X			X								
FIRE ALARM FAILURE		X			X							X	
COMMUNICATION FAILURE		X			X						X		

VENT TYPE	PROBABILITY				RISK					PREPAREDNESS			TOTAL ← Multiply probability score by sum of risk and preparedness scores from all columns, enter score
	3	2	1	0	5	4	3	2	1	3	2	1	
MEDICAL VACUUM FAILURE				N/A			X				X		
HVAC FAILURE		X									X		
INFORMATION SYSTEM		X					X				X		
FIRE, INTERNAL			X			X					X		
FLOOD, INTERNAL			X			X					X		
HAZMAT, INTERNAL			X			X					X		
MASS CASUALTY – TRAUMA			X	N/A	X						X		
MASS CASUALTY – MEDICAL			X	N/A		X					X		
MASS CASUALTY – HAZMAT			X	N/A	X						X		
HAZMAT EXPOSURE			X	N/A	X						X		
TERRORISM – BIOLOGICAL			X	N/A	X						X		
TERRORISM – CHEMICAL			X	N/A	X						X		
HOSTAGE SITUATION			X	N/A	X						X		
CIVIL DISTURBANCE (RIOT)			X	N/A		X					X		
LABOR ACTION			X	N/A		X					X		
BOMB THREAT			X	N/A	X						X		
WORKPLACE VIOLENCE			X	N/A	X						X		
DOMESTIC VIOLENCE			X	N/A	X						X		
BUILDING BREAK-IN			X	N/A		X					X		
AUTO BREAK-IN			X	N/A			X				X		
MEDICATION THEFT			X	N/A			X				X		
ASSAULTS (OUTSIDE)			X	N/A					X		X		
ELOPEMENT		X		N/A	X							X	
KIDNAPPING			X	N/A	X						X		

Appendix 2: Building Construction and Life Safety

Instructions: Enter information as prompted.

A. Building Construction Type/Year Built (refer to Life Safety Survey for details):
Masonry / Brick 1978

B. Have additions been constructed? Yes No

1. If additions have been constructed, in what year(s)?

C. Number of Stories: 3

D. Number of Buildings: 1

E. Number of Beds: 106

F. Approximate Number of Staff per Shift: 1st = 45, 2nd=20, 3rd=12

G. Fire Alarm System –

Name of Monitoring Service: Direct link to Keene Fire

H. Generator Vendor Name: Power Up

Generator Vendor Phone Number: 603-657-9080/ 866-420-4906

1. Type, phase and voltage of generator: Kohler 3 phase 102-208

2. Areas of the building supplied by emergency power: Complete building coverage

3. Fuel Type: Diesel

4. Fuel Capacity: 1278 gallons

5. Fuel Duration: 102-142 hours 4-6 days

6. Fuel Tank above or below ground level?: Above Ground

7. How/When is generator tested?: Weekly under partial load

8. Is generator above projected flood level?: Yes, except if local dam is breached.

I. Is the building constructed to withstand hurricanes or high winds? X Yes No

If Yes:

1. What is the highest category of hurricane or wind speed that the building can withstand? 150 miles per hour

2. What is the highest category of hurricane or wind speed that the center roof can withstand 100 miles per hour

3. Is the center in a flood plain? X Yes No

4. If the center is in a hurricane zone, is a storm surge expected? Yes X No

J. General description of resident/patient population:

Rehab and long term care residents and patients. Medical conditions vary. Ambulatory and non ambulatory residents with a changing resident population.

Guide for Areas of Refuge Identification

For the safety of building occupants, the Emergency Preparedness Leadership Team identifies the best available refuge areas in the center. Many buildings contain rooms or areas designed to offer some degree of protection from all but the most extreme tornadoes and winds. In buildings without specific rooms designed and constructed to serve as safe rooms, the goal should be to select the **best available refuge areas** - the areas that will provide the greatest degree of protection.

In general, the **best available refuge areas** meet the following criteria:

- **Interior rooms.** Rooms without an exterior wall or window are less likely to be penetrated by windborne debris. Examples include resident bathrooms, small office areas without windows, janitor closets, clean and soiled utility rooms, pantry storage rooms, medication rooms, basement rooms and corridors, central supply rooms, center restrooms, staff locker rooms, and closets.
- **Location below ground or at ground level.** Upper floors are more vulnerable to wind damage.
- **No glass in the room.** Typically, windows and glass doors are extremely vulnerable to high wind pressures and the impact of windborne debris.
- **Reinforced concrete or reinforced masonry walls.** Reinforced walls are much more resistant to wind pressures and debris impact, but can fail if the roof deck is blown away.
- **Strong connections between walls and roof and walls and foundation.** Walls and roofs are better able to resist wind forces when they are securely anchored to the building foundation.
- **Short roof spans.** Roofs with spans of less than 25 feet are less likely to be lifted up and torn off by high winds.
- **Long central corridors** often qualify as the best available refuge areas. In addition to having desirable structural characteristics (e.g., short roof spans, minimal glass area, and interior locations), corridors usually are long enough to provide the required amount of refuge area space and can be quickly reached by building occupants. **If a corridor is chosen, marking the high wind area of refuge boundaries at least 30 feet from a glass door or window is advisable**, as well as educating staff to keep occupants within the boundaries and to close all doors leading to the corridor during a high wind event.

*Note: The best available refuge areas do **not** ensure the safety or survival of their occupants. They are simply the areas of a building in which survival is most likely.*

If the center is unsure whether a particular location is appropriate to use as a high wind area of refuge, the Team refers to Federal Emergency Management Agency FEMA's Best Available Refuge Area Checklist to evaluate appropriate areas of refuge

Part B: Refuge Areas

List all areas of refuge according to the guidelines above and mark these areas on the center floor plan:

1. 1st floor conference room.
2. Hallways- 1st floor
3. Library- Concern Glass
4. Main Dining Room 1st floor- Concern Glass
5. Rehab Therapy Room- Concern Glass
6. Beauty Salon- No Glass
7. Recreation Therapy Room- Concern Glass
8. Staff Lunch Room- Inside location no glass.
9. 2nd & 3rd Floor Day Lounge- Concern Glass

10. Inside Hallway Main Floor

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

an emergency (e.g. incident commander, public information officer, patient liaison, etc.). For example, a Facility Incident Commander may be the Administrator. Also, a unit manager may be the facility's identified person as the Safety Officer.

**NOTE: INSERT LIST OF ALL STAFF CONTACT LIST
HERE: INCLUDE ALL STAFF, PHYSICIANS, LOCAL LTC
FACILITIES AND VOLUNTEERS. REVIEW AND UPDATE
AS NEEDED.**

Appendix 4: Emergency Operation Center Designation

In the event of an emergency/disaster, the center must have 2 areas identified from which the emergency would be managed. The location should have internet and phone access, as well as access to emergency supplies and this EPP, if possible.

The Emergency Operation Center (EOC) will be located in:

1st floor Conference Room

The secondary Emergency Operation Center (EOC) will be located in:

Administrator's Office

Appendix 5: Area Administrative Staff Contact List

INSTRUCTIONS: Fill in the necessary contact information below. Contact as needed based on this EPP.

Area:	Name	Contact Number
Sr. VP Operations	<u>Shayne Hutchinson</u>	<u>(304) 419-5057</u>
Sr. VP Medical Affairs	<u>Carolyn Blackman</u>	<u>(401) 479-4144</u>
SVP Clinical Operations	<u>Julie Britton</u>	<u>(215) 803-5644</u>
MP/RED, Operations	<u>Teale Howe</u>	<u>(603) 571-0279</u>
VP/Director of Clinical Ops	<u>Tina Osborn</u>	<u>(978) 602-0092</u>
Clinical Quality Specialist	<u>Audrey Kerin</u>	<u>(802) 323-6714</u>
	<u>Kristen Marois</u>	<u>(603) 325-8345</u>
VP Property Management	<u>Perry Valentine</u>	<u>(610) 806-2602</u>
Director of Employee Safety	<u>Cynthia Fleming</u>	<u>(603) 387-9380</u>
Region Property Manager	<u>Mike Leno</u>	<u>(603) 315-0565</u>
Region/Area HR Manager	<u>Jessica Foley</u>	<u>(603) 686-4396</u>
OmniCare Pharmacy		

CareLine: 1 (866) 745-2273

Appendix 6: Company Contacts

Corporate Office	Genesis HealthCare, 101 E State St., Kennett Square, PA 19348	
Executive Chairman	David Harrington	david.harrington1@genesishcc.com
EVP & CFO	Orrin Feingold	orrin.feingold@genesishcc.com
EVP & COO	Melissa Powell	melissa.powell4@genesishcc.com
SVP Human Resources	Brandon Poole	brandon.poole@genesishcc.com
SVP Medical Affairs	John Loome	410-494-7671
SVP & CIO	Joe Montgomery	610-716-7439
EVP	Michael Sherman	610-864-9751
SVP Spend Management and Support Services	David Bertha	610-247-8822
VP Compliance	Maria Suarez	505-468-2384
IT Help Desk	Help Desk Rep.	800-580-3655
Director, Risk & Insurance Services	Janice Burnap	505-259-1913
GHC Claims & Litigation	Bette Pfeiffer	610-925-2415 610-925-2419 (FAX)

*Communication with media is guided by division Business development leaders. Refer to Crisis Communication Contacts on Central for details.

Appendix 7: Emergency Resources and Contacts

Instructions: Enter information into the table as prompted below. Emergencies involving fire, death or serious injury are reported in accordance with state and federal guidelines. Other reporting and engagement is completed as needed during an emergency.

COUNTY/LOCAL Emergency Management Agencies

County: Cheshire
 Contact/Title: Herb Stephens, Area Director of Winchester
 Address: 1 Richmond Rd
 City, State Zip: Winchester, NH 03470
 Phone Number: 603-355-0858

State Emergency Management Agency

State: New Hampshire
 Contact/Title: Department of Safety
 Address: 33 Hazen Drive
 City, State Zip: Concord, NH 03305
 Phone Number: 603-271-2231

Federal Emergency Management Agency (FEMA)

Region: United States
 Contact/Title: Department of Homeland Security
 Address: 99 High St.
 City, State Zip: Boston, MA 02110
 Phone Number: 877-336-2734

COMMUNITY RESOURCES CONTACTS:

Agency:	Name:	Phone:
County Health Department	Eileen Fernandez	603-354-5454 x2130
LTC Ombudsman	Fleurette Grenier	603-271-4375
State Licensing and Certification Agency	NH Board of Nursing	603-271-2823
County DHHR Office	DHHR- Keene	603-357-3510
Poison Control Center	Northern New England	800-222-1222
Tribal Contact		
Other		

Appendix 8: Additional Resources

Use this form to maintain contact information for emergency support services.

NHICS FORM 258 | CENTER RESOURCE DIRECTORY

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Agency for Toxic Substances and Disease Registry (ATSDR)	Poison Control	800-232-4636	770-488-7100		www.aapcc.org
Ambulance/EMS	911	911			
American Red Cross	Keene Chapter	603-352-3210			www.redcross.org
Biohazard Waste Company	Stericycle	866-783-7422			www.stericycle.com
Buses	Delano Company	603-399-4371			
Cab, City	Adventure Taxi	603-355-1484			www.advlimo.com
Emergency Management Agency	FEMA	877-336-2734			www.fema.gov
CDC		800-232-4636			www.cdc.org
Clinics	Dartmouth Hitchcock	603-354-5420			www.dartmouth-hitchcock.org
Coroner/Medical Examiner	Cheshire County Coroner	603-271-1235			
Dispatcher - 911	911	911			
Emergency Operations Center (EOC), Local	Keene Dispatch Center	603-357-9861			
Emergency Operations Center (EOC), State	NH Dept of Safety	603-271-2231			
Engineers:					

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
HVAC	HVAC	Granite State Plumb	603-529-3322		
Mechanical	Mechanical	Pappas Contracting	603-313-7107	603-380-5252	
Structural	Structural				
Environmental Protection Agency (EPA)	Environmental Protection Agency	NH Dept of Environmental services	603-271-3500		
Epidemiologist	Epidemiologist	NH Dept of Health	603-624-6466		
Family	Family	<i>SEE FAMILY CONTACT LIST</i>			
Fire Department	Fire Department	Keene Fire Department	603-209-1742		
Food Service	Food Service	Sysco	508-285-1000		
Fuel	Fuel	Cheshire Oil	603-352-0001		
Funeral Homes/Mortuary Services	Funeral Homes/Mortuary Services	Foley Funeral	(603) 352-0341		
Generators	Generators	Power up Generator	866-420-4906	603-657-9080	
HazMat Team	HazMat Team	Keene Fire Dept.	911		
Health Department, Local	Health Department, Local	Keene Health Dept.	603-357-9836		
Heavy Equipment (e.g., Backhoes, etc.)	Heavy Equipment (e.g., Backhoes, etc.)	Holmes Construction	603-231-3242		
Home Repair/Construction Supplies:	Home Repair/Construction Supplies:	Home Depot	603-355-2113		

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Hospitals:	Cheshire Medical Center	603-354-5400			www.cheshire-med.com
Hotel	Best Western				bestwestern.com/Official
Housing, Temporary					
Ice, Commercial	Sysco	508-285-1000			
Laboratory Response Network					
Laundry/Linen Service	People's Linen	(603) 352-2038			peopleslinen.com
Law Enforcement:	Keene Police Dept.	603-352-2222			www.keenepd.org
City Police	Keene Police Dept.	603-352-2222			www.keenepd.org
County Sherriff					
Highway Patrol	NH state police	603-271-1162			
Licensing & Certification District Office	Michael Fleming	(603) 271-9499			https://www.dhhs.nh.gov/contactus/index.htm
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					
Long-Term Care Facilities:	Keene Center	603-357-3800			
Media:	WMUR Channel 9				
Print	Keene Sentinel	603-352-1234			
Radio					
Radio					

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
TV					
TV					
TV					
Medical Gases					
Medical Supply	Medline	800-633-5463	603-320-2926		
Medication, Distributor:	OMNICARE	603-625-6406			www.omnicare.com
Moving Company:					
Pharmacy, Commercial:	OMNICARE	603-625-6406			www.omnicare.com
Poison Control Center	Northern NE Poison Center				https://www.nnepc.org/
Portable Toilets					
Radios:	Keene Center/Langdon Place	357-3800			
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds	Joerns	800-826-0270			joerns.com

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Biomedical Devices	Medline	1-800-633-5463			www.medline.com
Medical Devices	Medline	1-800-633-5463			www.medline.com
Oxygen Devices					
Radios					
Restoration Services (e.g., Service Master)					
Road Conditions	<i>CALTRANS</i>	<i>1-800-427-7623</i>			
Salvation Army					
Shelter Sites					
Staff	<i>SEE STAFF CONTACT LIST</i>				
Surge Facilities	Listed with Administrator				
Trucks:					
Refrigeration	Sysco	508-285-1000			
Towing					
Utilities:					
Gas	Liberty Utilities	603-209-2586			
Power	Eversource	800-662-7764			www.eversource.com
Sewage	Keene Water dept.	(603) 352-6550			https://keenetx.com/departments/utilities
Telephone					
Water					
Ventilators					
Water Vendor – Potable, Portable Shower/Portable Toilet	Sysco	See above			
Other:					

Appendix 9: Transfer Agreement

Use this form to document every transfer agreement for transportation and reception of residents (e.g. other Long-Term Care Centers, Hospitals, and Ambulance Companies).

Reminder: Execute at least one agreement with a Long Term Care Center more than 50 miles away.

Type of Service:	Hospital
Name:	Cheshire Medical
Address:	49 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-0341

Type of Service:	Ambulance/Transport
Name:	Diluzio
Address:	49 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-0341

Type of Service:	Long Term Care Facility
Name:	Langdon Place of Keene
Address:	126 Arch Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-3902

Type of Service:	Long Term Care Facility
Name:	298 Westwood
Address:	Main Street
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 352-7311

Type of Service:	Long Term Care Facility
Name:	Pleasant View Center
Address:	239 Pleasant Street
City, State, Zip	Concord, NH 03301
Phone Number:	(603) 226-6561

Type of Service:	Long Term Care Facility & Evacuation Center
Name:	Applewood Rehabilitation Center
Address:	8 Snow Road
City, State, Zip	Winchester, NH 03470
Phone Number:	(603) 239-6355

Type of Service:	Long Term Care Facility
Name:	Cedar Crest
Address:	91 Maple Avenue
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 358-3384

Type of Service:	
Name:	
Address:	
City, State, Zip	
Phone Number:	

Type of Service:	
Name:	
Address:	
City, State, Zip	
Phone Number:	

Type of Service:	
Name:	
Address:	
City, State, Zip	
Phone Number:	

Appendix 10: Short-Term Evacuation Plan

Enter the information requested below. Describe the center's plan for short-term evacuation procedures. Consider custody issues for patients in specialty care units, accountability process for visitors and vendors, maintaining clear approach areas for emergency equipment and personnel, and a communication plan when developing these procedures.

Short-term evacuation will be used if immediate evacuation of the center is needed for safety considerations (e.g. the structural integrity of the building is compromised or there is an active fire in the center). Employees, staff, and residents will gather at established meeting spaces outside the center. Choose gathering points away from where emergency personnel will be responding to the center. Plan to use cell phones to communicate the short-term evacuation activation to the MP, transportation services, short-term evacuation site, and the long-term evacuation sites to indicate a long-term evacuation is possible. Plan for no re-entry to the building until it is determined it is safe to do so.

(Note: While areas such as school gymnasiums and churches are not good evacuation sites for a long-term evacuation, they may be used if the structural integrity of the center is compromised. If it is determined a long-term evacuation is necessary, follow the center's plan for evacuation using the short-term evacuation area as the sending center.)

PLAN: Designate area of short-term evacuation site for cohorting contagious patients or use these areas for healthcare providers caring for contagious patients to minimize disease transmission to uninfected patients.

Meeting Place 1: Cedarcrest

Meeting Place 2: _____

Transportation Services: Deluzio, Adventure Limousine

Potential Locations: Local stop over location agreement with Cedarcrest on Maple St.

Additional Information:

Appendix : Triage of Casualties (update 1/15/2017)

Instructions:

In the event of an internal or external disaster resulting in injuries, all casualties will be triaged using the priority Mass Casualty criteria and tags identified below. The Director of Nursing and Medical Director or designees will coordinate the process in collaboration with emergency personnel. Where appropriate, victims from external disasters will be triaged at the ambulance entrance.

Priority 1 Immediate (Red): Serious, but salvageable life threatening injury/illness

Victims with life-threatening injuries or illness (such as head injuries, severe burns, severe bleeding, heart-attack, breathing-impaired, internal injuries) are assigned a priority 1 or "Red" Triage tag code (meaning first priority for treatment and transportation).

Priority 2 Secondary (Yellow): Moderate to serious injury/illness (not immediately life-threatening)

Victims with potentially serious (but not immediately life-threatening) injuries (such as fractures) are assigned a priority 2 or "Yellow" (meaning second priority for treatment and transportation) Triage tag code.

Priority 3 Delayed (Green): 2 types

- Victims who are not seriously injured, are quickly triaged and tagged as "walking wounded", and a priority 3 or "green" classification (meaning delayed treatment/transportation). Generally, the walking wounded are escorted to a staging area out of the "hot zone" to await delayed evaluation and transportation.
- Delayed also includes those victims with critical and potentially fatal injuries or illness, indicating no immediate treatment or transportation.

Priority 4 Deceased (Black):

Victims who are found to be clearly deceased at the scene with no vital signs and/or obviously fatal injuries are classified as deceased or priority 4 (Black) in the triage coding system.

Planned Triage Locations

After triage, casualties will be moved to the following locations for treatment, evaluation, and transportation, as appropriate:

Priority 1: Library holding area

Priority 2: Library holding area and rehab department

Priority 3: Dining room-due to its size and location

Priority 4: Unit lounge or holding area on first floor

Appendix 12: Emergency Supplies and Location of Critical Equipment

Instructions: Enter the location of emergency supplies; add additional items as necessary.

ITEM	LOCATION
Radio (transistor) weather / radio alert	reception
Flashlight / Glow Sticks (extra batteries and bulbs)	nursing units
Self-stick tags for identification purposes	nursing units
Basic tool kit (hammer, pliers, screwdriver(s), knife, etc.)	<i>maintenance department</i>
Shovel(s)	maintenance dept and shed
Drinking water supply per contract	dietary
Disposable eating equipment	dietary
Food, emergency supply	dietary
Waterless hand cleaner	medical storage
Respirators, gowns, gloves and masks	medical storage
Linens, blankets, adequate in case of power failure	laundry dept
Emergency first-aid kit	nursing
Trash Bags	laundry
Log or tablet to list residents/patients/employees leaving the Center	reception & nursing
Incontinent supplies (briefs), disposable wash cloths	medical storage
Room thermometers	maintenance
Blood pressure cuffs	nursing
Stethoscopes	nursing
Mass Casualty Tags (red, yellow, green, blue, black)	
Policy and procedure manuals	online
Personal protective equipment	nursing
MSDS	maintenance
Master keys	

FIRE EXTINGUISHERS	LOCATION
1st floor	dining room, kitchen, utility hall, reception, rehab, activities
2nd floor	near oxygen room, north and south ends
3rd floor	across from nurses station, north and south ends

Appendix 13: Surge Capacity

Instructions: Enter information into the table as prompted below.

This analysis assists the center in determining the maximum number of patients that may be accommodated if the center is asked to expand services through the local EMS or to meet the terms of a Memorandum of Understanding (MOU) with another provider.

Location	Number of Possible Additional Beds (Based on 70 Sq. Ft./Bed)	Priority Level of the Area (from least desirable to most (Scale: 1 – 10))	Comments (Ex: Possible Isolation Area or Specialty Area)
Private Rooms Which Can Accept Additional Beds	N/A-0		
Semi-Private Rooms Which Can Accept Additional Beds	N/A-0		
Additional Bed Space Dining Rooms	1st floor DR =10	10	
Additional Bed Space Activities Room	remove table=5	5	
Additional Bed Space Rehab Gym	move tables =4	5	
Additional Bed Space Corridor Ends			
Additional Bed Space Lounge Area			
Additional Bed Space Specialty Areas (Ex: Dementia Unit)	Library=4	10	
Additional Bed Space Other Areas			
Other	Conference room=3	8	
Total Additional Beds (Surge Capacity)	26		

Appendix 14: Emergency Water Supply

Instructions: Enter information into the table as prompted below.

1. Potable Water Contract Information

Company: Garelick Farms
Address: Farm Road
City: Boston
State: MA
Zip: 02010
Contact Person: _____

2. Emergency Water Supply

The center may prioritize use of water for activities as follows:

- i. Drinking
- ii. Medicating
- iii. Dietary use
- iv. Personal hygiene
- v. Waste water (mopping)

The Red Cross, FEMA and USGS recommend an emergency supply of one gallon of water per person, per day. The center has calculated this need as follows:

- Total bed capacity = 106 + 80 Total approximate expected staff per day =
186 Total people
- Total people X 3 days = 558 gallons of water

The center's water source amounts and locations are as follows (enter applicable amounts and sites:

a. Primary

- i. _____ gallons bottled water. Location(s): _____
- ii. _____ gallons water in barrels. Location(s): _____
- iii. _____ gallons in ice machine(s) Location(s): _____
- iv. TOTAL: _____ gallons*
(*Note: should meet or exceed gallons calculated in # 2, Above)

b. Secondary

- i. _____ gallons in water heaters. Location: _____
- ii. _____ gallons in toilet tanks.
- iii. _____ gallons in other _____. Location: _____
- iv. _____ gallons in other _____. Location: _____

Appendix 15: Utility Shut-O Procedures

In the event of utility disruption, call the Administrator and Maintenance Director immediately. The Administrator or designee will be responsible for notifying the appropriate state agencies, as required. Enter the information required below.

Utility Shut-Off Locations

1. Water: Boiler Room
2. Electricity: Electrical Room
3. Gas: Electrical Room
4. Heat: Boiler Room
5. Fire Sprinkler System: Boiler Room
6. Oxygen Room: 2nd floor, 3rd floor
7. Oxygen Manifold Shutoff: Not applicable

Generator/Battery System

The generator may be used in emergency situations.

Generator Location: Outside building to East

Extra Fuel Storage Location: N/A

Location of generator Start Up Procedures: Electrical Room

In an emergency situation, the following individuals have the authority to “shut off” the utilities:

Administrator, Maintenance Director, Incident Commander, Maintenance Assistant

Use diagrams and instructions on the shut off valves, utility controls to explain and use each utility shut-off.

For centers that maintains an onsite fuel source to power the emergency generator(s), insert the contract with a vendor to supply fuel in an emergency to keep the emergency generator operational for the duration of the emergency. (INSERT CONTRACT FOLLOWING THIS PAGE.)

Appendix 16: Potential Explosives List

Instructions: Enter all potential explosives and current location.

ITEM	LOCATION
Oxygen Storage	2nd and 3rd floor
Generator Fuel	outside building to the east
Gasoline/additional fuel	storage shed outside maintenance (metal shed)
Chemical Closet	Maintenance Department

Appendix 17: Special Care Unit Fire Procedure

The purpose of this section is to plan for the safety of Specialty Care Unit (SCU) residents in case of a fire or fire drill. Insert the required information below. *Due to the profile of the SCU residents, procedures may vary from routine center policy.*

In case of a fire or fire drill in any other zone in the building (outside of the SCU):

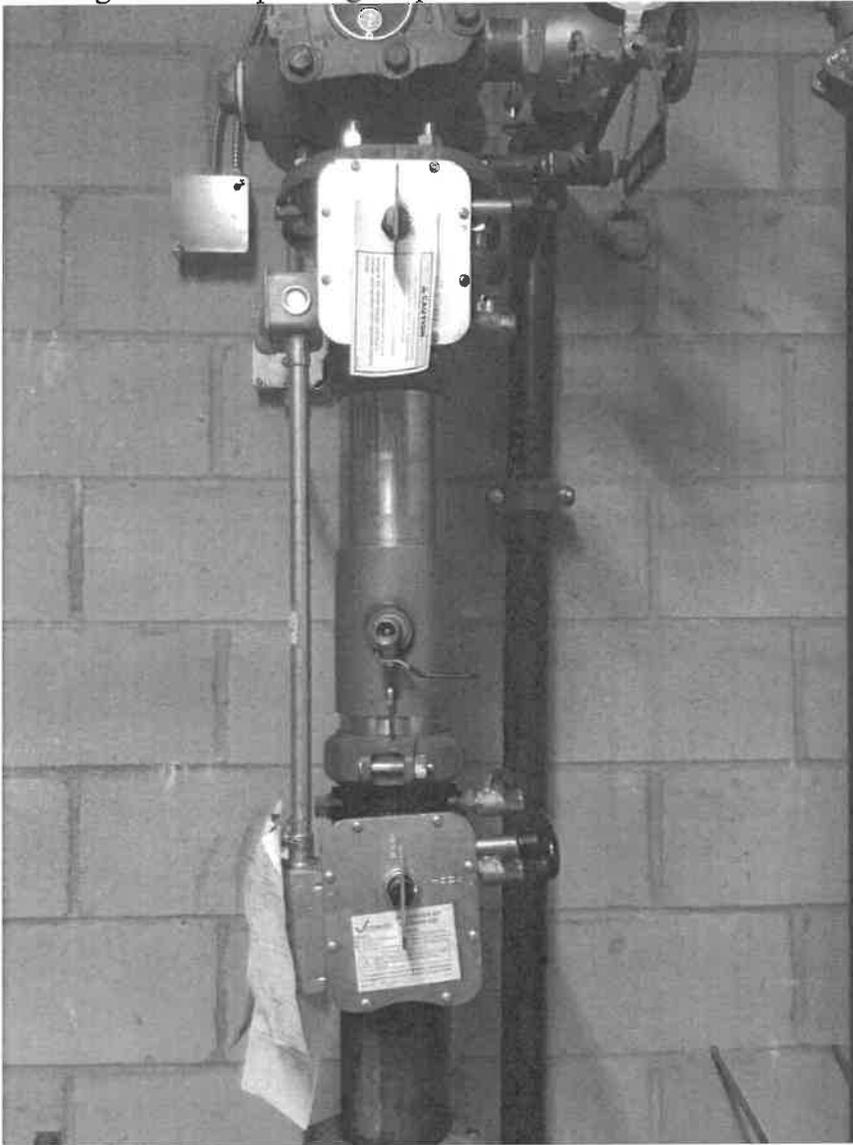
- All SCU residents who are not in bed will be kept together in a specific area.
- SCU staff close all doors in the unit and stay with SCU residents.
- Any residents who are in bed will remain in bed with the room door closed until all clear.

If fire or fire drill is in the SCU:

- SCU staff close all doors to rooms.
- SCU staff move residents past fire doors to safe area.
- SCU staff remain with the SCU residents until all clear.
- If residents are in bed, staff move residents potentially in immediate danger to safe area.

Appendix 18: Fire Sprinkler System Shut-Off Procedures

Instructions: Insert the center's fire sprinkler system's shut-off procedures using pictures and diagrams for explaining the procedure.



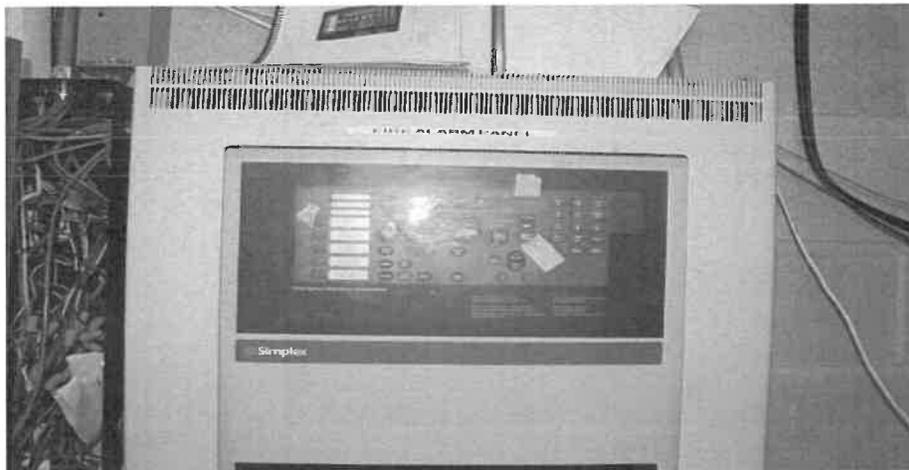
Appendix 19: Fire Alarm Reset Procedures

Insert the center's fire alarm shut-off procedures. Use pictures and/or diagrams to help provide a detailed explanation.

**Main Fire Alarm Panel inside the electrical room.
Fire Dept and Maintenance Staff use only to silence, reset and maintain/acknowledge the fire alarm and emergency condition.**

If fire alarm is activated, due to malfunction or fire, the fire department will reset and shut off.

**Reset procedure:
Silence Alarm, Hit Reset in manual controls.**



Appendix 20: Security Plan

This form is used to describe the center’s plan for access and perimeter security. Instructions: Enter the location of entrances and exits and the security plan for each in the table below.

Entrance/ Exit Location	Used by/ Purpose	Restricted access (Keypad/ lock)		Frequency of entry code change	Type of alarm system	Current signs on door?	Locked/ Open Days/Times		Lighting Evaluation *	Comments and/or Corrective Actions
		YES	NO							
<i>Example: Kitchen Backdoor (by ramp)</i>	<i>Employees to take out trash; supply vendors.</i>	<i>Y</i>		<i>Monthly, Qtrly</i>	<i>Wander-guard, Watch Mate, IBI, or Catchall.</i>	<i>Marked as exit, no sign on outside of door</i>	<i>Daily</i>	<i>5:00 a.m. – 8:00 p.m.</i>	<i>Adequate</i>	
Main Entrance	employees, visitors	Y		As needed	wanderguard	Exit	daily	8am-6 pm	adequate	
utility hall-1st floor, house keeping, central supply, kitchen	exit only		N	N/A	None	None	interior open daily		adequate	
2nd and 3rd floor stairs-north & south	exit only	Y		as needed	wanderguard	Exit	always locked		adequate	
2nd and 3rd floor stairs-central	employees	Y		as needed	wanderguard	Exit	always locked		adequate	
1st floor-North & south	exit only	Y		as needed	wanderguard	Exit	always locked		adequate	
1st floor dining room	exit only	Y		as needed	wanderguard	Exit	always locked		adequate	

Appendix 20: Security Plan

Lighting Evaluation: When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting and remove brush or debris to eliminate shadowed areas.

Interior Building Security:

Describe what the center has in place for stairwell protection (if applicable). Included in the description may be door security alarms/keypads, persons responsible for updating/changing entry codes, CCTV cameras and how the system is monitored, or other systems used for stairwell protection.

Front door live video monitoring that is on 24/7 that may be viewed at the 2nd Floor nursing station when staff are present

Front Doors are electronically locked at 9:30 PM and reopen electronically at 5:30 AM. Other exterior doors are locked and secured after hours. Most exterior doors and stairwell doors are secured via magnetic locks tied into our Secure Care wandering system. All Magnetic doors release with an audible local alarm sounding if appropriate pressure is applied for 15 seconds.

Lighting Adequacy- When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting to eliminate shadowed or dark areas.

Describe the check-in procedures for visitors and how identification badges for employees and/or visitors being used.

All employees have identification badges that they are required to wear while on duty. Visitors are strongly encouraged to sign in at the front entrance sign-in Log.

Appendix 20: Security Plan

Describe how the following are used for Resident-Specific Security:

Security measures for special units.

No special units.

- Resident Elopement Wander Guards.
- Electronic alarms systems such as door alarms.
- Communication call bells.

Wanderguard system, locked doors with keypad entry after 6pm.

Wander system near elevators, center stairs, at front door and all 1st floor exits. Tap bells and hand bells.

Communication call bells.

Visitor Log Protocol.

All visitors are screened and checked in at the reception desk upon arrival.

Appendix 21. ESCAPEMENT DRILL DOCUMENTATION FORM

Drill Date and Time: _____ Unit: _____

Check all that apply:

____ Nurse alerts all staff of missing resident with plain, simple language. For example, "Medical Alert: We are activating Missing Patient protocols. The resident was last seen at (location)." This alerts all staff that a formal search is underway. Repeat this message 3 times.

____ Each unit sends a person to the unit that announced the code to learn the name and description of the missing resident.

____ A person is designated as the House Person in Charge (HPIC) of the search. The HPIC coordinates the search so that the in-house and outside searches occur at the same time.

____ Each unit charge nurse directs in-house staff to search room to room and all potential areas of the Center: resident rooms, closets, under beds, shower rooms, utility rooms, offices, dining rooms, stairwells, laundry, kitchen, bathrooms, dayrooms/lounges, courtyards, and employee lounges.

____ HPIC assures all areas/floors of the building are searched.

____ During open kitchen hours, dietary staff search the kitchen and related areas, including walk-in refrigerators/freezers.

____ During closed kitchen hours, the HPIC assigns a staff member to search the kitchen and related areas.

____ HPIC sends two staff members outside to search the grounds.

____ Outside searchers go out the front door (or door designated by HPIC), one to the left and one to the right search the building perimeter and grounds, and meet at the back door.

____ If one does not arrive at the back door, the other staff member proceeds to that staff member in case help was needed.

____ Both staff members return into the building together.

____ All unit, kitchen, and grounds search findings are reported to the HPIC immediately.

____ Staff are able to verbalize what to do if resident is not located by the end of the search.

____ Staff are able to verbalize documentation and follow-up requirements.

Comments:

Plan of Correction (if indicated):

Signature of Person Conducting Drill: _____

Appendix 22: Succession Plan

During an emergency, the center's highest-ranking individual serves as the acting Incident Commander until the Administrator/Designee arrives. This person immediately contacts the Administrator/Designee.

When on-site, the Administrator/Designee is the Incident Commander and is updated on the situation by the acting Incident Commander. In the absence of the Administrator, The Director of Nursing (DON) acts as the Incident Commander. In the absence of the Administrator and DON, the following team members act as the Incident Commanders, in priority order.

Administrator Name: Patrick Lyons

DON Name: Brandice French

Incident Commanders in absence of Administrator and DON:

Name and Title: Daniel Birmingham

Name and Title: Amanda Stubbs

Name and Title: Melanie Lucius

**Appendix 23. Description of Center Patient/Resident Population
(Insert from or Refer to Center Facility Assessment.
See OPS 161, Facility Assessment for details.)**

Appendix 24: Annual Review and Sign-Off

This EPP has been reviewed, with changes noted, and approved by the Safety Committee and Administrator:

Safety Committee Chairman Name: Daniel Birmingham

Safety Committee Chairman Signature and Date: _____

Administrator Name: Patrick Lyons

Administrator Signature and Date: _____

Appendix 26. Insertions from Compliance Guide Completed Tasks

Instructions: After this page, insert the following completed documents from the Emergency Preparedness Compliance Guide:

- 1. Resident Council Minutes indicating dates/times of presentations of the EPP.**
- 2. Contact with Local Emergency Management Services (EMS) Form.**
- 3. Community-Based Drill After Action Report**
- 4. Training Acknowledgement Forms (Staff)**
- 5. Tabletop Exercise**

Exhibit 1: Food and Nutrition Services – Sample Emergency Menu, Level 1: No Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk
	3/4 cup	Cold Cereal	Cold Cereal, Moistened	Cream of Wheat or Rice 1/2 cup	Cream of Rice 1/2 cup
	1/4 cup	Cottage Cheese	Cottage Cheese	Puree Cottage Cheese 1/2 #10 scoop	Cottage Cheese
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	1-1/2 cup	Beef Stew, Cnd	Beef Stew, Cnd, Ground	Puree Beef Stew, Cnd	GF Peanut Butter & Jelly Sandwich 1 each
	1/2 cup	Seasoned Green Beans	Seasoned Green Beans	Puree Seasoned Green Beans 1 #10 scoop	Seasoned Green Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	1 each	Tuna Salad Sandwich	Plain Tuna Salad on Wheat	Puree Tuna Salad, Puree Bread 1 serving	GF Tuna Salad Sandwich
	1/2 cup	Seasoned Beets	Seasoned Beets	Puree Seasoned Beets 1 #8 scoop	Seasoned Beets
	2 each	Assorted Cookies	Puree Sugar Cookies 1 #16 scoop	Puree Sugar Cookies 1 #16 scoop	GF Cookies
	1/2 cup	Lemonade	Lemonade	Lemonade	Lemonade
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered.

Level 2, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk
	1/2 cup	Hot Cereal	Hot Cereal	Cream of Wheat	Cream of Rice
	1/4 cup	Scrambled Egg	Scrambled Egg	Puree Scrambled Egg 1 #12 scoop	Scrambled Egg
	1 slice	Wheat Toast	Wheat Toast, No Crust	Puree Warm Bread 1 #12 scoop	GF Toast
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	1 each	Roasted Chicken	Roasted Chicken, Grd, Moistened 1 #12 scoop	Puree Roasted Chicken 1 #12 scoop	Roasted Chicken
	1/2 cup	Mashed Potatoes	Mashed Potatoes	Mashed Potatoes	Fresh Mashed Potatoes
	1/2 cup	Scalloped Tomatoes	Scalloped Tomatoes	Puree Seasoned Green Beans 1 #10 scoop	Seasoned Green Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Ice Cream/Pudding	Smooth Ice Cream/Pudding	Smooth Ice Cream/Pudding	GF Pudding
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	3/4 cup	Soup, Cnd	Puree Soup, Cnd	Puree Soup, Cnd	
	2 packet	Saltines			
	1 each	Grilled Cheese Sandwich	Grilled Cheese Sandwich, No Crust	Puree Grilled Cheese Sandwich 1 serving	GF Grilled Cheese Sandwich
	1/2 cup	Three Bean Salad	Plain Three Bean Salad	Puree Three Bean Salad 1 #8 scoop	Fresh Three Bean Salad
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered.

Level 3, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free	
BRK	3/4 cup	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	
	1/2 cup	Hot Cereal	Hot Cereal	Cream of Wheat	Cream of Rice	
	1 each	Hard Cooked Egg	Scrambled Egg 1/2 cup	Puree Scrambled Egg 1 #12 scoop	Scrambled Egg 1/2 cup	
	1 slice	Wheat Toast	Wheat Toast, No Crust	Puree Warm Bread 1 #12 scoop	GF Toast	
	1 each	Margarine	Margarine	Margarine	Margarine	
	1 each	Jelly	Jelly	Jelly	Jelly	
	1 cup	Milk	Milk	Milk	Milk	
LUN	2 ounce	Baked Ham	Baked Ham, Grd, Moistened	Puree Baked Ham 1 #12 scoop	Baked Ham	
	1/2 cup	Sweet Potatoes	Sweet Potatoes	*Puree Sweet Potatoes 1 #10 scoop	Sweet Potatoes	
	1/2 cup	Wax Beans	Chopped Wax Beans	Puree Wax Beans 1 #10 scoop	Wax Beans	
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread	
	1 each	Margarine	Margarine	Margarine	Margarine	
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd	
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch	
	1/2 cup	Milk	Milk	Milk	Milk	
DIN	1 each	Sliced Meat Sandwich	Sliced Meat Sandwich, Ground, Moistened	Puree Sliced Meat Sandwich	GF Sliced Meat Sandwich	
	1 packet	Mustard	Mustard	Mustard	Mustard	
	1/2 cup	Baked Beans	Mashed Baked Beans	Puree Baked Beans 1 #10 scoop	Seasoned Green Beans	
	2 each	Assorted Cookies	Puree Sugar Cookies 1 #16 scoop	Puree Sugar Cookies 1 #16 scoop	GF Cookies	
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch	
	1/2 cup	Milk	Milk	Milk	Milk	
	S3	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 1/2 cup	GF Pudding 1/2 cup
		1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered

Exhibit 2. Sample Emergency Snack M

Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
2 each	*Assorted Cookies	*Puree Sugar Cookies 1 #16 scoop	*Puree Sugar Cookies 1 #16 scoop	GF Cookies
1 each	Chocolate Cream Cookie (S)	Choc. Cream Cookies (S)	Puree Choc. Cream Cookies 1 #16 scoop	GF Cookies
1 each	Oatmeal Crème Cookie (S)	Oatmeal Crème Cookie (S)	Puree Oatmeal Crème Cookie 1 #16 scoop	GF Cookies
1 packet	*Graham Crackers (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	GF Cookies
4 each	Vanilla Wafers	Puree Vanilla Wafers 1 #24 scoop	Puree Vanilla Wafers 1 #24 scoop	GF Cookies
1 ounce	Cheese Crackers (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	GF Cookies
1 ounce	Cheese Puffs	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
1 ounce	Pretzels (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
4 packet	Saltines (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
1/2 cup	Applesauce	Applesauce	Applesauce	Applesauce
1/2 cup	Mandarin Oranges	Mandarin Oranges 1/2 cup	Puree Mandarin Oranges 1 #10 scoop	Mandarin Oranges
1/2 cup	Peaches	Peaches	Puree Peaches 1 #10 scoop	Peaches
1/2 cup	Pears	Pears	Puree Pears 1 #10 scoop	Pears
1/2 cup	Pineapple Tidbits	Crushed Pineapple	Puree Pineapple 1 #10 scoop	Pineapple Tidbits
1 each	Fresh Apple	Applesauce 1/2 cup	Applesauce 1/2 cup	Fresh Apple
1 each	Banana	Chopped Banana 1/2 cup	Mashed Banana 1/2 cup	Banana
1/2 cup	Cantaloupe	Soft Chopped Cantaloupe 1/2 cup	Puree Cantaloupe 1 #10 scoop	Cantaloupe
1/2 cup	Grapes	Applesauce	Applesauce	Grapes
1 each	Fresh Orange	Mandarin Oranges 1/2 cup	Puree Mandarin Oranges 1 #10 scoop	Fresh Orange
1/2 cup	Watermelon	Chopped Watermelon 1/2 cup	Puree Watermelon 1 #10 scoop	Watermelon
1/2 cup	Apple Juice	Apple Juice	Apple Juice	Apple Juice
1/2 cup	Orange Juice	Orange Juice	Orange Juice	Orange Juice
1/2 cup	Cranberry Juice	Cranberry Juice	Cranberry Juice	Cranberry Juice
1/2 cup	Lemonade	Lemonade	Lemonade	Lemonade
1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
1/2 cup	Smooth Yogurt	Smooth Yogurt	Smooth Yogurt	Smooth Yogurt
1/2 cup	Smooth Pudding	Smooth Pudding	Smooth Pudding	GF Pudding



NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. RESIDENT TRACKING MANAGER:	

5. RESIDENT EVACUATION INFORMATION

		RESIDENT NAME:				MEDICAL RECORD #:		
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> HOME					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> FACILITY TRANSFER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TEMP. SHELTER								

		RESIDENT NAME:				MEDICAL RECORD #:		
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> HOME					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> FACILITY TRANSFER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TEMP. SHELTER								

		RESIDENT NAME:				MEDICAL RECORD #:		
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> HOME					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> FACILITY TRANSFER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TEMP. SHELTER								

6. CERTIFYING OFFICER:		7. DATE/TIME SUBMITTED:	
-------------------------------	--	--------------------------------	--

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION
 ORIGINATION: OPERATIONS BRANCH
 COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER

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Exhibit 3

Revised October 1, 2022

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NHICS FORM 260 | INDIVIDUAL RESIDENT EVACUATION TRACKING FORM

1. FACILITY NAME:		2. DATE:	
3. UNIT:			
4. RESIDENT NAME:		5. AGE:	
6. MEDICAL RECORD #:		7. SIGNIFICANT MEDICAL HISTORY:	
8. ATTENDING PHYSICIAN:			
9. FACILITY NOTIFIED:		CONTACT INFORMATION:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	

10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):			
<input type="checkbox"/> HOSPITAL BED <input type="checkbox"/> GURNEY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> AMBULATORY <input type="checkbox"/> SPECIAL MATTRESS	<input type="checkbox"/> IV PUMPS <input type="checkbox"/> OXYGEN <input type="checkbox"/> VENTILATOR <input type="checkbox"/> BLOOD GLUCOSE MONITOR <input type="checkbox"/> RESPIRATORY EQUIPMENT	<input type="checkbox"/> SERVICE ANIMAL <input type="checkbox"/> G TUBE PUMP <input type="checkbox"/> MONITOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER	<input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER
ISOLATION:		TYPE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	

11. DEPARTMENT LOCATION	
ROOM#:	TIME:
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY:	
MEDICAL RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
VALUABLES:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
MEDICATIONS:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE

12. ARRIVING LOCATION	
ROOM#:	TIME:
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY:	
MEDICAL RECORD RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUABLES RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICATIONS RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

13. SPECIAL CONSIDERATIONS			
TIME TO STAGING AREA:		TIME DEPARTING TO RECEIVING FACILITY:	
DESTINATION:		ARRIVAL TIME:	
TRANSPORTATION: <input type="checkbox"/> AMBULANCE UNIT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____			
ID BAND CONFIRMED:		ID BAND CONFIRMED BY:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR EACH RESIDENT TRANSFERRED TO ANOTHER FACILITY
 ORIGINATION: OPERATIONS SECTION – ADMIT/TRANSFER & DISCHARGE UNIT
 ORIGINAL TO: RECEIVING FACILITY
 COPIES TO: PLANNING

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Exhibit 5: NHICS FORM 251: CENTER STATUS REPORT

1. INCIDENT NAME:		2. CENTER NAME:	Keene Center	
3. DATE PREPARED:		4. TIME PREPARED :		5. OPERATIONAL PERIOD:

SYSTEM STATUS CHECKLIST		
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
FAX	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NURSE CALL SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PAGING – PUBLIC ADDRESS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RADIO EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SATELLITE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM – CELL	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
VIDEO-TELEVISION-INTERNET-CABLE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA
--------------	---

SYSTEM STATUS CHECKLIST (CONTINUED)

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FIRE DETECTION/SUPPRESSION SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FOOD PREPARATION EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ICE MACHINES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
DIETARY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

SYSTEM STATUS CHECKLIST (CONTINUED)		
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SURVEILLANCE CAMERAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SANITATION SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NATURAL GAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
AIR COMPRESSOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ELECTRICAL POWER, BACKUP GENERATOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELEVATORS/ESCALATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OXYGEN	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PNEUMATIC TUBE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STEAM BOILER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SUMP PUMP	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WELL WATER SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER HEATER AND CIRCULATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

Exhibit 6: NHICS FORM 259 | MASTER CENTER CASUALTY/FATALITY REPORT

1. INCIDENT NAME:		2. CENTER NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	
5. REPORTED CASUALTY/FATALITY			
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY		TRANSFER DATE / TIME	RECEIVING HOSPITAL
			EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY		TRANSFER DATE / TIME	RECEIVING HOSPITAL
			EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY		TRANSFER DATE / TIME	RECEIVING HOSPITAL
			EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY		TRANSFER DATE / TIME	RECEIVING HOSPITAL
			EXPIRED DATE / TIME

Exhibit 7: NHICS FORM 252 | SECTION PERSONNEL TIME SHEET (STAFF TRACKING SHEET)

6. FACILITY NAME:	Keene Center		
7. FROM DATE/TIME:		8. TO DATE/TIME:	
9. SECTION:		10. TEAM LEADER:	

11. TIME RECORD

#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/RESPONSE FUNCTION	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

1. CERTIFYING OFFICER:	2. DATE/TIME SUBMITTED:
-------------------------------	--------------------------------

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY, INCLUDING VOLUNTEERS

Exhibit 8: NHICS FORM 253 | VOLUNTEER STAFF REGISTRATION

12. FACILITY NAME:	Keene Center					
13. FROM DATE/TIME:		14. TO DATE/TIME:				
15. REGISTRATION						
NAME (LAST NAME, FIRST NAME)	ADDRESS (INCLUDE CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER	TELEPHONE	CERTIFICATION/ LICENSURE & NUMBER	REFERENCE CHECK	SECTION ASSIGNMENT
16. CERTIFYING OFFICER:				17. DATE/TIME SUBMITTED:		

Exhibit 9. **EPIDEMIC PREPAREDNESS CHECKLIST**

	Person Responsible	Date Completed
Planning and Decision Making		
Administrator/Executive Director is responsible for preparedness planning		
Create a multidisciplinary planning committee to include administration, medical director, nursing, reception, environmental, and others as needed; meet a minimum of monthly to evaluate your plan		
Incorporate epidemic preparedness into your Emergency Preparedness plan		
Develop plan to ensure that patient identification is on all patients/residents		
Complete the Emergency Numbers and Contacts List (refer to <i>Emergency Preparedness Plan: Attachment C</i>)		
➤ Include local, regional, or state emergency preparedness groups		
Prepare updated employee contact list		
Ensure Test Kit is available, as indicated (i.e., Influenza)		
Communications		
Designate a person who will be responsible for daily monitoring of updates (i.e., GHC Flu page) and internal communications to staff, patients, and responsible parties		
Establish a system for communication with patients and families		
Maintain a list or database for patients' regular clinic, physician, or dialysis appointments in order to cancel non-essential appointments		
Education		
The Nurse Practice Educator/Practice Development Specialist or designee is responsible for coordinating education		
In-service all staff on Emergency Preparedness (may also refer to <i>Influenza Preparedness PowerPoint, if applicable</i>)		
In-service staff on infection control procedures and precautions, respiratory hygiene/cough etiquette		
Infection Control		
Post signage (Respiratory Hygiene/Cough Etiquette, Hand Hygiene, visitor sign in reception area)		
Implement respiratory hygiene/cough etiquette throughout the facility, as necessary		
Develop a plan for cohorting patients		
➤ Discuss with VPMA and CQS if facility will confine all affected patients to one area, close off wings that are affected, or just confine sick patients and their roommates to their rooms		
Implement surveillance of targeted epidemic illness cases in the facility per Infection Control policies		
Collect information on:		
➤ Incoming patients – confirmed or suspected targeted epidemic cases		
➤ Number of new cases of targeted epidemic illness within the facility		
Report confirmed or suspected cases of targeted epidemic illness to the VPMA		
General Staff Management		
Develop plan for 100% vaccination of staff, if applicable; Administrator/ED and/or DON/RCD will have a personal conversation with staff who decline vaccination		
In collaboration with Area leadership, develop plan for 30% absenteeism; submit plan to MP		

	Person Responsible	Date Completed
<ul style="list-style-type: none"> ➤ Number and categories of personnel needed to keep facility open or take patient overload ➤ Conduct a daily assessment of staffing status (refer to <i>Daily Review Form</i>) ➤ Develop plan for work/rest schedule as needed (i.e., place to sleep when extended work hours are necessary) 		
Avoid floating staff if possible		
Educate staff to self-assess and report symptoms that they may be having before reporting to work		
Educate staff to develop a child care plan for school closings		
Review guidelines for <u>Altered Standards of Care</u>		
Discuss with staff the possibility of helping with essential patient care at times of severe staffing shortages		
Sick Staff		
Follow protocols for sick staff: <ul style="list-style-type: none"> ➤ Employees who develop symptoms during work hours should be sent home ➤ Employees who have been ill but are recovered may provide care to patients 		
Alternative Staff		
If needed discuss use of alternative staff with SVP, VPMA and VPCO. Develop plan for use of employees not usually involved in patient care to perform basic patient care with supervision (Refer to <i>Alternative Staff Guidelines</i>)		
Influx of Infectious Patients		
Develop plan for patients requiring hospitalization <ul style="list-style-type: none"> ➤ Patient transport ➤ Lists of hospitals with contact information 		
Develop plan to accommodate overcrowding and to ensure that an inflow of infectious patients does not overstretch the facility's resources <ul style="list-style-type: none"> ➤ Capacity of facility ➤ Number of empty beds/cots ➤ Patient care equipment ➤ Availability of treatment options ➤ Availability of vaccine and antiviral drugs ➤ Staffing resources 		
Develop strategies to aid hospitals by admitting non-influenza patients not affected		
Environment		
Address whether adequate storage is available for additional supplies, e.g., water, food, medical supplies		
Make arrangements for additional storage, if needed		
Store adequate supplies/equipment (located in appropriate areas of building)		
For droplet precautions, position beds are at least three feet apart if setting up alternate bed areas		
Food Service		
Provide emergency food and disposable supplies are maintained		
Maintain hard copy of resident roster from Tray Trakker		
Develop staffing plans for full-day shifts (12 to 16 hours)		

Exhibit 10. DAILY SYMPTOM SCREENING FORM

INSTRUCTIONS: Use this form during an outbreak to screen **all** new admissions, re-admissions, staff, visitors, and vendors for symptoms of the illness before reporting to duty. Fill in specific symptoms monitored in the associated columns below. If staff report with symptoms meeting the clinical criteria, recommend follow-up treatment and send them home. (Note: this form may be modified based on specific outbreak.)

Name of Screener				Title					
Date	Name	Time	Symptoms			Status			
			Temperature	_____	_____	_____	OK to work/visit	Exclude from duty/visit	Screener initials
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

Temperature <100°F, OK to work/visit.

Temperature >100°F with any of above symptoms, exclude from duty/visit.

Exhibit 11. ALTERED STANDARDS OF CARE (ASC) FOR EPIDEMIC/PANDEMIC

In most cases, the order to use ASC will be initiated by state authorities. Following a declaration by the Governor that there is an emergency which is detrimental to the public health, the DPH/HHSD may order adherence to ASC priorities and protocols.

Principles for Allocation of Limited Resources and ASC Protocols

Priority for limited medical resources and ASC protocols will be based upon the allocation of scarce resources to maximize the number of lives saved. This allocation will be:

1. Determined on the basis of the best available medical information, clinical knowledge, and clinical judgment;
2. Implemented in a manner that provides equitable treatment of any individual or group of individuals based on the best available medical information, clinical knowledge, and clinical judgment;
3. Implemented without discrimination or regard to sex, sexual orientation, race, religion, ethnicity, disability, age, income, or insurance status.

ASC protocols will recognize:

- Any changes in practices necessary to provide care under conditions of scarce resources or overwhelming demand for care
- An expanded scope of practice for health care providers
- The use of alternate care sites, at facilities other than health care facilities
- Reasonable, practical standards for documentation of delivery of care

Individual Rights

Civil liberties and patients' rights will be protected to the greatest extent possible; however, it is recognized that the protection of the public health may require limitations on these liberties and rights during an epidemic.

Provider Liability

Health care providers who provide care in accordance with the priorities and ASC protocols, including care provided outside of their scope of practice or scope of license, will be considered to have provided care at the level at which the average, prudent provider in a given community would practice.

Priority Activities for ASC

The term "altered standards" has not been defined, but generally is assumed to mean a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on saving individuals. For example, it could mean applying principles of field triage to determine who gets what kind of care. It could mean changing infection control standards to permit group isolation rather than single person isolation. It could also mean changing who provides various kinds of care or changing privacy and confidentiality protections temporarily.

Because there are no nationally defined altered standards of care, Genesis HealthCare has established the priorities listed below. However, state/federal authorities are in the process of developing altered standards of care which may supersede Genesis priorities.

Nursing:

- Basic personal hygiene
- Use of hospital gowns for residents as opposed to personal clothing to reduce laundry
- Turning
- Toileting
- Feeding
- Medication Pass
- Critical documentation only – fever, change in condition, incidents

Housekeeping:

- Focus on high-touch surfaces such as tabletops, side rails, door knobs, telephones, time clocks, faucets, etc.

Dietary:

- Minimum nutritional requirements for three meals a day
- Therapeutic diets will be evaluated on an individual basis
- Essential documentation only

Social Services:

- Limit activities to current pandemic issues
- Essential documentation only

Laundry:

- Additional shifts may be needed to handle increased demands

Maintenance:

- Suspend preventive maintenance activities to reallocate resources

Recreation Services:

- Suspend activities to reallocate resources

Admissions:

- Limited to only those associated with the epidemic
- Consider marketing personnel reallocation to local centers

Business Office, Human Resources, Central Supply, Medical Records, Clerical Functions:

- Limit to essential functions only to reallocate resources

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EMERGENCY PREPAREDNESS CHECKLIST			Tasks
Not Started	In Progress	Completed	
			<ul style="list-style-type: none"> • Decision Criteria for Executing Plan: Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.
			<ul style="list-style-type: none"> • Communication Infrastructure Contingency: Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).
			<ul style="list-style-type: none"> • Develop Shelter-in-Place Plan: Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc. - Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. - Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. - Sufficient resources are in supply for sheltering-in-place for at least 7 days, including: <ul style="list-style-type: none"> - Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel - An adequate supply of potable water (recommended amounts vary by population and location) - A description of the amounts and types of food in supply - Maintaining extra pharmacy stocks of common medications - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) - Identifying and assigning staff who are responsible for each task - Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days - Contract established with multiple vendors for supplies and transportation - Develop a plan for addressing emergency financial needs and providing security
			<ul style="list-style-type: none"> • Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) - Multiple pre-determined evacuation locations (contract or agreement) with a "like" facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. - Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established - Adequate food supply and logistical support for transporting food is described.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

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Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST		
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING		
Not Started	In Progress	Completed
Tasks		
		<ul style="list-style-type: none"> - The amounts of water to be transported and logistical support is described. - The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse. - Procedures for protecting and transporting resident/patient medical records. - The list of items to accompany residents/patients is described. - Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation - Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff. - Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices). - A description of how other critical supplies and equipment will be transported is included. - Determine a method to account for all individuals during and after the evacuation - Procedures are described to ensure staff accompany evacuating residents. - Procedures are described if a patient/resident becomes ill or dies in route. - Mental health and grief counselors are available at reception points to talk with and counsel evacuees. - It is described whether staff family can shelter at the facility and evacuate.
		<ul style="list-style-type: none"> • Transportation & Other Vendors: Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not "overbooked," and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc). *
		<ul style="list-style-type: none"> • Train Transportation Vendors/Volunteers: Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *
		<ul style="list-style-type: none"> • Facility Reentry Plan: Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility. *
		<ul style="list-style-type: none"> • Residents & Family Members: Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

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Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> ● Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident: <ul style="list-style-type: none"> - Name - Social security number - Photograph - Medicaid or other health insurer number - Date of birth, diagnosis - Current drug/prescription and diet regimens - Name and contact information for next of kin/responsible person/Power of Attorney) <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>
			<ul style="list-style-type: none"> ● Trained Facility Staff Members: Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.
			<ul style="list-style-type: none"> ● Informed Residents & Patients: Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including: <ul style="list-style-type: none"> - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones. - Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.
			<ul style="list-style-type: none"> ● Needed Provisions: Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.
			<ul style="list-style-type: none"> ● Location of Evacuated Residents: Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.
			<ul style="list-style-type: none"> ● Helping Residents in the Relocation: Suggested principles of care for the relocated residents include: <ul style="list-style-type: none"> - Encourage the resident to talk about expectations, anger, and/or disappointment - Work to develop a level of trust - Present an optimistic, favorable attitude about the relocation - Anticipate that anxiety will occur - Do not argue with the resident - Do not give orders

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

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Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> - Do not take the resident's behavior personally - Use praise liberally - Include the resident in assessing problems - Encourage staff to introduce themselves to residents - Encourage family participation
			<ul style="list-style-type: none"> • Review Emergency Plan: Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions: <ul style="list-style-type: none"> - Regulatory change - New hazards are identified or existing hazards change - After tests, drills, or exercises when problems have been identified - After actual disasters/emergency responses - Infrastructure changes - Funding or budget-level changes
			<ul style="list-style-type: none"> • Communication with the Long-Term Care Ombudsman Program: Prior to any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.
			<ul style="list-style-type: none"> • Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan: <ul style="list-style-type: none"> - Exercises or drills must be conducted at least semi-annually - Corrective actions should be taken on any deficiency identified
			<ul style="list-style-type: none"> • Loss of Resident's Personal Effects: Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. *

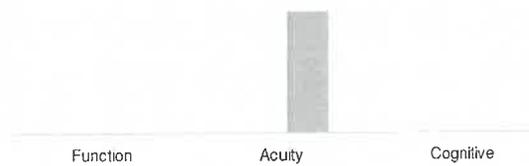
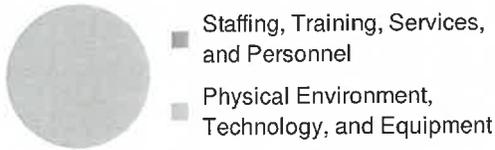
Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

Facility Assessment

Keene Center

305051: Keene Center - 55070, Keene, NH

Insufficiencies by Category & Type



1
INSUFFICIENT
CATEGORIES
3
ACTION/PLAN IN
PLACE
Dec 1, 2022 -
Dec 22, 2022

Last Activity: Dec 26, 2022 ADC: 98 Licensed Beds: 106

I. Resident Population Profile - Dec 2, 2021 - Dec 1, 2022

Admissions/Stays Summary

	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Number of Admissions/Stays in Past Year	329	100	N/A
Number of Admissions/Stays ending in Community Discharge	111	33.7	Low
Number of Admissions/Stays ending in Death	46	14	Very High
Number of Admissions/Stays ending in Hospitalization	76	23.1	Low
Number of Admissions/Stays ending in Other Discharge	8	2.4	Low
Number of Ongoing Stays	88	26.7	N/A
Number of Short Stays (Less than 100 days)	189	57.4	Low
Number of Short Stays 1-14 Days	68	36	N/A
Number of Short Stays 1-30 Days	133	70.4	N/A
Number of Short Stays 1-60 Days	170	89.9	N/A
Number of Short Stays 1-90 Days	186	98.4	N/A
Number of Long Stays (100 days or more)	114	34.7	High

Number of Post-acute Admissions/Stays

302

91.8

High

A. Function, Mobility, & Physical Disabilities

MDS Resident Profile Admissions/Stays % of Admissions/Stays Frequency Relative to Benchmark

Global Function (Barthel) Index

ADL Function Low

168

51.1

Low

ADL Function Moderate

31

9.4

Very Low

ADL Function High

92

28

High

Activities of Daily Living (ADL) - Assistance Required: 1 Person

Daily Care (excluding Bathing)

269

81.8

High

Bed Mobility

114

34.7

Low

Transfer

134

40.7

High

Walk in Room

94

28.6

Low

Toilet Use

153

46.5

High

Eating

172

52.3

High

Bathing

191

58.1

Very Low

Dressing

183

55.6

Low

Hygiene/Grooming

194

59

Low

Activities of Daily Living (ADL) - Assistance Required: 2+ Persons

Daily Care (excluding Bathing)

165

50.2

High

Bed Mobility

145

44.1

High

Transfer

100

30.4

Low

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Walk in Room

3

0.9

Low

Toilet Use		115	35	High
Eating		2	0.6	High
Bathing		75	22.8	High
Dressing		89	27.1	High
Hygiene/Grooming		73	22.2	High
Mobility				
Independently Ambulatory (No Assistive Device)		0	0	N/A
Independently Ambulatory (With Assistive Device)		1	0.3	N/A
Ambulation with Assistance (No Assistive Device)		23	7	N/A
Ambulation with Assistance (With Assistive Device)		122	37.1	N/A
In Chair All or Most of Time		197	59.9	N/A
With Contractures		165	50.2	Very High
Physically Restrained		1	0.3	High
Rehabilitative Services (for those receiving therapy)	Avg. Number of Days	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Speech-Language Pathology and Audiology Services	2.2	33	10	High
Occupational Therapy	3.3	217	66	High
Physical Therapy	2.8	177	53.8	Low
Respiratory Therapy	1.7	30	9.1	High
Psychological Therapy	1	1	0.3	N/A
Recreational Therapy	1	1	0.3	Very Low

1. Types of care required- Admissions team including IDT and hospital screener review potential admissions and the services/equipment/staffing required to care for the resident. Center has a high population of residents that require ADL assistance. This includes bathing, dressing, grooming and toileting. High incidence of mobility assistance with device and mechanical lift. Types of care provided but not limited to - Skilled nursing care, long term care, advanced care planning, palliative care and veteran care. Supporting residents, families and caregivers throughout the continuum of their time with Keene Center. The Center creates an atmosphere similar to home building relationships for residents, family members and staff. Community partnering has been modified since the presence of COVID 19 and the need to modify the types of ways our center collaborates and connects with the community. Strive to deliver care that is culturally religiously and ethnically competent/sensitive. Embrace/welcome all who enter.

2. Services required- Center collaborates with rehabilitative services located on site - PT/OT/ST (via tele visit and proctor). Through collaboration residents are evaluated for developing plans for the resident to restore function and or maintain highest level of self performance. Health drive provides dental, podiatry ophthalmology and audiology services. Residents have the option of community based services as well. US Labs/Trident provide the lab services, x-ray and EKG services. Medi Telecare provides the mental health services. Omnicare provides the services pertaining to pharmacy and therapeutic oversight of medication regimes. Lincare is the provider for oxygen needs and respiratory therapy. HCS Inc. of Keene is the primary provider of Hospice service in the Center, however Compassus and Bayada are available options for residents as well. The Center provides infusion therapy around the clock with supplies from Omnicare. Wound care / pressure relieving / reducing Joerns. G-tube nutritional services - consultation with dietician / PCP. Partnership with the VA for veterans. Due to the ongoing requirements surround Covid 19 and the changing guidance surrounding testing, vaccines and isolation the senior leadership respond to the arising needs and adapt the training/ education.

3. Staff/Personal required- Center employs a full senior leadership team overseeing each department. Nurses, LNA, medical records, Director of nurses, NPE, ICP, Unit Managers, CRC, Skin Lead make up the clinical team. SSD director, and Admissions director back each other up in their respected areas. Recreation department- Full time activity director, two full time assistants and a bus driver for the center 1-2 days a week. Dietary and Housekeeping services are contracted with Health Care Service Group. Dietary-FSS, Dietician (8 hours weekly), cooks, and diet aides. Housekeeping and Laundry- Director, laundress, and housekeepers. Maintenance Department- Full time director and full time assistant. Rehabilitation team is contracted through- Genesis Rehabilitation group. PT/OT/ST. Genesis Physician Service- Medical director and a part time NP to transition to a full time NP first of 2023.

4. Staff Competency- New clinical staff complete competencies on hire, and annually. When a new treatment modality is introduced training is provided. Gaps in performance are identified and further education is provided to elevate performance.

5. Physical plant environment required- Center has 53 resident rooms (semi private) with beds. Rooms are dual certified to accommodate for placement of SNF customers throughout the center. Full kitchen, Main dining room and a family room on each resident floor that serves as a dining room/recreation location for residents that require physical assistance/supervision when dining. Center has a vented, and approved oxygen storage room. External generator that runs dedicated outlets (identified with red face plates) Laundry room is equipped with three washers, and three gas dryers. Therapy room is equipped with various pieces of equipment for treatment modalities. Center has one storage pod for equipment storage. Extra rehab equipment- wheelchairs, walkers, splints, wedges, ect. are stored in the rehab room closet.. A small shed is located behind the building with excess rehab equipment, wheel chairs and supplies.

6. Medical and non-medical Center has a shared bus that is stored at a sister facility. The bus is shared with other buildings. The town of Keene has two ambulances, Diluzio and adventure limousine provide transportation to residents. Current transportation needs in the state of NH is in a state wide spread shortage. This has impacted the ability to schedule appointments, and the lack of follow through with transportation showing up as well as delayed transports from hospital to center. VA has a bus and they assist with scheduling appointments and booking transportation.

7. Health information technology resources required- Center uses PCC for the EMR. PCC is also the technology used for MAR/TAR. Sister centers also use PCC which would support center professionals wish access to view the EMR remotely. Nursing using E-Mar for medication administration and has a back up system for when the computer system is offline. POC is LNA documentation, SWIFT skin documentation, and Rehab optima for rehab documentation.

B. Acuity-Diseases, Conditions, & Treatments

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Acuity Index			
Acuity Index Low	121	36.8	Low
Acuity Index Moderate	149	45.3	High
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Acuity Index High	59	17.9	High

Cancer				
Cancer	41	12.5	Very High	
Heart/Circulation				
Heart Failure (CHF)	69	21	High	
Peripheral Vascular Disease (PVD)	50	15.2	High	
Gastrointestinal				
Cirrhosis	8	2.4	Very High	
Gastroesophageal Reflux Disease (GERD) or Ulcer	128	38.9	Very High	
Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease	6	1.8	Very High	
Genitourinary				
Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)	95	28.9	Very High	
Neurogenic Bladder	27	8.2	Very High	
Obstructive Uropathy	1	0.3	Low	
Infections				
Multidrug-resistant Organism	2	0.6	Low	
Pneumonia	13	4	Low	
Septicemia	14	4.3	High	
Tuberculosis	0	0	None	
Urinary Tract Infection (UTI)	21	6.4	Low	
Viral Hepatitis	1	0.3	Low	
Wound Infection	2	0.6	High	
Metabolic				
Diabetes	128	38.9	High	

Arthritis	116	35.3	Very High
Osteoporosis	46	14	Very High
Hip Fracture	23	7	High
Other Fracture	43	13.1	Very High
Neurological			
Alzheimer's	21	6.4	High
Aphasia	7	2.1	High
Cerebral Palsy	3	0.9	High
Cerebrovascular Accident (CVA, TIA) Stroke	43	13.1	High
Non-Alzheimer's Dementia	80	24.3	High
Hemiplegia or Hemiparesis	32	9.7	High
Paraplegia	9	2.7	Very High
Quadraplegia	5	1.5	High
Multiple Sclerosis	9	2.7	Very High
Huntington's Disease	0	0	None
Parkinson's	16	4.9	High
Tourette's	0	0	None
Seizure Disorder or Epilepsy	28	8.5	High
Traumatic Brain Injury	3	0.9	High
Nutritional			
Malnutrition	47	14.3	Very High

Anxiety Disorder	104	31.6	High
Depression	150	45.6	High
Manic Depression	16	4.9	High
Psychotic Disorder	11	3.3	High
Schizophrenia	7	2.1	Low
Post Traumatic Stress Disorder (PTSD)	3	0.9	High
Pulmonary			
Asthma, COPD, or Chronic Lung Disease	104	31.6	Very High
Respiratory Failure	45	13.7	Very High
Vision			
Cataracts, Glaucoma, or Macular Degeneration	38	11.6	Very High
Conditions			
Dehydrated	2	0.6	High
Swallowing Difficulty	49	14.9	Very High
Pain Frequency (Frequent or Almost Constant)	37	11.2	Low
Fever	4	1.2	Low
Vomiting	9	2.7	High
Internal Bleeding	10	3	Very High
Falls with Injuries	30	9.1	High
Falls Since Admission or Prior Assessment	53	16.1	High
One or More Unhealed Pressure Ulcers/Injuries	40	12.2	High
Shortness of Breath When Sitting	35	10.6	High

Unplanned Significant Weight Loss	25	7.6	High
Unplanned Significant Weight Gain	10	3	Low
Current Tobacco Use	6	1.8	Low
Treatments			
Chemotherapy	1	0.3	Low
Radiation	0	0	None
Oxygen	82	24.9	High
Suctioning	0	0	None
Tracheostomy	1	0.3	High
Invasive Mechanical Ventilator (ventilator or respirator)	0	0	None
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	8	2.4	High
IV Medications	4	1.2	Low
Transfusions	2	0.6	Very High
Dialysis	4	1.2	Low
Isolation	8	2.4	Very High
Parenteral/IV Feeding	3	0.9	High
Feeding Tube	4	1.2	Low
Mechanically Altered Diet	62	18.8	Low
Indwelling Catheter	46	14	High
External Catheter	3	0.9	High
Ostomy (urostomy, ileostomy, colostomy)	6	1.8	Low

Intermittent Catheterization	2	0.6	High
Urinary Toileting Program	0	0	None
Bowel Toileting Program	0	0	None
Injections	147	44.7	Very Low
Influenza Immunization	63	19.1	Low
Pneumococcal Immunization	59	17.9	Very Low
Medications			
Insulin	54	16.4	N/A
Psychoactive Medications	189	57.4	N/A
Antipsychotic Medications	29	8.8	N/A
Antianxiety Medications (anxiolytics)	36	10.9	N/A
Antidepressant Medications	168	51.1	N/A
Hypnotic Medications	2	0.6	N/A
Anticoagulant	89	27.1	N/A
Antibiotics	61	18.5	N/A
Diuretic	107	32.5	N/A

B.1. Acuity - Frequency of Potentially High-Risk Treatments

IV antibiotics	More than 6
IV fluids	1-5
IV other medications	1-5
PICC line	1-5
Surgical drains	1-5
Anticoagulation - INR monitoring	More than 6
Nebulizer Treatments	More than

Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.) 1-5

Bariatrics 1-5

B.2. Acuity - Care Requirements

1. Types of care required (including trauma and substance use disorders as applicable) Center provides a vast variety of care with higher prevalence of the following: Renal diseases, GI conditions, cardiac/ circulatory conditions including vascular, musculoskeletal- arthritis, and metabolic prevalence-diabetes. Neurological conditions include-TIA, CVA, and non Alzheimer's dementia, Huntington's disease and Parkinson's disease. Nutritional conditions- malnutrition, Psychosocial conditions- center has a high prevalence of depression, anxiety and PTSD. Pulmonary conditions with high prevalence include Asthma, COPD, and chronic lung disease. Sensory conditions including visual ailments have a high prevalence at the center. Other conditions with a high incidence include pain frequency, falls preadmission/post admission. Treatments- oxygen therapy, CPAP/BiPAP, IV Medications, mechanically altered diet, indwelling catheter, ostomy, injections- including insulin and immunizations. High prevalence of Psychoactive medication- predominantly antidepressants. Anticoagulant.

2. Services require (including behavioral health services as applicable) in house PCP/NP for treatment of acute/chronic conditions. Other services outlined in the center functions- rehab, ancillary services, hospice, vision, dental, podiatry, mental health services, lab services, O2 etc. The center utilizes Third Eye for after hours/on call physicians. As well as with new equipment and PRN education.

3. Staff/Personal required- center has agreements/partnership with supporting services. Omnicare, Linecare, Joerns, GRS/powerback, GPS- Medical director/NP services. Staffing is linked to occupancy. Acuity is factored into overall staffing patterns, and modified as census goes up or down. .

4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided.

5. Physical plant environment required - external generator runs the entire building. Central air conditioning units cool all common areas, and individual units are placed in the resident rooms, offices and common areas in Spring and removed in the Fall.

6. Medical and non-medical equipment required- Each unit is equipped with mechanical lifts and variety of sized slings. The shower rooms on each floor are equipped with a shower and whirlpool tub. Bladder scanner for use on both floors. The center has partnerships with various vendors that provide equipment for the care of residents- Omnicare IV pumps, enteral feeding pumps. Linecare CPAP/BiPAP, medication carts that are serviced by Omnicare, the omniceil in the medication room for emergency/back up medications, nebulizer machines/O2 concentrators. Joerns wound vacs and specialty sleeping surfaces. The kitchen uses a Robo coupe machine to prepare mechanically altered textures. Keene Center has a facility bus for outings that is shared with three other homes.

7. Health information technology resources required- such as systems for electronically managing patient records and electronically sharing information with other organizations- PCC in the EMR for center. Additional supporting technology such as programs like SWIFT for wound care and Omniview for pharmacy, POC and Rehab Optima.

C. Cognitive, Mental, & Behavioral Status

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Interviewable	239	72.6	Very Low
Memory Impaired on BIMS	58	17.6	High
Orientation Impaired on BIMS	97	29.5	Low
Recall Impaired on BIMS	86	26.1	High
Understanding Impaired	28	8.5	High
Page 202 of 436			
Decision Making Impaired	90	27.4	Very High

With Intellectual Disability or Developmental Disability	3	0.9	Very High
Dementia: Non-Alzheimer's or Alzheimer's Disease	82	24.9	Low
Wandering	25	7.6	Very High
Psychotic Symptoms	18	5.5	High
With Behavioral Health Care Needs	71	21.6	High
Resident Behavior Impacted Resident Care	10	3	High
Resident Behavior Impacted Others	3	0.9	High
Potential For Self Harm	0	0	None
Hearing Impaired	30	9.1	High
Speech Impaired	33	10	High
Vision Impaired	7	2.1	Low
Comatose	0	0	None

C.1. Cognitive - Care Requirements

1. Types of care required (including trauma and substance use disorders as applicable). Center provides a vast variety of care with higher prevalence of following: Cognitive diagnosis/conditions impacting cognition include - TIA, CVA and non Alzheimer's dementia, Huntington's disease and Parkinson's disease. Psychosocial conditions- Center has a high prevalence of depression, anxiety and PTSD. Sensory conditions including visual ailments have a high prevalence at Center. other conditions with a high incidence include pain frequency, falls pre-admission/post admission. High prevalence of Psychoactive medication- predominantly antidepressants.

2. Services required (including behavioral health services as applicable) in house PCP/NP for treatment of acute/chronic conditions. Other service as outlined in center functions- rehab, ancillary services, hospices, vision, dental, podiatry, mental health services, lab services, O2 etc. Center utilizes Third Eye for after hours/on call physicians. Person centered care drives individual care planning, what matters to the resident supports the cognitive and mental health needs of the resident. The recreation team develop programs in collaboration with the residents.

3. Linecare, Joerns, GRS/powerback, GPS- Medical director/NP services. Meditelicare provides specialized mental health services, including medication reviews, talk therapy, in-service education on special topics.

4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing with services proficiency with services required and provided. Special ongoing training includes specialized dementia training, trauma informed care and topics that target techniques to care for those with cognitive/mental behavior health conditions.

5. Physical plant environment required- Secure care system at main entry, emergency doors and elevators. Center does not use bed/chair alarms. Center does have removable stop signs used for various rooms including resident rooms as a deterrent for wandering residents entering another persons room.

6. Medical and non-medical equipment required- Center has devices for music, animatronic pets and weighted babies available that provide comfort for various levels of cognitive conditions. Keene Center has a facilities bus for outings that is shared with three other homes. Pocket

7. Health information technology resources required- IPAD or similar device for virtual visits. PCC is EMR.

D. Cultural, Ethnic, & Religious Factors

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Age			
Age less than 65	35	10.6	Low
Age 65 to 94	270	82.1	High
Age 95 or greater	24	7.3	High
Race/Ethnicity			
American Indian or Alaska Native	1	0.3	High
Asian	0	0	None
Black or African American	1	0.3	Low
Hispanic or Latino	1	0.3	Low
Native Hawaiian or Other Pacific Islander	0	0	None
White	325	98.8	Very High
PASRR			
PASRR level II indicates serious mental illness and/or intellectual disability or related condition	10	3	High
Other			
Male	133	40.4	High
Married	111	33.7	High
Need/Want Interpreter	0	0	None
Life Expectancy less than 6 Months	28	8.5	High
Receiving Hospice Care	27	8.2	High

D.1. Cultural - Activities, Services, & Places

Spiritual/Religious Services

Catholic

Other Christian

Other faith or world religion

Holiday Services

Christian holidays

Jewish Holidays

Accommodations for Worship

Time of day (e.g. sunrise, early AM, late afternoon, evening)

Noise (e.g. silence, quiet room)

Furniture (e.g. comfort for sitting, kneeling)

Media (e.g. books, videos, music)

Equipment (e.g. TV, CD player, etc.)

Objects and/or icons (e.g. art, statues, votives, etc.)

Other accommodations

Places of Worship

Non-Christian spiritual setting

Other setting

Spiritual Counseling

Non-denominational

Priest

Minister

End of life counseling/visitation

Spiritual Reading/Study

Other sacred texts

D.2. Cultural - Food & Nutrition

Diet

Vegetarian

Sugar-free

Dairy

Dairy substitutes (e.g. soy)

Protein preferences (e.g. beef, pork, fowl, fish, vegetarian)

Other diet

Early (e.g. breakfast, coffee)

Mid-afternoon

Evening

Religious/Holiday Meals

None

D.3. Cultural - Daily Routine

Daily Routine Accommodations

Clothing and cosmetics (e.g. religious garments, jewelry, makeup, oils)

Gender preferences (e.g. same gender personal care providers)

Outside visitors (family, friends, partners, significant relations)

Place and times for privacy

Access to outdoors

Waking time

Bed time

Other daily routine accommodations

D.4. Cultural - Care Requirements

1. Types of care required (including trauma and substance use disorders as applicable): Center serves individuals from a vast group of religious affiliations. Center provides a vast variety of care with higher prevalence in the age groups 65 to 94. The Center does have customers in the younger and older age group as well. Our Center community is predominantly white, but have provided service to a diverse population. This includes the individual preferences of the resident- rise and bed time, when and what to eat, what to wear, how to spend their time, how they want to be addressed as well as other personal preferences. Our culinary team and recreation team collaborate to provide enriching experiences including multid denominational services and activities. The dietician supports the team regarding religious and cultural needs being met through nutritional services.
2. Services required- through assessment process, Center is able to determine specific services required by those in our care. Spiritual services include Catholic, Christian and nondenominational. The Center works with the resident/customer to ascertain the spiritual connection they require and seek partnership with community partners. Resident Council helps drive the nature of service desired.
3. Staff/Personnel required- The recreation, dietary and social service team collaborate with the residents to identify what matters to them, the frequency and types of spiritual/religious services, food and cultural preferences. Local clergy and religious leaders, volunteers and community groups.
4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided, including the importance of what matters to the resident.
5. Physical plant environment required - Space for worship, and spiritual services to accommodate large and small groups.
6. Medical and non-medical equipment required- center has a shared bus. PA system is available for use to project sound quality for all listeners. A podium is also available for those presenting.
7. Health information technology resources required- such as systems for electronically managing patient records and electronically sharing information with other organizations- PCC is the EMR for the Center where care teams complete assessments and collect information specific to the resident and their spiritual/religious and cultural needs.

Supporting Documents

No records were found

II. Staffing, Training, Services & Personnel

A. Function, Mobility, & Physical Disabilities

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-19
Activities of Daily Living (ADL)				
Daily Care (excluding Bathing)	Sufficient	Sufficient	Sufficient	No
Bed Mobility	Sufficient	Sufficient	Sufficient	No
Transfer	Sufficient	Sufficient	Sufficient	No
Walk in Room	Sufficient	Sufficient	Sufficient	No
Toilet Use	Sufficient	Sufficient	Sufficient	No
Eating	Sufficient	Sufficient	Sufficient	No
Bathing	Sufficient	Sufficient	Sufficient	No
Dressing	Sufficient	Sufficient	Sufficient	No
Hygiene/Grooming	Sufficient	Sufficient	Sufficient	No
Mobility				
Ambulation	Sufficient	Sufficient	Sufficient	No
In Chair All or Most of Time	Sufficient	Sufficient	Sufficient	No
With Contractures	Sufficient	Sufficient	Sufficient	No
Physically Restrained	Not Applicable	Not Applicable	Not Applicable	No
Rehabilitative Services (for those receiving therapy)				

Speech-Language Pathology and Audiology Services

Sufficient

Sufficient

Sufficient

No

Occupational Therapy

Sufficient

Sufficient

Sufficient

No

Physical Therapy

Sufficient

Sufficient

Sufficient

No

Respiratory Therapy

Sufficient

Sufficient

Sufficient

No

Psychological Therapy

Sufficient

Sufficient

Sufficient

No

Recreational Therapy

Sufficient

Sufficient

Sufficient

No

A.1. Function - Sufficiency Analysis Summary

Staffing and scheduling systems- Daily discussions regarding staffing on each of the floors/units. The unit managers provide updates on resident needs. The scheduler will make staffing adjustments based on census and acuity. Scheduler and clinical team meet daily/weekly for labor meetings to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing in the center. Additional service gaps with contracted services are also evaluated by the IDT to develop plans to ensure services are provided during the identified gaps. During outbreak status and closing congregate activities/meals staffing is evaluated to determine adjustments that are required. Center has primary assignments with floaters that cover primary days off. In the event we have an outbreak of COVID 19 center will consult regional support team to develop staffing plan based on current guidance for staff to return to work. Caregivers collaborate via hey team leader, huddles, staff meetings and 1:1 to determine changes to work loads and assignments. All senior leaders with licenses support direct care staff and partner to ensure adequate numbers for safety and quality.

2. Staff training and competency program- NPE spear heads the staff training and competence program. This includes upon hire, annually, and with identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff. Training is conducted through a variety of modalities. These include vital learn programs through online programming, education boards, and live education. Nursing competencies are conducted on hire and annually.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments- Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions for process changes, or process creation to impact overall quality of care and efficiency of process.

A.2. Function - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data. Data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards, etc. evaluate improvement and development of PIPs/IA.

3. Corrective actions-QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet the gaps in performance.

B. Acuity-Diseases, Conditions, & Treatments

■ 0 □ 0

■ 0 □ 3

■ 0 □ 0

Y-1 N-38

Cancer

Sufficient

Sufficient

Sufficient

No

Heart/Circulation

Sufficient

Sufficient

Sufficient

No

Gastrointestinal

Sufficient

Sufficient

Sufficient

No

Genitourinary

Sufficient

Sufficient

Sufficient

No

Infections

Sufficient

Sufficient

Sufficient

No

Metabolic

Sufficient

Sufficient

Sufficient

No

Musculoskeletal

Sufficient

Sufficient

Sufficient

No

Neurological

Sufficient

■ In Progress

Sufficient

No

Nutritional

Sufficient

■ In Progress

Sufficient

Yes

Psychiatric/Mood/Behavioral Health (including Trauma/SUD as applicable)

Sufficient

■ In Progress

Sufficient

No

Pulmonary

Sufficient

Sufficient

Sufficient

No

Cataracts, Glaucoma, or Macular Degeneration

Sufficient

Sufficient

Sufficient

No

Conditions

Sufficient

Sufficient

Sufficient

No

Treatments

Chemotherapy

Sufficient

Sufficient

Sufficient

No

Radiation

Sufficient

Sufficient

Sufficient

No

Page 209 of 436
Oxygen

Sufficient

Sufficient

Sufficient

No

Suctioning	Sufficient	Sufficient	Sufficient	No
Tracheostomy	Not Applicable	Not Applicable	Not Applicable	No
Invasive Mechanical Ventilator (ventilator or respirator)	Not Applicable	Not Applicable	Not Applicable	No
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	Sufficient	Sufficient	Sufficient	No
IV Medications	Sufficient	Sufficient	Sufficient	No
Transfusions	Not Applicable	Not Applicable	Not Applicable	No
Dialysis	Not Applicable	Not Applicable	Not Applicable	No
Isolation	Sufficient	Sufficient	Sufficient	No
Parenteral/IV Feeding	Sufficient	Sufficient	Sufficient	No
Feeding Tube	Sufficient	Sufficient	Sufficient	No
Mechanically Altered Diet	Sufficient	Sufficient	Sufficient	No
Catheterization	Sufficient	Sufficient	Sufficient	No
Ostomy (urostomy, ileostomy, colostomy)	Sufficient	Sufficient	Sufficient	No
Toileting Program	Sufficient	Sufficient	Sufficient	No
Injections	Sufficient	Sufficient	Sufficient	No
Immunizations	Sufficient	Sufficient	Sufficient	No

Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	Sufficient	Sufficient	Sufficient	No
---	------------	------------	------------	----

Bariatrics	Sufficient	Sufficient	Sufficient	No
------------	------------	------------	------------	----

Medications

Insulin	Sufficient	Sufficient	Sufficient	No
---------	------------	------------	------------	----

Psychoactive Medications	Sufficient	Sufficient	Sufficient	No
--------------------------	------------	------------	------------	----

Anticoagulant	Sufficient	Sufficient	Sufficient	No
---------------	------------	------------	------------	----

Antibiotics	Sufficient	Sufficient	Sufficient	No
-------------	------------	------------	------------	----

Diuretic	Sufficient	Sufficient	Sufficient	No
----------	------------	------------	------------	----

B.1. Acuity - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Our strategic business plan includes current clinical capabilities as well as identified opportunities in the market. The labor team evaluate capacity and competence of staff and needed training/competencies needed to provide the service. Scheduler and clinical team meet for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing and the acuity in the center.

2. Staff training and competency program- NPE spear heads the staff training and competence program. Through collaboration with IDT program is modified to meet the current needs/acuity. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments- Clinical team collaborates with direct care staff to evaluate assignments and needed adjustments. Staff utilize the Hey Team Leader program to communicate needs, suggestions for process changes or creation to impact overall quality of care and efficiency of process. When new service opportunities present through market analysis with community partners staffing patterns/sufficiency is evaluated from the perspective of the proposed new service.

B.2. Acuity - QAPI Action/Plan Summary

1. Facility QAPI Plan- center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly with adhoc meetings throughout the month as needed. As part of the SBP and the QAPI service gaps are identified and PIP/IA are developed.

2. Business- SBP/market analysis and Safety Excellence Improvement activities and PIPs are identified.

3. Corrective actions- QAPI team members present minutes and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet gaps in performance.

C. Cognitive, Mental, & Behavioral Status

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
---------------------------------	------------------	--------------------	----------	----------------------

■ 0 □ 0

■ 0 □ 1

■ 0 □ 0

Y-0 N-11

Cognitive Impairment (Memory, Understanding, etc.)	Sufficient	Sufficient	Sufficient	No
Intellectual and/or Developmental Disabilities	Sufficient	Sufficient	Sufficient	No
Signs & Symptoms of Depression	Sufficient	Sufficient	Sufficient	No
Dementia: Non-Alzheimer's or Alzheimer's Disease	Sufficient	Sufficient	Sufficient	No
Wandering & Elopement	Sufficient	Sufficient	Sufficient	No
Psychotic Symptoms	Sufficient	Sufficient	Sufficient	No
With Behavioral Health Care Needs	Sufficient	<input type="checkbox"/> In Progress	Sufficient	No
Resident Behavior Impacting Care and/or Others	Sufficient	Sufficient	Sufficient	No
Potential For Self Harm	Sufficient	Sufficient	Sufficient	No
Hearing, Speech, Vision Impairment	Sufficient	Sufficient	Sufficient	No
Comatose	Sufficient	Sufficient	Sufficient	No

C.1. Cognitive - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Scheduler and clinical team meet for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing in the center. Additional service gaps with contracted service are also evaluated by the IDT to develop plan to ensure services are provided during identified gaps.
2. Staff training and competency program- NPE spear heads the staff training and competence program. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals are included in individual development plan for staff.
3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments to communicate needs, suggestions for process changes or process creation to impact overall quality of care and efficiency of process. Direct staff assignments are never left "vacant" Keene Center fills all direct care assignments if uncovered by a primary or alternate with clinical leadership or licensed individual.

C.2. Cognitive - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.
2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data (data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards etc., evaluate critical element pathways which provide a consistent review of system and process guiding the team identification of Opportunities for

3. Corrective actions- QAPI team members present minutes from excellence meetings and projects worked on. The team provides feedback and any additional suggested corrective actions required to meet gaps in performance. The Hey Team Leader program provides a vehicle of feedback and efficient process to implement corrective action. Competency of staff while "in progress" a dedicated action plan may or may not be developed. Keene Center provided leaders with the option of completing the LNA program to increase the "all hands on deck" approach.

D. Cultural, Ethnic, & Religious Factors

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-1 N-10
Age	Sufficient	Sufficient	Sufficient	No
Race/Ethnicity	Sufficient	Sufficient	Sufficient	No
Serious mental illness and/or intellectual disability or related condition	Sufficient	Sufficient	Sufficient	No
Gender	Sufficient	Sufficient	Sufficient	No
Marital Status	Sufficient	Sufficient	Sufficient	No
Need for interpreter(s)	Sufficient	Sufficient	Sufficient	No
Life Expectancy less than 6 Months	Sufficient	Sufficient	Sufficient	No
Receiving Hospice Care	Sufficient	Sufficient	Sufficient	No
D. Cultural, Ethnic, & Religious Factors				
Activities	Sufficient	Sufficient	Sufficient	No
Food & Nutrition	Sufficient	Sufficient	Sufficient	Yes
Other	Not Applicable	Not Applicable	Not Applicable	No

D.1. Cultural - Sufficiency Analysis Summary

1. Staffing and schedules systems- Understanding the unique needs of each resident and their preference provides the guide for determining capacity and needs of staff. This includes seeking support service which include but not limited to clergy, religious groups, LGBT/inclusion groups.

2. Staff training and competency program- [redacted] spear heads the staff training and competence program. Programs such as Trauma informed care.

3. A review of staff assignments and systems for coordination and continuity of care for residents within and across staff assignments- Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions and the process or creation to impact overall quality of care and efficiency of process. Being sensitive to matters to the customer- for example no male caregivers, does not take showers, or is a night owl.

D.2. Cultural - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvements activities and PIPs are identified. The excellence team complete analysis of data (data sources include but not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards etc., evaluate critical element pathways which provide a consistent review of system and process guiding the teams identification of Opportunities for Improvement.

3. Corrective actions- QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and additional suggested corrective actions required to meet the gaps in performance. The Hey Team Leader program provides a vehicle for feedback and efficient process to implement corrective action.

Supporting Documents

No records were found

III. Physical Environment, Technology, & Equipment

A. Function, Mobility, & Physical Disabilities

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-19
Activities of Daily Living (ADL)				
Daily Care (excluding Bathing)	Sufficient	Sufficient	Sufficient	No
Bed Mobility	Sufficient	Sufficient	Sufficient	No
Transfer	Sufficient	Sufficient	Sufficient	No
Walk in Room	Sufficient	Sufficient	Sufficient	No
Toilet Use	Sufficient	Sufficient	Sufficient	No
Eating	Sufficient	Sufficient	Sufficient	No

Bathing	Sufficient	Sufficient	Sufficient	No
Dressing	Sufficient	Sufficient	Sufficient	No
Hygiene/Grooming	Sufficient	Sufficient	Sufficient	No
Mobility				
Ambulation	Sufficient	Sufficient	Sufficient	No
In Chair All or Most of Time	Sufficient	Sufficient	Sufficient	No
With Contractures	Sufficient	Sufficient	Sufficient	No
Physically Restrained	Not Applicable	Not Applicable	Not Applicable	No
Rehabilitative Services (for those receiving therapy)				
Speech-Language Pathology and Audiology Services	Sufficient	Sufficient	Sufficient	No
Occupational Therapy	Sufficient	Sufficient	Sufficient	No
Physical Therapy	Sufficient	Sufficient	Sufficient	No
Respiratory Therapy	Sufficient	Sufficient	Sufficient	No
Psychological Therapy	Sufficient	Sufficient	Sufficient	No
Recreational Therapy	Sufficient	Sufficient	Sufficient	No

A.1. Function - Sufficiency Analysis Summary

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based in the center needs and customers being served drives the type/quantity of equipment and supply. Our Central Supply coordinator collaborates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Point of care charting for direct care, PCC for EMR. This also includes migration of supporting electronic systems that include but not limited to risk management, PIP process through Insight, Abaqis for the Center Facility Assessment. The electronic screening process at the front door provides format for the requirement of our Infection Control program.

2. Maintenance and activity logs- Maintenance utilizes TELS system for logging center upkeep, repairs, and routine maintenance. Safety committee collaborates for center opportunities. Specific assessments/evaluation like the Legionella water plan and NFP risk assessment are completed annually. Report is generated monthly to reflect completed and outstanding activities.

1. Facility QAPI Plan- QAPI team meets monthly. Changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriated.

2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Additionally, our Hey Team Leader program is designed so that 100% of all staff across shifts and departments are able to communicate Opportunities for Improvement. OFI are brought to the QAPI committee for review. For example phone system functionality or the aging, whirlpool tubs, and aging in room heating units.

3. Corrective actions- The maintenance department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Additional tasks for maintenance are also entered into the system for completion/tracking. Once an OPI has been identified, corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be through center budget or capital request.

B. Acuity-Diseases, Conditions, & Treatments

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 1 □ 0	Y-1 N-38
Cancer	Sufficient	Sufficient	Sufficient	No
Heart/Circulation	Sufficient	Sufficient	Sufficient	No
Gastrointestinal	Sufficient	Sufficient	Sufficient	No
Genitourinary	Sufficient	Sufficient	Sufficient	No
Infections	Sufficient	Sufficient	Sufficient	No
Metabolic	Sufficient	Sufficient	Sufficient	No
Musculoskeletal	Sufficient	Sufficient	Sufficient	No
Neurological	Sufficient	Sufficient	Sufficient	No
Nutritional	Sufficient	Sufficient	Sufficient	No
Psychiatric/Mood/Behavioral Health (including Trauma/SUD as applicable)	Sufficient	Sufficient	Sufficient	No
Pulmonary	Sufficient	Sufficient	Sufficient	No

Vision	Sufficient	Sufficient	Sufficient	No
Conditions	Sufficient	Sufficient	Sufficient	No
Treatments				
Chemotherapy	Sufficient	Sufficient	Sufficient	No
Radiation	Sufficient	Sufficient	Sufficient	No
Oxygen	Sufficient	Sufficient	Insufficient	No
Suctioning	Sufficient	Sufficient	Sufficient	Yes
Tracheostomy	Sufficient	Sufficient	Sufficient	No
Invasive Mechanical Ventilator (ventilator or respirator)	Not Applicable	Not Applicable	Not Applicable	No
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	Sufficient	Sufficient	Sufficient	No
IV Medications	Sufficient	Sufficient	Sufficient	No
Transfusions	Not Applicable	Not Applicable	Not Applicable	No
Dialysis	Not Applicable	Not Applicable	Not Applicable	No
Isolation	Sufficient	Sufficient	Sufficient	No
Parenteral/IV Feeding	Sufficient	Sufficient	Sufficient	No
Feeding Tube	Sufficient	Sufficient	Sufficient	No
Mechanically Altered Diet	Sufficient	Sufficient	Sufficient	No

Catheterization	Sufficient	Sufficient	Sufficient	No
Ostomy (urostomy, ileostomy, colostomy)	Sufficient	Sufficient	Sufficient	No
Toileting Program	Sufficient	Sufficient	Sufficient	No
Injections	Sufficient	Sufficient	Sufficient	No
Immunizations	Sufficient	Sufficient	Sufficient	No
Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	Sufficient	Sufficient	Sufficient	No
Bariatrics	Sufficient	Sufficient	Sufficient	No
Medications				
Insulin	Sufficient	Sufficient	Sufficient	No
Psychoactive Medications	Sufficient	Sufficient	Sufficient	No
Anticoagulant	Sufficient	Sufficient	Sufficient	No
Antibiotics	Sufficient	Sufficient	Sufficient	No
Diuretic	Sufficient	Sufficient	Sufficient	No

B.1. Acuity - Sufficiency Analysis Summary

1. Equipment and Supply Inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and costumers being served drives the type/quantity of equipment and supply. Medical director/NP/PCP collaborate with the IDT to determine it.
2. Maintenance and activity logs- in addition to the TELS system for logging center upkeep, repairs, and routine compliance, the center utilizes a weekend manager program to ensure specific tasks are validated daily- like door checks for locking to ensure resident and staff safety. This supports the acuity of wandering and cognitively impaired folks.

B.2. Acuity - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI team meets monthly, changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriated.
2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence areas of focus. These are key performing areas including 5 star data. Once an OFI is identified and is brought to the QAPI committee for review. For example the training of a staff member to train CPR to keep to staff to ensure ongoing competence.

3. Corrective actions- Once and OFI has been identified corrective action can be developed including identifying resources needed to

need for capital requisition along with resident room heat registers.

C. Cognitive, Mental, & Behavioral Status

Sufficiency Analysis Categories	Physical Environment Technology		Equipment		Action/Plan in Place
	■ 0 ■ 0	■ 0 ■ 0	■ 0 ■ 0	Y-0 N-11	
Cognitive Impairment (Memory, Understanding, etc.)	Sufficient	Sufficient	Sufficient	No	
Intellectual and/or Developmental Disabilities	Sufficient	Sufficient	Sufficient	No	
Signs & Symptoms of Depression	Sufficient	Sufficient	Sufficient	No	
Dementia: Non-Alzheimer's or Alzheimer's Disease	Sufficient	Sufficient	Sufficient	No	
Wandering & Elopement	Sufficient	Sufficient	Sufficient	No	
Psychotic Symptoms	Sufficient	Sufficient	Sufficient	No	
With Behavioral Health Care Needs	Sufficient	Sufficient	Sufficient	No	
Resident Behavior Impacting Care and/or Others	Sufficient	Sufficient	Sufficient	No	
Potential For Self Harm	Sufficient	Sufficient	Sufficient	No	
Hearing, Speech, Vision Impairment	Sufficient	Sufficient	Sufficient	No	
Comatose	Sufficient	Sufficient	Sufficient	No	

C.1. Cognitive - Sufficiency Analysis Summary

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and customers being served drives the type/quantity of equipment and supply. Our Center Supply coordinates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Meditelicare, telehealth visits, third eye all utilize the computer and internet to connect the provider with the residents. The access to internet, and the ability to facetime, zoom meetings etc. has supported the residents in staying connected, and for the cognitive folks to be able to "see" their loved ones, and seeing their provider on the screen provides a stronger experience.

2. Maintenance and activity logs- Maintenance collaborates with the vendors providing the service to our center. This includes installation and ongoing upkeep.

1. Facility QAPI plan- QAPI team meets monthly. Changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.

2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These areas of excellence review Key Performing areas including 5 star data. OFI are brought to the QAPI committee for review. For Example Accessing specialty services such as medicare for mental health partnering and Third Eye after hours coverage by physician were created as a result of gaps in services. These gaps were identified and a plan developed to remedy the gap.

3. Corrective actions- The maintenance department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Additional tasks for maintenance are also entered into the system for completion/tracking. Once an OPI has been identified corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be through center budget or capital request. Upgrade of our internet router was completed in 2022 as a result of outdated technology being identified.

D. Cultural, Ethnic, & Religious Factors

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-11
Age	Sufficient	Sufficient	Sufficient	No
Race/Ethnicity	Sufficient	Sufficient	Sufficient	No
Serious mental illness and/or intellectual disability or related condition	Sufficient	Sufficient	Sufficient	No
Gender	Sufficient	Sufficient	Sufficient	No
Marital Status	Sufficient	Sufficient	Sufficient	No
Need for interpreter(s)	Sufficient	Sufficient	Sufficient	No
Life Expectancy less than 6 Months	Sufficient	Sufficient	Sufficient	No
Receiving Hospice Care	Sufficient	Sufficient	Sufficient	No
D. Cultural, Ethnic, & Religious Factors				
Activities	Sufficient	Sufficient	Sufficient	No
Food & Nutrition	Sufficient	Sufficient	Sufficient	No
Other	Sufficient	Sufficient	Sufficient	No

D.1. Cultural - Sufficiency Analysis Summary

1. Equipment and Supply inventory- having laptops and Wi-Fi internet available keeps residents connected with loves ones, religious groups and any other organization that has online connection. Center provides a guest internet connection for residents and guests to use while in the center. Center Provides local telephone services and the long term care residents provide their own phones. Center provides in room TV to use during their stay. Streaming movies and programs on smart tv is another option..

2. Maintenance and activity logs- Interruptions in service are addressed by the maintenance department for the coordination of restoring service. Excellence committees discuss ongoing issues that impact the quality of resident experience as it pertains to the environment, technology, and equipment.

D.2. Cultural - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI plan meets monthly, changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriated.

2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Satisfaction surveys conducted annually provide additional feedback on the above cited areas. Additionally, resident council meeting, care plan meeting and 72 hour meetings provide a forum for feedback.

3. Corrective actions- PIP/IA that are identified through formal and informal means are addressed through QAPI process. For example- food and nutrition action plan to improve the quality. Specific interventions may include a new electronic meal ticket process, training, auditing tray accuracy and satisfaction validated through resident food council and 1:1 interviews.

Supporting Documents

No records were found

IV. All Hazards Risk Assessment

No records were found

Supporting Documents

Name	Date Uploaded
Genesis Risk Assessment 2022 (4).pdf	Dec 27, 2022

V. Assessment Contributors

Medical Director/Designee

Dr. Leslie Pitts
Director of Nursing Services

Brandice French

Administrator/Executive Director

Page 221 of 436
Patrick Lyons

--

Name

Title/Role

Daniel Birmingham (daniel.birmingham@genesishcc.com)

Maintenance
Dir.

Sarah Rodgers (sarah.rodgers@genesishcc.com) (sarah.rodgers@genesishcc.com)

NPE

Amanda Kingsbury (amanda.stubbs@genesishcc.com) (amanda.stubbs@genesishcc.com) (amanda.stubbs@genesishcc.com)

IP

Melanie Lucious

UM 2nd Floor

Nicole Wilcox

UM 3rd floor

Supporting Documents

No records were found

Additional Supporting Documents

No records were found

QUALITY ASSURANCE PRIVILEGE:

By utilizing the abaqis system and its reports and other documents and by agreeing to the terms and conditions of the End User License Agreement and the Business Associate Agreement, you hereby acknowledge that you are accessing and participating in quality assurance programs for and on behalf of the licensee of the system. All information, reports and other documents generated by the use of abaqis fall within the quality assurance privilege of the licensee and are strictly confidential.

Printed Jan 17, 2023

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Keene Center Neighborhood Relations Plan

Keene Center maintains active and friendly relationships with our neighbors and customers both abutting the property and in the community. Keene Center is an active participant with One Hundred Nights Shelter through volunteering and donations. Keene Center provides a school for Licensed Nurse Assistants to earn their certificates through training on site. Keene Center does require emergency medical vehicles to conduct business on the property, and no sirens and or disruptions have been reported from neighbors.

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:	
Case No.	_____
Date Filled	_____
Rec'd By	_____
Page _____ of _____	

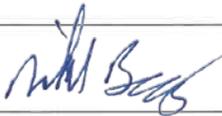
If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keeneh.gov

SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input checked="" type="checkbox"/> Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: Sunbridge Healthcare LLC	NAME/COMPANY: Langdon Place of Keene
MAILING ADDRESS: 101 E. State St, Kennett Square, PA 19348	MAILING ADDRESS: 136 Arch Street, Keene, NH 03431
PHONE: 505-468-4752	PHONE: 603-357-3902
EMAIL: lawdepartment@genesishcc.com	EMAIL: michael.johnson3@genesishcc.com
SIGNATURE: 	SIGNATURE: 
PRINTED NAME: Michael Berg, Assistant Secretary	PRINTED NAME: Michael Johnson

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)
	<input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: Michael Johnson
MAILING ADDRESS:	MAILING ADDRESS: 136 Arch Street
PHONE:	PHONE: (603) 357-3902
EMAIL:	EMAIL: michael.johnson3@genesishcc.com
SIGNATURE:	SIGNATURE: 
PRINTED NAME:	PRINTED NAME: Michael Johnson

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:

136A Arch Street, Keene, NH 03431

TAX MAP PARCEL NUMBER:

237037000000000

ZONING DISTRICT:

Rural



LOCATION MAP:

Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

Please see attached Facility Assessment

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

104661 gross area
99531 finished living area
14.82 acres

Please see attached Facility Assessment

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Please see attached Facility Assessment

SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
 - **Mail / Hand Deliver:**
 Community Development
 (4th Floor) Keene City Hall,
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

<input checked="" type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i>	<input checked="" type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input checked="" type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i>
<input checked="" type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i>
COMPLETED INSPECTION: <i>Inspection date: _____</i>	SCHEDULED INSPECTION: <i>Inspection date: _____</i>

OPERATIONS AND MANAGEMENT PLAN:
 Plan based on the industry standard "Best Management Practices" to include:

- Security Plan
- Life Safety Plan
- Staff Training and Procedures Plan
- Health and Safety Plan
- Emergency Response Plan
- Neighborhood Relations Plan
- Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- Rules of Conduct, Registration System and Screening Procedures
- Access Policies and Procedures



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: LANGDON PLACE OF KEENE
Located at: 136A ARCH STREET
KEENE NH 03431

To Operate: Nursing Home

This annual license certificate is effective under the conditions and for the period stated below:

License#: 02693

Effective Date: 04/01/2022

Expiration Date: 03/31/2023

Administrator: MICHAEL T JOHNSON

Medical Director: MICHAEL KASSCHAU, MD

Total Number of Beds: 25

A handwritten signature in black ink, appearing to read "Michael Kasschau".

Chief Legal Officer

State of New Hampshire



Board of Examiners of Nursing Home Administrators

Authorized as
Nursing Home Administrator

Issued To
MICHAEL JOHNSON, NHA

License Number: 3736
Current

Issue Date: 03/17/2009

Expiration Date: 12/31/2023

Genesis Langdon Place of Keene Security Plan

Genesis Langdon Place of Keene security measures include lighting in all parking lots, surrounding the building, and at all entrances. The entrances on the ground floor stairwells in Buildings A, B, C and D are locked at all times. Entrance doors are locked by nursing personnel at 8:00pm. All exterior doors to the building are locked by except the front main entrance remain locked, with the maintenance door to the rear of the building being controlled by a key code pad. The code is changed periodically as needed. The main front door to the building is locked daily at 6pm and unlocked at 6am.

All privileged patient information is kept according to HIPAA guidelines. This included both written and electronic medical records.

All staff members will be issues a photo ID badge upon hire. Staff are required to wear badges while on duty. All visitors to the center will screen in using our Advanced Entry System that will screen them for COVID symptoms prior to authorizing their visit. They will also receive a visitor sticker with their photo once the screening process has been completed and approved for a visit. Vendors are also screened per the same process as visitors and are required to COVID test if they are unvaccinated.

All staff sign agreements upon hire acknowledging weapons, drugs, or alcohol are not allowed on the property.

The center utilizes a secure care system to ensure resident safety on the memory care unit and nursing care unit. Resident's elopement wander guards are in place of high risk residents

Submitted with this Security Plan is the Langdon Place of Keene Emergency Preparedness Plan.

SECURITY PLAN

This center has established a security plan to help protect the safety of residents/patients, staff, and visitors.

1. Exterior building security
 - a. This center has a schedule for locking/unlocking of exterior doors during nighttime hours, including persons responsible; and
 - b. This center follows a schedule to inspect outdoor lighting adequacy.
2. Interior building security
 - a. This center's security plan includes, if applicable, a plan for stairwell protection. The plan may include descriptions of door security alarms/keypads and titles of persons responsible for updating/changing entry codes, use of cameras and camera monitoring protocols, or other processes used for stairwell protection.
 - b. This center's security plan includes a schedule to inspect indoor lighting adequacy.
 - c. The center's plan also contemplates resident-specific security needs, including:
 - i. Security measures for special units;
 - ii. Risk for resident elopement;
 - iii. Use of Electronic alarms systems; and
 - iv. Communication call bells.
3. Administrative controls for security
 - a. The center follows the communications protocols established in Section V of this plan as needed to address security issues.
 - b. The center's security plan describes the check-in procedures for visitors.

Refer to Appendix 20: Security Plan

Appendix 20: Security Plan

Lighting Evaluation: When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting and remove brush or debris to eliminate shadowed areas.

Interior Building Security:

Describe what the center has in place for stairwell protection (if applicable). Included in the description may be door security alarms/keypads, persons responsible for updating/changing entry codes, CCTV cameras and how the system is monitored, or other systems used for stairwell protection.

The entrances on the ground floor stairwells in Buildings A, B, C and D are locked at all times. Entrance doors are locked by nursing personnel at 8:00pm. Staff should check stairwells. All exit doors are alarmed and will page nursing staff after 8:00pm. All staff receive orientation and inservice on these procedures. Maintenance is responsible for this education.

Lighting Adequacy- When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting to eliminate shadowed or dark areas.

Describe the check-in procedures for visitors and how identification badges for employees and/or visitors being used.

All staff members will be issued a photo ID badge upon hire. Staff are required to wear badges while on duty. All visitors to the center will screen in using our Advanced Entry System that will screen them for COVID symptoms prior to authorizing their visit. They will also receive a visitor sticker with their photo once the screening process has been completed and approved for a visit. Vendors are also screened per the same process as visitors and are required to COVID test if they are unvaccinated.

Describe how the following are used for Resident-Specific Security:

- Security measures for special units: The center utilizes a secure care system to ensure resident safety on the memory care unit and nursing care unit.
- Resident Elopement Wander Guards: Residents elopement wanderguards are in place of high risk residents
- Electronic alarms systems such as door alarms: All doors are alarmed in the building after 8:00pm. When a door is open a page will alert the staff on SRC as to the door location and staff are to respond.
- Communication call bells: All staff have access to two way radios for communication
- Visitor Log Protocol: All visitors to the center will screen in using our Advanced Entry System that will screen them for COVID symptoms prior to authorizing their visit. They will also receive a visitor sticker with their photo once the screening process has been completed and approved for a visit. Vendors are also screened per the same process as visitors and are required to COVID test if they are unvaccinated.

Langdon Place of Keene Life Safety and Building Maintenance Plan



MENU

Tasks in Use

[Print List](#)

Search for tasks

All task types

Weekly

Category	Title	Assigned To
Generators	Exercise generator (with no load), perform routine checks, create entry in logbook.	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Resident Wandering System	Check operation of door monitors and patient wandering system.	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Water Systems	Inspect eye wash stations.	<input checked="" type="checkbox"/> Regulatory Maintenance
Water Temps	Test and log the hot water temperatures.	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Laundry Inspection	Check dryer	Maintenance
Oxygen Concentrators	In-House Maintenance	Maintenance
Resident Lifts	Weekly Lift Rounds/Clinical Check-In	Maintenance

Monthly

Category	Title	Assigned To
Defibrillators (AED)	In-House Maintenance	<input checked="" type="checkbox"/> Regulatory Maintenance
Elevators	Firefighters' Emergency Operation Testing	<input checked="" type="checkbox"/> Regulatory Maintenance
Emergency and Exit Lighting	Conduct a 30 second functional test.	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Fire Extinguishers	Check and initial fire extinguishers	<input checked="" type="checkbox"/> Regulatory Maintenance
Generators	Test generator under load, perform routine checks, create entry in logbook - Diesel	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Kitchen Exhaust Hoods	Owner's Inspection - Quick Check	<input checked="" type="checkbox"/> Regulatory Maintenance
Magnetic Exit Locks	Test operation of doors and locks.	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Resident Lifts	Inspect mobile lifts.	<input checked="" type="checkbox"/> Regulatory Maintenance
Exhaust Fans	Inspect exhaust fans for proper operation and clean if necessary	Maintenance
Facility Inspection	Inspect kitchen small appliances	Maintenance
Resident Scales	Check calibration of resident scales	Maintenance

Every 2 Months

Category	Title	Assigned To
Grease Traps	Inspect grease trap Next due: February 2023	Maintenance

Every 3 Months

Category	Title	Assigned To
Dryer Vent	Complete In-House System Cleaning Next due: January 2023	<input checked="" type="checkbox"/> Regulatory Maintenance
Emergency and Exit Lighting	Conduct a 90 minute operational test Next due: February 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Fire Drills	Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete) Next due: March 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance
Fire Drills	Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete) Next due: January 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance
Fire Drills	Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete) Next due: February 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance
Fire Sprinkler System	Have fire sprinkler system certified/inspected. Check filters (if present), clean coils, sanitize interior, delime as necessary Next due: January 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Ice Machines	Regular maintenance and safety inspection. Next due: February 2023	Maintenance
Rooftop Inspections	Regular maintenance and safety inspection. Next due: January 2023	Maintenance

Every 6 Months

Category	Title	Assigned To
Disaster Drills	Conduct a Facility-based exercise (Disaster Drill) Next due: June 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Emergency Preparedness Drills	Conduct elopement drill (Missing Resident Drill)	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Logs Maintenance

	Next due: February 2023 Life Safety Documentation Audit	<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Requires Doc	Maintenance
Facility Safety	Next due: January 2023 Have fire alarm system inspected by a contractor	<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Requires Doc	Maintenance
Fire Alarm Test	Next due: April 2023 Have Fire Suppression System inspected by outside contractor	<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Requires Doc	Maintenance
Kitchen Exhaust Hoods	Next due: March 2023 Have hood cleaned by a certified contractor	<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Requires Doc	Maintenance
Kitchen Exhaust Hoods	Next due: January 2023 Conduct a test of the nurse call system.	<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Requires Doc	Maintenance
Nurse Call System Test	Next due: March 2023	<input checked="" type="checkbox"/> Regulatory	<input checked="" type="checkbox"/> Logs	Maintenance

Every 12 Months

Category	Title	Assigned To
Beds - Electric	Bed Safety Audit 001-040 beds Next due: November 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Beds - Electric	Bed Safety Audit 041-080 beds Next due: November 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Beds - Electric	Bed Safety Audit 081-120 beds Next due: November 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Electrical	Test and Document the Electrical Receptacle Inspections Next due: September 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Elevators	Schedule certification and ensure certificate in unit is up-to-date Next due: February 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Facility Safety	Complete Risk Assessment - Click Instructions for the Assessment Tool and Procedure Next due: February 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Facility Safety	Inspect all facility window openings* Next due: April 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Fire Extinguishers	Have fire extinguishers certified. Next due: July 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Fire and Smoke Doors	Inspection - Latch and Gap Next due: June 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Logs Maintenance
Generators	Have generator serviced by contractor Next due: January 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Water Systems	Complete training on Water Management Plan	<input checked="" type="checkbox"/> Regulatory Maintenance

	Review – Click on instructions		
	Next due: December 2023		
Water Systems	Water Management Plan Review - Upload your plan to TELS	<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Requires Doc Maintenance
	Next due: November 2023		
HVAC - Air Handlers	Inspect air filter, verify operation		Maintenance
	Next due: October 2023		
HVAC: Condensing Units	Inspect condenser coils; clean as necessary		Maintenance
	Next due: April 2023		
HVAC: Package Units	Clean / change air filter and verify unit operation		Maintenance
	Next due: October 2023		
HVAC: Package Units	Inspect condenser coils; clean as necessary		Maintenance
	Next due: April 2023		
Resident Lifts	Genesis Safe Handling Center Assessment - Lift Program	<input type="checkbox"/> Logs	Maintenance
	Next due: August 2023		
Safety Committee	Conduct April Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: April 2023		
Safety Committee	Conduct August Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: August 2023		
Safety Committee	Conduct December Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: December 2023		
Safety Committee	Conduct February Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: February 2023		
Safety Committee	Conduct January Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: January 2023		
Safety Committee	Conduct July Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: July 2023		
Safety Committee	Conduct June Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: June 2023		
Safety Committee	Conduct March Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: March 2023		
Safety Committee	Conduct May Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: May 2023		
Safety Committee	Conduct November Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: November 2023		
Safety Committee	Conduct October Safety Committee Meeting	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Requires Doc Maintenance
	Next due: October 2023		

Safety Committee	Conduct September Safety Committee Meeting Next due: September 2023	Loss Prevention	Requires Doc	Maintenance
TELS Masters Training	TELS Offers Free Trainings - See instructions for further assistance Next due: November 2023			Maintenance
Vital Signs Monitors	Unit Recalibration Next due: August 2023			Maintenance

Every 36 Months

Category	Title	Assigned To		
Emergency Generators	Conduct a 4 hour Load test Next due: November 2025	Regulatory	Requires Doc	Maintenance

Every 48 Months

Category	Title	Assigned To		
Facility Safety	Inspection and Testing - Fire Dampers and Smoke Dampers Next due: November 2025	Regulatory	Requires Doc	Maintenance

Genesis Healthcare Annual Mandatory Training

- Module 1 - Understanding the World of Dementia: The Person and the Disease
- Module 2 - Being with a Person with Dementia: Listening and Speaking
- Module 3 - Being with a Person with Dementia: Actions and Reactions
- Active Shooter in Long Term Care
- Residents' Bill of Rights & Staffs' Responsibilities
- Electrical Safety & Work-Related Practices 1
- Electrical Safety & Work-Related Practices 2
- Hazardous Communication
- Fire Safety
- Bloodborne Pathogens - BBP & PPE
- Elopement
- Access to Exposure & Medical Records
- Tuberculosis
- Infection Prevention and Control Overview
- Musculoskeletal Disorder Prevention
- Abuse Prohibition
- Respiratory Protection Training - Training on the use of Respirators
- Welcoming Program Centers Completion
- 2022/2023 Code of Conduct - All Staff
- GHC Emergency Preparedness Plan

Nurse Aide (CNA/LNA) Orientation Checklist

Employee Name:	Orientation Start Date"
Mentor Name:	Shift:

Instructions:

1. The *Orientation Checklist* is to be maintained by the new employee. The assigned mentor and new employee will complete the listed learning objectives by Day 3 of hire.
2. The new employee signs/dates the completed checklist. The original signed *Checklist* is to be returned to the Nurse Manager/Shift Supervisor or designee.

Employee Signature: _____

Date Checklist Completed: _____

CENTER TOUR & GENERAL INFORMATION

Office Locations:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Scheduler • Director of Nursing • Center Administrator | <ul style="list-style-type: none"> • Assistant Director of Nursing (ADON)/Nurse Practice Educator (NPE) • Unit Manager, Nursing Supervisor • Human Resources |
|--|---|

Nursing Unit(s)

Assigned Unit Introduction/Tour

Bed Location Identification (door/window)

Location of AED/crash cart *By DAY 1 Orientation*

Telephones:

- Locations
- Use & Paging Demonstration
- Phone Directory

Wandering System:

- Location(s)
- Demonstration & Code
- Location of Elopement Book
- Center Elopement Protocol

Emergency Door Alarms (Codes)

Location of Personal Protective Equipment (PPE)

POLICY & PROCEDURE HIGHLIGHTS

Communication

- | | |
|--|----------------------------------|
| Nurse to CNA Shift Report
STOP AND WATCH (Early Warning Tool)
CNA Assignment/Tasks | Vital Signs
Weights
Kardex |
|--|----------------------------------|

Safe Resident Handling

Nurse Aide (CNA/LNA) Orientation Checklist

- **Lift equipment requires two (2) staff members**
- Safe Resident Handling = Lift & Turning & Positioning
- Lift Demonstration; *Specific to Center Type*
- Location of Lifts, Slings, Gait Belts, & Repositioning Devices
- *Safe Resident Handling Skills Checklist(s)* Must Be Completed Prior to Transferring a Resident with a Lift
- **Total Lift Full Body Sling & Two (2) Staff Must Be Used to Lift a Resident Off the Floor S/P Fall**

Bed Rail Safety

- Bed Rails will **ONLY** be used as mobility enablers
- Nurse evaluates need for bed rail
- If the bed rail is NOT indicated, the rail will be removed or secured in the DOWN position by maintenance
- Kardex indicating the use of the bed rail
- Immediately report any bed rail incidents

Infection Prevention & Control / COVID-19

- Hand Hygiene
- Donning & Doffing PPE
- Transmission Based (Isolation) Precautions
- Respirator Fit Testing
- COVID protocols

Skin Health & Pressure Injury Prevention

- **Pressure Injury (Ulcer/Bed Sore) Prevention is a PRIORITY!**
- **Prompt Identification, Reporting and Interventions are Essential!**
 - Promptly report skin changes, skin concerns, or new/worsening wounds to the nurse supervisor
 - Promptly report interventions that are not working as intended or are missing &/or need replacement (e.g., heel lift boots, specialty surfaces)
 - Seek direction before using/applying any new intervention (e.g., heel lift boot)
- Refer to Kardex for:
 - Heel positioning devices/techniques/schedules
 - Turning/Repositioning devices/techniques/schedule
 - Skin care/incontinence care products & strategies
 - Seating devices (e.g. cushions, chairs)
 - Other individualized pressure injury prevention efforts

Elopement

- Resident Leaves the Premises Without Authorization
- Wandering Device use
- Report elopement behaviors to Nurse

Falls Management

- Center Process for Communicating High Risk Residents
- **Immediately Report Any Fall**
- Licensed Nurse evaluation required prior to moving the resident who had a fall
- **Total Lift Full Body Sling & Two (2) Staff Must Be Used to Lift a patient Off the Floor after Fall**

Nurse Aide (CNA/LNA) Orientation Checklist

Nutrition/Hydration:	
<ul style="list-style-type: none"> • Thick Liquid (Dysphagia)/NPO Status Communication • Diet Orders/Consistency 	<ul style="list-style-type: none"> • Validation of Diet Order Prior to Serving

Current Center Survey Plan of Correction
<ul style="list-style-type: none"> • Review, if applicable

ADL Documentation (<i>**Utilize SmartZone Application within PointClickCare as indicated</i>)
Complete Point of Care (POC) course - By Day 1 SmartZone* <ul style="list-style-type: none"> • Review Center's process for documentation • Review tub/shower schedule & documentation

Restorative Nursing
<ul style="list-style-type: none"> • Identifying Patients with Restorative Nursing Program (Kardex) • Review Center's process for documentation (paper or electronic)

Patient Care Needs
<ul style="list-style-type: none"> • Inventory of Effects • Patient Supplies (e.g. Basin, Urinal, etc.) • Assistive Devices (eg. Walker, Wheelchair) • Incontinence Products • Special Care Needs: Tracheostomy, Dialysis, Ventilator, Infusion Devices, Enteral Feeding Devices, Oxygen/Respiratory Therapy

OTHER

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

Employee Name:	Orientation Start Date:
Employee Job Title:	Mentor Name/Title:

Instructions:

1. The *Orientation Checklist* is to be maintained by the new employee. The assigned mentor and new employee will complete the listed learning objectives by Day 3 of hire..
2. The new employee signs/dates the completed checklist. The original signed *Checklist* is to be returned to the Nurse Manager/Shift Supervisor or designee.

Employee Signature: _____ Date Completed: _____

CENTER TOUR & GENERAL INFORMATION	
Office Locations: <ul style="list-style-type: none"> • Scheduler • Director of Nursing • Center Administrator • Human Resources 	<ul style="list-style-type: none"> • Assistant Director of Nursing (ADON)/ Nurse Practice Educator (NPE) • Unit Manager, Nursing Supervisor • Central Supply • Other
Nursing Unit(s) (e.g., names of units, locations, secured/unsecured, etc.)	
Assigned Unit Introduction/Tour (e.g., medication room, utility rooms, kitchenette, etc.)	
Bed Location Identification (door/window)	
Location of AED/crash cart <i>By DAY 1 Orientation</i>	
Location of Omnicell and/or Emergency Drug Kit	
Telephones: <ul style="list-style-type: none"> • Phone Directory(s) • Use & Paging Demonstration 	
Wandering System: <ul style="list-style-type: none"> • Location(s) • Demonstration & Entry/Reset Code • Location of Elopement Book • Center Elopement Protocol 	
Emergency Door Alarms (Codes)	
Location of Personal Protective Equipment (PPE) / Clinical Supplies	
POLICY & PROCEDURE HIGHLIGHTS	
Cardiac &/or Respiratory Arrest – Must Be Completed By DAY 1 Orientation	
<ul style="list-style-type: none"> • Location of Code Status Orders 	<ul style="list-style-type: none"> • Center Process for Emergencies / Code
Communication	
Nurse to Nurse - Nursing Shift Report	24 Hour Report
Nurse to CNA Shift Report	Kardex
STOP AND WATCH/Early Warning Tool	Provider Notifications
CNA Assignment/Tasks	Patient/Patient Representative Notifications
Incident & Accident Reporting	

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

- PCC Risk Management Portal
- Event Completed for Any Patient Accident/Incident or Grievance/Concern
- Nursing Supervisor Notified of Any Accident/Incident
- Physician/Patient Representative Notification

Safe Resident Handling

- **Lift equipment requires two (2) staff members**
- Safe Resident Handling = Lift & Turning & Positioning
- Lift Transfer Reposition UDA
- Lift Demonstration; Specific to Center Equipment Brand
- Location of Lifts, Slings, Gait Belts, & Repositioning Devices
- *Safe Resident Handling Skills Checklist(s)* Must Be Completed Prior to Transferring a Patient with a Lift
- **Total Lift Full Body Sling & Two (2) Staff Must Be Used to Lift a Patient Off the Floor S/P Fall**

Bed Safety

- Bed Rails will **ONLY** be used as mobility enablers
- Bed Rail Evaluation (UDA): completed upon admission, readmission, quarterly, change in bed/mattress, & change in condition
- If the bed rail is NOT indicated, the rail must be removed or secured in the DOWN position by maintenance
- Requirements for bed rail use:
 - Utilize Bed Action Safety Grid to identify & minimize any zones of entrapment
 - Consent & physician order
 - Care Plan & Kardex indicating use of the bed rail

Infection Prevention & Control / COVID-19

- Hand Hygiene
- Donning & Doffing PPE
- Transmission Based Precautions
- Antibiotic Stewardship
- Immunizations
- Respirator Fit Testing
- COVID Screening
- Cleaning and Disinfection
- Outbreak Management

Skin Health & Pressure Injury Prevention

- **Pressure Injury Prevention is a PRIORITY**
- **Skin Check** UDA admission & weekly
- **Braden** (or Norton Plus): admission, weekly x 4, quarterly, & with change in condition
- At Risk & Actual **CP & Kardex** initiated upon admission (no later than 24 hours after admission)
- Review **Guidelines** (Surfaces, Skin Care, Turning/positioning, Heels, Skin, Wound)
- Weekly Wound Evaluation (SWIFT)
- **Prompt Identification, Reporting & Interventions Essential**
- **Promptly** observe & respond to any reports of skin/wound concerns by CNA or others
- **New Wound:** complete Change in Condition UDA, wound evaluation, notify provider/RP, update care plan, & obtain treatment order
- **PCC Risk Portal:** Completed for all new IHA pressure injuries

Elopement

- Patient Leaves the Premises Without Authorization
- Wandering Device Placement & Function Documentation Required
- PCC Risk Management Portal, Physician, Patient Representative, Administrator/Director of Nursing Notification, Preventive Intervention(s), Care Plan Updates

Falls Management

- Process for Communicating High Risk Patients
- **Immediately Report Any Fall**
- Nurse Evaluation Prior to Moving the Patient
- **Total Lift & (2) Staff Must Use Lift to upright Patient Off the Floor S/P Fall**
- Complete PCC Risk Management Portal for All Falls; Physician & Patient Representative Notification, Preventive Intervention(s), Care Plan updates
- **Neuro checks for ANY Fall Unwitnessed by Staff or Head/Facial Injury**

Neuro Checks Documented on Paper Flow Sheet

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

- Every 15 minutes x 2 hours, then
- Every 30 minutes x 2 hours, then
- Every 60 minutes x 4 hours, then
- Every 8 hours until least 72 hours has elapsed

Nutrition / Hydration

- Dysphagia/NPO Status communication process
- Diet Orders/Consistency
- Enteral Feeding: Administration / Pump
- *Diet Order Communication Form*
- Validation of Diet Order Prior to Serving

Controlled Substance Documentation

- New Orders for Schedule II-V Controlled Substances
- Delivery and Receipt of Controlled Substances
- Inventory of Controlled Substances
- Routine Reconciliation (e.g. Shift Count) of Controlled Substances
- Accessing Emergency Medications from eKit/Automated Medication Dispensing System (e.g. Omnicell)
- Disposal/Destruction of Expired or Discontinued Controlled Substances
- **Loss/Theft of Controlled Substances: Any Discrepancy Must Be Reported Immediately to Nursing Supervisor**

Notification of Patient Change in Condition

- eInteract Change in Condition UDA
- Print SBAR from Change in Condition UDA
- Complete PCC Risk Management Portal, if applicable
- Physician/Patient Representative Notification
- Changes in Orders or Treatment
- Transfer or Discharge
- STOP AND WATCH
- Clinical Dashboard Monitoring

Medication Administration *(**Utilize SmartZone Application within PointClickCare as indicated)*

- **Complete** eMAR Order Supply Management course - *By Day 1 SmartZone***
- **Complete** EMAR course - *By Day 1 SmartZone***
- **Complete** Pharmacy Orders course - *By Day 1 SmartZone***
- Omnicell Access
- Medication Error Requires Physician & Patient Representative Notification
- Electronic Order Entry
- Medication Receiving
- EMAR Documentation
- 24 Hr. Chart Check
- Monthly Order Review
- Medication Not Available, Check Omnicell, Pharmacy & Physician Notification
- Medication Refusal Requires Physician Notification
- Behavior Monitoring Documentation
- Medication Disposal
- Omniview Medication Returning
- Omniview Resident Discharge
- Omniview Resident Leave of Absence

PointClickCare (PCC) *(**Utilize SmartZone Application within PointClickCare as indicated)*

- **Complete** Assessments Management course - *By Day 1 SmartZone***
- Assessment and Progress Notes
- Document Manager
- UDA Schedule
- Dashboard
- Care Plan(s)
- Lab and Radiology

Admissions / Discharges *(**Utilize SmartZone Application within PointClickCare as indicated)*

- **Complete** Resident Entry course - *By Day 1 SmartZone***
- Nursing Documentation UDA Upon Admission
- Bed Rail Evaluation UDA
- Skin Check UDA
- Discharge Documentation UDA and Discharge Transition Plan
- Omniview Patient Discharge
- Baseline Care Plan

Point of Care Testing

Licensed Nurse (RN/LPN/LVN) Orientation Checklist

- Finger Stick Glucose, Fecal Occult Blood, Hemoglobin, INR, Influenza, SARS antigen testing performed according to manufacturer instructions.

Infusion Therapy

- **Nurses Who Lack Infusion Experience Must Complete an Approved Infusion Education Program Prior to Caring for Patient with Infusion Devices**
- **RN ONLY UPON HIRE:** May perform assessment and management of Short Peripheral Catheters and Midline/PICCs
- IV Pumps

Respiratory Management

- Oxygen Administration.
- Location of Oxygen/Respiratory Equipment.
- CPAP / BiPAP / Tracheostomy Care
- Respiratory Equipment: Supply Cleaning, Disinfection, Labeling/Replacement
- Aerosol Generating Procedures

Current Center Survey Plan of Correction

Review, if applicable

OTHER

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2023 Mandatory Annual Training Quarterly Crosswalk

Quarter 1 2023 (Total Approximate Duration: 3 Hours 5 Minutes)

** Done in conjunction with skills/competency validation.

Topic	Regulating Body	Requirements / Regulation	Suggested Resources for Training	
			HealthStream	Policy/Procedure
Respiratory Protection	OSHA Life Safety	1910.134(k)	Duration: Approx. 10 minutes	Safety & Health
Infection Control and Prevention Efforts	Federal	§483.95 F945	Duration: Approx. 35 minutes	Infection Control
Importance of Hand Hygiene**	Federal	§483.95 F945	Duration: Approx. 25 minutes	Infection Control
Transmission-Based Precautions: Contact and Droplet	Federal	§483.95 F945	Duration: Approx. 15 minutes	Infection Control
NEW: Unconscious Bias (all new hires within 60 days of hire)	Genesis		Duration: Approx. 60 minutes	
NEW: Trauma Informed Care: Helping Traumatized Individuals Achieve Well-Being	Federal	§483.25 F699	Duration: Approx. 16 minutes	Center Operations

Quarter 2 2023 (Total Approximate Duration: 3 Hours 10 Minutes)

Topic	Regulating Body	Requirements / Regulation	Suggested Resources for Training
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Mandatory training requirements published in this crosswalk are completed annually. Mandatory education topics vary by State. Refer to State Operations Manual for specifics. Centers must determine the amount and types of additional training necessary based on a facility assessment.
Rev. 11.2022

			HealthStream	Policy/Procedure
Preventing Violence in the Workplace	OSHA		Duration: Approx. 30 minutes	Safety & Health
Understanding the Risks Posed by Bloodborne Pathogens	Federal OSHA	§483.95 F945 1910.1030(g)(2)(ii)(B)	Duration: Approx. 41 minutes	Safety & Health
Protecting Yourself with Personal Protective Equipment**	Federal OSHA	§483.95 F945 1910.1030(g)(2)(ii)(B)	Duration: Approx. 35 minutes	Safety & Health
Protecting the Rights of Residents	Federal	§483.95 F942	Duration: Approx. 30 minutes	Operations
Elopement (<i>in conjunction with elopement drill</i>)	Genesis	§483.12(b)(3) F607	Duration: Approx. 15 minutes	Operations
Protecting Residents for Assault and Abuse	Federal	§483.95 F943 §483.95 F947	Duration: Approx. 35 minutes	Operations

Quarter 3 2023 (Total Approximate Duration: 3 Hours 5 Minutes)				
Topic	Regulating Body	Requirements / Regulation	Suggested Resources for Training	
			HealthStream	Policy / Procedure
Understanding Alzheimer's Disease and Related Disorders: Managing Challenging Behaviors	Federal	§483.95 F947	Duration: Approx. 51 minutes	Nursing
Safe Resident Handling Program* ~ Mechanical Lift / Repositioning (<i>Direct Care Staff Only</i>)	Genesis		Duration: Approx. 45 minutes (clinical staff) / 10 minutes (non-clinical staff)	Nursing
Code of Conduct/Compliance Program (<i>includes</i>	Federal	§483.95 F946	Duration: Approx. 90 Minutes	Human Resources

Mandatory training requirements published in this crosswalk are completed annually. Mandatory education topics vary by State. Refer to State Operations Manual for specifics. Centers must determine the amount and types of additional training necessary based on a facility assessment. Rev. 11.2022

Abuse/Neglect Reporting, Elder Justice Act, HIPAA, Patient Civil Rights)				Corporate
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Quarter 4 2023 (Total Approximate Duration: ~2 Hours 50 Minutes)				
Topic	Regulating Body	Requirements / Regulation	Suggested Resources for Training	
			HealthStream	Policy/Procedure
Preventing Back Injury in Post-Acute Setting	OSHA		Duration: Approx. 20 minutes	Operations
Resident Restraints in the Post-Acute Setting	Federal	§483.12 F604	Duration: Approx. 25 minutes	Nursing
Behavioral Health	Federal	§483.95 F949	Duration: Approx. 20 minutes	Nursing
NEW: Cultural Competence: Providing Culturally Competent Care	Federal	§483.25 F699	Duration: Approx. 20 minutes	Center Operations
Emergency Preparedness for Post-Acute Organizations	Federal	§483.95 F949	Duration: Approx. 25 minutes	Corporate
Protecting Post-Acute Care Residents from Fire	OSHA	1910.157(g)(4)	Duration: Approx. 20 minutes	Safety & Health
Effective Communication Skills	Federal	§483.95 F941	Duration: Approx. 10 minutes	Human Resources
NDNQI Pressure Injury Training v8.0 (Licensed Nurses Only)	Genesis		Duration: Approx. 15 minutes	Nursing
Quality Assurance and Performance Improvement (QAPI) for Long Term Care	Federal	§483.95 F944	Duration: Approx. 15 minutes	Operations

Mandatory training requirements published in this crosswalk are completed annually. Mandatory education topics vary by State. Refer to State Operations Manual for specifics. Centers must determine the amount and types of additional training necessary based on a facility assessment. Rev. 11.2022

Genesis

Other Required Education	Regulating Body	Rules of Participation	Suggested Resources for Training	
			HealthStream	Policy/Procedure
IT Security Training Awareness Program (<i>all new hires within 12 months of hire</i>)	Genesis		Duration: Approx.	Corporate

Mandatory training requirements published in this crosswalk are completed annually. Mandatory education topics vary by State. Refer to State Operations Manual for specifics. Centers must determine the amount and types of additional training necessary based on a facility assessment.
 Rev. 11.2022

Langdon Place of Keene Health and Safety Plan

Please see attached Infection Control Policies and Procedures

1. Patient Placement in Transmission Based Precautions
2. Discontinuing Transmission Based Precautions
3. Droplet Precautions
4. Special Droplet and Contact Precautions
5. Standard Precautions
6. Respiratory and Hygiene/Cough Etiquette
7. Contact Precautions

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC306 Patient Placement in Transmission Based Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/22
REVISION DATE:	10/24/22
PAGE:	1 of 2

POLICY

Transmission Based Precautions (Airborne Infection Isolation (AII), Contact, Droplet) will be implemented when indicated. The precautions should be the least restrictive possible for the patient. Personal Protective Equipment (PPE) will be readily available near the entrance to the patient's room.

Transmission Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. For some diseases that have multiple routes of transmission, more than one Transmission Based Precautions category may be required. Whether used singly or in combination, they must always be used in addition to Standard Precautions. The type of PPE and precautions used depends on the potential for exposure, route of transmission, and infectious organism/pathogen (or clinical syndrome if an organism is not yet identified).

PURPOSE

To prevent the transmission of infectious disease.

PROCESS

1. Notify the attending physician or Medical Director (in the absence of the attending physician) and the Infection Preventionist if there is reason to believe that an individual has an infectious disease.
2. Initiate Precautions (Standard plus Airborne Infection Isolation, Contact, or Droplet) as indicated. May utilize *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions* to guide choice of precautions. Post "STOP. Please see nurse before entering room." sign on door.
 - 2.1 Empirically initiate Transmission Based Precautions based on signs and symptoms that are consistent with a communicable disease.
 - 2.1.1 If laboratory tests confirm diagnosis, continue with precautions indicated.
 - 2.1.2 If test(s) results are negative, adjust or discontinue precautions as indicated.
3. Notify patient, family/health care decision maker, and all departments of precautions.
4. Instruct patient and visitors regarding Precautions and use of personal protective equipment (PPE) as indicated.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC306 Patient Placement in Transmission Based Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/22
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- 4.1 Patients on Transmission Based Precautions should remain in room except for medically necessary care.
5. Document in medical record:
 - 5.1 Notification of physician;
 - 5.2 Initiation of Precautions;
 - 5.3 Notification of patient, family/health care decision maker, and departments;
 - 5.4 Instructions to patient and visitors.

Refer to:

- *Airborne Infection Isolation Precautions policy*
- *Contact Precautions policy*
- *Droplet Precautions policy*
- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Safety and Health Policies and Procedures, Personal Protective Equipment policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC302 Discontinuing Transmission Based Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/20
PAGE:	1 of 1

POLICY

Transmission Based Precautions will be discontinued when it has been determined that the risk of transmission of disease is over.

PURPOSE

To discontinue precautions when indicated.

PROCESS

1. Refer to *“Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions”* to evaluate the appropriateness of discontinuing Precautions.
2. When appropriate duration criteria has been met, consult with Infection Preventionist or Director of Nursing to consider the discontinuation of Precautions.
3. When discontinuation of Transmission Based Precautions is appropriate:
 - 3.1 Notify all departments;
 - 3.2 Instruct patient and visitors that Precautions are no longer needed;
 - 3.3 Return patient to his/her room if a move to a separate room occurred, if indicated;
 - 3.4 Inform the Environmental Services Department to perform discharge/turnover cleaning;
 - 3.5 Remove “STOP” signs once discharge/turnover cleaning is complete.
4. Document:
 - 4.1 Discontinuation of Precautions;
 - 4.2 Instruction of patient and visitors;
 - 4.3 Room change, if indicated.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/20
PAGE:	1 of 3

POLICY

Droplet Precautions will be followed in addition to Standard Precautions when caring for a patient who has known or suspected infection by microorganisms that are transmitted by droplets (large particle droplets, larger than 5 µm in size); for example, influenza. State regulations will be followed when applicable.

PURPOSE

To prevent transmission of infectious agents by droplets.

PROCESS

1. Place patient in private room, if possible.
 - 1.1 Patient may cohort with an individual who has the same organism.
 - 1.1.1 Avoid placing immunocompromised patients with patients who are on Droplet Precautions.
 - 1.2 When neither private room nor cohorting is possible, patient may share a room with a roommate with limited risk factors. Maintain spatial separation of at least three feet between the infected individual and others, including other patients and visitors.
 - 1.3 Draw curtain between patient beds.
 - 1.4 Special air handling is not necessary.
 - 1.5 May keep door to room open.
2. Post a "STOP. Please see nurse before entering room." sign on door.
3. Instruct staff, patient and his/her representative, and visitors regarding Precautions and use of personal protective equipment (PPE).
4. Staff will put on surgical mask upon entry to room of infected individual. Handle items contaminated with respiratory secretions (e.g., tissues) with gloves.
 - 4.1 If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles/face shield should be worn.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/20
PAGE:	2 of 3

- 4.2 Change personal protective equipment and perform hand hygiene between contact with patients in the same room.
- 4.3 If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield) should be worn.
- 4.4 Before exiting room, remove and bag PPE and wash hands.
 - 4.4.1 Remove bagged PPE from room and discard in soiled utility.
5. Limit transport of such patients to essential purposes such as diagnostics and therapeutic procedures that cannot be performed in the patient's room. Provide cover/containment of infected area when the patient is outside of his/her room. Patients will follow respiratory hygiene/cough etiquette. Staff will assist the patient with hand hygiene as needed.
 - 5.1 Notify the healthcare provider in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission; and
 - 5.2 For patients being transported outside of the Center, inform the receiving facility and the medi-van or emergency vehicle personnel in advance about the type of transmission-based precautions being used.
6. Dedicate personal care equipment (thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available.
 - 6.1 If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
7. Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).
8. Once the patient is no longer a risk for transmitting the infection (i.e., duration of the illness and/or can contain secretions), discontinue precautions.

Refer to:

- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Cleaning and Disinfecting policy*
- *COVID-19 policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/20
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- *Respiratory Hygiene/Cough Etiquette procedure*
- *Safety and Health Policies and Procedures, Personal Protective Equipment policy*

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC310 Special Droplet and Contact Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	12/07/22
REVIEW DATE:	
REVISION DATE:	
PAGE:	1 of 2

POLICY

Special Droplet and Contact Precautions will be used to prevent transmission of infectious organisms that can be spread via pathogens that spread through the air or by direct person-to-person respiratory transmission. An example of a disease requiring special droplet and contact precautions is SARS-CoV-2. State regulations will be followed, when applicable.

PURPOSE

To prevent the spread of infectious agents.

PROCESS

1. Display Special Droplet/Contact Precautions sign outside the patient/resident (hereinafter “patient”) room on the door.
2. Keep the patient’s door to the room closed unless doing so would endanger the patient.
3. Instruct patients and visitors regarding the precautions in use and the required personal protective equipment (PPE).
 - 3.1 Have the patient wear a surgical mask anytime staff is in the room.
4. Wear proper PPE including respiratory protection (N95 respirator), eye protection, gown, and gloves prior to entering the room of those who require Special Droplet and Contact Precautions.
 - 4.1 Before exiting the room, remove gown and gloves and bag PPE and perform hand hygiene. Once outside of the room, remove and clean eye protection. Discard N95, perform hand hygiene, and don a new mask.
 - 4.2 Remove bagged PPE from the room and discard it in the soiled utility.
5. Limit transport of patients to essential medical purposes. If transport out of the room is necessary:
 - 5.1 Place a surgical mask on the patient and instruct them to observe respiratory hygiene and cough etiquette;
 - 5.2 Transport personnel need to wear a surgical facemask during transport if the patient is masked.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC310 Special Droplet and Contact Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	12/07/22
REVIEW DATE:	
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- 5.2.1 If the patient is not masked, transport personnel need to wear an N-95 respirator;
- 5.3 Notify the receiving location of precautions.
6. Dedicate use of personal care equipment (thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment, when available.
7. If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
 - 7.1 Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).
8. The duration of these transmission-based precautions will be determined per Centers for Disease Prevention & Control (CDC) guidance for discontinuing precautions for persons with COVID.

Refer to:

- COVID-19 policy
- Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions
- Cleaning and Disinfecting policy
- Safety and Health Policies and Procedures:
 - Personal Protective Equipment policy
 - Respiratory Protection Program policy

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
REVISION DATE:	11/15/21
PAGE:	1 of 4

POLICY

All blood and body fluids are considered potentially infectious and, therefore, Standard Precautions are always used when providing patient/resident (hereinafter "patient") care.

PURPOSE

To reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.

PROCESS

1. Perform hand hygiene per *Hand Hygiene* policy.
2. Wear gloves whenever exposure to any of the following is planned or anticipated:
 - 2.1 Blood, blood products, and other potentially infectious materials (all body fluids including urine, feces, saliva) except sweat;
 - 2.2 Mucous membranes;
 - 2.3 Wound drainage;
 - 2.4 Drainage tubes;
 - 2.5 Non-intact skin;
 - 2.6 Potentially contaminated intact skin (i.e., patient incontinent of stool or urine).
3. Change gloves:
 - 3.1 Between tasks and procedures on the same individual and after contact with material that may contain a high concentration of microorganisms;
 - 3.2 After contact with patient and/or surrounding environment (including medical equipment);
 - 3.3 During patient care if hands move from contaminated body site to clean body site.
4. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/22
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5. Wear mask, eye protection, and face shield during procedures/care that are likely to generate droplets/splashing/spraying of blood/body fluids/secretions or excretions.
 - 5.1 During aerosol generating procedures (i.e., suctioning of respiratory tract) if patients not suspected of being infected with an organism for which respiratory protection is otherwise recommended (i.e., TB, influenza).
 - 5.2 Wear face mask if in contact (i.e., within three feet) with a patient with a new, acute cough or symptoms of a respiratory infection (i.e., influenza-like illness).
6. Wear gowns:
 - 6.1 During procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
 - 6.2 Remove gown and perform hand hygiene before leaving the patient's environment..
7. Prevent transmission of microorganisms from used equipment.
 - 7.1 Wear gloves and PPE as needed when handling used equipment soiled with blood and/or body fluids.
 - 7.2 Do not use reusable equipment for the care of another individual until it has been cleaned and disinfected appropriately.
 - 7.2.1 Disposable equipment may be used when available.
 - 7.3 Discard single use items promptly.
8. Before exiting room, remove and bag PPE and perform hand hygiene.
 - 8.1 Remove bagged PPE from room and discard.
9. Provide routine cleaning and disinfection of environmental surfaces, beds, bed rails, bedside equipment, and other frequently touched surfaces.
10. Handle, transport, and process used linen soiled with blood and/or body fluid in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other individuals and the environment.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
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11. Follow Sharps safety (refer to *Safety and Health Policies and Procedures, Needle Handling and Sharps Injury Prevention* policy).
12. Follow respiratory hygiene/cough etiquette.
13. Use protective mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is possible.
14. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions, or wound drainage in a single patient room, when available).
15. **Safe Injection Practices:**
 - 15.1 Use aseptic technique to avoid contamination of sterile injection equipment.
 - 15.2 Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae, and syringes are sterile, single use items. They should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
 - 15.3 Use fluid infusion and administration sets (i.e., intravenous bags, tubing, and connectors for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion or administration set.
 - 15.4 Use single dose vials for parenteral medications whenever possible.
 - 15.5 Do not administer medications from single dose vials or ampules to multiple patients or combine leftover contents for later use.
 - 15.6 If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
 - 15.7 Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
 - 15.8 Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC307 Standard Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
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Refer to:

- *Hand Hygiene policy*
- *Linen Handling policy*
- *Cleaning and Disinfecting policy*
- *Respiratory Hygiene/Cough Etiquette procedure*
- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Safety and Health Policies and Procedures:*
 - *Needle Handling and Sharps Injury Prevention policy*
 - *Personal Protective Equipment policy*

PROCEDURE:

RESPIRATORY HYGIENE/COUGH ETIQUETTE

1. Post signs at entrances instructing patients/residents (hereinafter “patients”) who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection and to practice Respiratory Hygiene/Cough Etiquette. Refer to CDC for examples of signage.
2. **Respiratory Hygiene/Cough Etiquette:**
 - 2.1 Individuals who have signs and symptoms of a respiratory infection (cough, congestion, runny nose, or increased production of respiratory secretions) should:
 - 2.1.1 Cover the nose and mouth with a tissue when coughing or sneezing.
 - 2.1.2 Use tissues to contain respiratory secretions. Dispose of used tissues in a waste receptacle.
 - 2.1.3 Perform hand hygiene after contact with mucus and contaminated objects. Hand hygiene consists of:
 - 2.1.3.1. Hand washing with plain soap and water, OR
 - 2.1.3.2. Using alcohol based hand rub.
3. **Masking and Separation of Persons who have Respiratory Symptoms:**
 - 3.1 Offer masks to persons who are coughing, when tolerated and appropriate. Masks with ear loops or with ties may be used to contain respiratory secretions.
 - 3.2 Encourage persons with a respiratory infection to maintain separation of least three feet away from others.
4. **Droplet Precautions:**
 - 4.1 Health care personnel should observe Droplet Precautions when examining or caring for a patient who has symptoms of a respiratory infection.
 - 4.1.1 These Precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.
 - 4.2 Healthcare personnel who have a respiratory infection are advised to avoid direct patient contact, especially with high risk patients. If this is not possible, then a surgical mask must be worn while providing patient care.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC301 Contact Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/22
REVISION DATE:	10/24/22
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POLICY

In addition to Standard Precautions, Contact Precautions will be used for diseases transmitted by direct or indirect contact with the resident/patient (hereinafter “patient”) or the patient’s environment (e.g., *C. difficile*, norovirus, scabies). State regulations will be followed when applicable.

Contact Precautions should also be used in situations when a resident is experiencing wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and suggest an increased potential for extensive environmental contamination and risk of transmission of a pathogen, even before a specific organism has been identified. For patients colonized with multi-drug resistant organisms, refer to *Modified Enhanced Barrier Precautions* policy.

PURPOSE

To reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.

PROCESS

1. Place patient in private room, if possible.
 - 1.1 Patient may cohort with an individual who has the same organism.
 - 1.2 Do **not** place colonized or infected patient with another patient who has:
 - 1.2.1 A different multi-drug resistant organism;
 - 1.2.2 An invasive device such as a port, IV line, track, or indwelling bladder catheter;
 - 1.2.3 A recent post-operative wound;
 - 1.2.4 Open wound(s) (including pressure injury);
 - 1.2.5 Severe immunosuppression (e.g., cancer, HIV, etc.).
2. Place a “STOP. Please see nurse before entering room.” sign on door.
 - 2.1 Print Precautions sign in color or order from Smartworks.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC301 Contact Precautions
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3. Instruct staff, patient and his/her representative, and visitors regarding Precautions and the use of personal protective equipment (PPE).
4. Staff must use barrier precautions before or upon entering the room. PPE must be worn before contact with the patient or the patient's environment
 - 4.1 Wear gown and gloves.
 - 4.2 Wear eye protection if splashing of infectious material is likely.
 - 4.3 Change gloves and gowns during care if gloves/gowns come in direct contact with infectious material.
 - 4.4 Change gown and gloves, and perform hand hygiene before providing care to other patient in the room.
 - 4.5 Before exiting room, remove and bag gown and gloves and wash hands upon exiting room.
 - 4.5.1 Remove bagged PPE from room and discard in soiled utility.
 - 4.5.2 Wash hands.
5. Dedicate personal care equipment (e.g., thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available.
 - 5.1 If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
6. Limit transport of such patients to essential purposes such as diagnostics and therapeutic procedures that cannot be performed in the patient's room. Provide cover/ containment of .infected area when the patient is outside of his/her room. Patients will follow respiratory hygiene/cough etiquette. Staff will assist the patient with hand hygiene as needed.
 - 6.1 Notify the healthcare provider in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission; and
 - 6.2 For patients being transported outside the Center, inform the receiving facility and the medi-van or emergency vehicle personnel in advance about the type of transmission-based precautions being used.

Genesis HealthCare

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC301 Contact Precautions
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
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7. Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).
8. Once the patient is no longer a risk for transmitting the infection (i.e., duration of the illness and/or can contain secretions), discontinue precautions.

Refer to:

- *Multi-Drug Resistant Organisms (MDROs) policy*
- *Modified Enhanced Barrier Precautions policy*
- *Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions*
- *Safety and Health Policies and Procedures, Personal Protective Equipment policy*



Center Emergency Preparedness Plan (EPP) 2022/2023

Center Name: Langdon Place of Keene

Address: 136A Arch Street, Keene, NH 03431

Phone Number: 603-357-3902

This document outlines the center’s integrated approach to emergency preparedness. When appropriate, the center team contacts local emergency response services officials and other healthcare providers, to participate in collaborative and cooperative planning efforts. This Emergency Preparedness Plan is reviewed and updated annually, and on an as-needed basis.

IMPORTANT NOTE: After this document has been reviewed completed by the center Emergency Preparedness Leadership Team, it must be saved electronically on Central and printed and stored in multiple, unlocked locations that may be accessed by center staff.

SAFETY PHILOSOPHY

This center is committed to operating in a manner that promotes the safety, health, and well-being of our staff while providing the quality care to all of our customers. We strive to continually develop, promote, and enforce safe work practices and provide a healthful working environment consistent with established federal, state, and accreditation requirements. This center encourages team cooperation and collaboration with local, tribal, regional, state and/or federal emergency preparedness officials to participate in an integrated response during disaster and emergency situations.

Information contained in the Emergency Preparedness Plan (the “Plan”) is based on available best practices. The Plan has been prepared as guidance for emergency response and crisis management. It cannot be assumed that the Plan takes into consideration all potential events, scenarios, and/or circumstances. As a result, the Plan is designed to be flexible based on the specific and unique circumstances, conditions, and/or events related to any emergency situation. Notably, while the Plan has been developed consistent with legal authority, the experiences and judgments of those responsible for local leadership and implementation of the Plan will determine how best to utilize it in an emergency situation. This center does not make any guarantees or representations related to the absolute sufficiency and comprehensiveness of the Plan, and notes that additional information/steps may be required in the event of an actual emergency.

Throughout this document, the terms “disaster” and “emergency” are used. Emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action; disaster is a sudden event, such as an accident or a natural catastrophe, that may cause great damage or loss of life. This Plan is written to address both types of events. The term “staff” is also used, to reference center employees, contract personnel, regularly scheduled volunteers and medical professionals that provide service to center residents and patients.

In the event of a public health crisis such as the coronavirus (“COVID-19”) outbreak, policies and procedures may be temporarily modified or adjusted to align with Company and facility needs and/or directives issued by federal, state, local health care, and/or regulatory authorities. These modifications may be communicated either through Company notices or other communications

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EPP GENERAL STATEMENT/PURPOSE

THE PURPOSE OF THIS PLAN IS TO PROVIDE GUIDELINES FOR THE CENTER TO:

1. Respond effectively during disasters/emergencies;
2. Reduce human vulnerability to adverse effects of the disaster or emergency;
3. Reduce environmental and structural vulnerability to adverse effects of the disaster/emergency;
4. Provide care and services to the center's residents/patients during an emergency and/or an evacuation;
5. Identify staff responsibilities during an emergency;
6. Provide timely and effective communication;
7. Provide for recovery after the emergency.
8. Comply with relevant legal authority and guidance including but not limited to: Life Safety Codes, OSHA's Employee Emergency Action Plans (29 CFR 1910.38), CMS guidelines, elements of the Nursing Home Incident Command System (NHICS), and any pertinent state/local requirements.

SCOPE OF PLAN

THIS CENTER HAS THE POTENTIAL OF BEING AFFECTED BY, BUT NOT LIMITED TO, THE FOLLOWING EMERGENCIES:

1. Threats to security;
2. Utility failures;
3. Weather conditions;
4. Structural damage from fires or explosions;
5. Chemical spills;
6. Community disasters; and
7. Community, regional, national or global infectious disease outbreaks.

THESE SITUATIONS MAY REQUIRE:

1. Suspension of routine processes (further described below);
2. Center employees performing non-routine tasks should understand the task completely.
 - a. If a staff member does not know how to safely perform the task, the employee is guided to ask their department head for instructions on how to safely perform the task.
 - b. If the department head is not aware of the task's safety considerations, the department head will contact the Director of Employee Safety for guidance.
3. Triage;
4. Decision-making regarding evacuations and sheltering-in-place;
5. Evacuation of residents/patients, visitors and personnel;
6. Resident elopement; and
7. Acceptance of unscheduled admissions.
 - a. The Center only accepts admissions within its scope of care unless directed by a regulatory agency.

THIS PLAN IS DEVELOPED SPECIFICALLY FOR THIS CENTER BASED ON A SITE-SPECIFIC HAZARD VULNERABILITY ASSESSMENT, AND INCLUDES:

1. A developed and tested incident management process, including the center's communication plan;
2. A corresponding analysis of the resources of the center;
3. Center-specific planning and response tools for emergency management; and
4. Elements that promote collaboration, interoperability, and communication with state, local, tribal and community resources.

This center provides a copy of this completed plan to the local Emergency Management Services on an Annual Basis, and as necessary.

Refer to: Appendix 1: Hazard Vulnerability Assessment (HVA)

GENERAL GUIDELINES

WHEN POSSIBLE, THIS CENTER TAKES ADVANTAGE OF AVAILABLE LEAD-TIME BEFORE EMERGENCIES. STAFF SHOULD:

1. Immediately report all potential emergency and/or disaster situations to the Administrator or designee and the Director of Nursing (DON);
 - a. Notify additional department heads or designees as instructed by the Administrator.
 - b. Administrator/designee: Notify the Marketing President (MP) of any potential emergency situation. Provide a copy of this completed plan to the local EMS;
2. Keep a radio/television tuned to an emergency weather channel or other Emergency Alert System broadcaster on at all times;
3. Review the Emergency Preparedness Plan for evacuation routes, emergency specific guidelines, communication plan and contact information;
4. Locate the emergency and protective action supplies. Replenish if necessary;
5. Clear corridors of obstructions;
6. Reassure residents/patients, visitors, and team members;
7. Assist in the Incident Commander (see below) determinations regarding the number and mix of employees necessary if emergency is activated;
8. Notify the Administrator, DON, or designee of the potential staffing and supply needs;
9. Conserve resources (e.g., water, linen, supplies, etc.);
10. Keep phone lines free of personal calls;
11. Ensure a supply of food and water is available for residents/patients and staff in collaboration with the Dining Services Director;
 - a. The center acknowledges during a disaster visitors may be present. The center's first priority for water and food distribution is to staff and residents.
 - b. Note: Water can be used indefinitely as long as container intact. Dates do not imply expiration.
12. Be sure resident census is updated and accurate;
13. Estimate the number of ambulatory and non-ambulatory residents, and identify residents on transmission-based precautions that will need cohorting or segregation from other residents;
14. Identify residents with communication impairments, limited English proficiency, and plan for interventions to provide effective communication, such as interpreter services, large print or translated materials.
15. Centers with pets or resident service animals should consider the pets/animals in any emergency situation - i.e. food, water, care needs, and handling/controlling the animal.

NOTIFICATION and INCIDENT COMMANDER

1. During an emergency, the center's highest-ranking individual serves as the acting Incident Commander until the Administrator/Designee arrives. This person immediately contacts the Administrator/Designee.
2. When on-site, the Administrator/Designee is the Incident Commander and is updated on the situation by the acting Incident Commander. Refer to Appendix 22 for the center succession plan.
3. The Incident Commander is responsible for activation, implementation, and termination of the Emergency Preparedness Plan, staff assignments, patient oversight and associated documentation.
4. The Incident Commander is responsible for contact, and collaboration with, as appropriate:

- a. Department heads;
- b. MP;
- c. Residents and responsible parties;
- d. State Licensing Board;
- e. Local, tribal, regional, state or federal emergency management officials; and
- f. State Ombudsman Office.

LEVELS OF EMERGENCY

1. After determining an emergency situation exists, the Incident Commander declares an emergency. The levels of emergency are:
 - a. **Alert.** Disaster possible; increased awareness. Administrator or designee notified;
 - b. **Stand By.** Disaster probable, ready for deployment. All department heads notified;
 - c. **Activate.** Disaster exists, deployment. Department heads or designees report to Center; and
 - d. **Stand Down.** Disaster contained, resumption of normal activities.

NOTIFICATION OF PLAN

1. Residents are notified of the EPP via a statement in the Admission Kit and a posting in the Center.
2. The Administrator requests time to review the EPP during Resident Council meetings.

Refer to Posting GHC 5408 in SmartWorks and the Emergency Preparedness Compliance Guide.

COMMAND AND CONTROL

1. The Incident Commander coordinates activities in the center;
2. All staff are generally considered to be essential for the duration of a declared emergency;
and
3. Emergencies are typically managed from a central location, identified as the Emergency Operations Center.

Refer to:

Appendix 2: Building Construction and Life Safety

Appendix 3: Center Administrative Staff Contact List

Appendix 4: Emergency Operation Center Designation

COMMUNICATION PLAN

1. During emergencies, this center uses primary and alternate means of communication;
 - a. Landline telephone, cell phones, and the Regroup Mass communication platform are primary means of emergency communication. Email, and text messaging are alternate means for communication efforts; and
 - b. Two-way radio communications are used where required to communicate with the local EMS during a regional emergency.
2. Internal Communication
 - a. The Incident Commander is responsible for communicating the initial and ongoing situation status with the center's department heads and MP or designee.
 - b. The MP or designee is responsible for communicating the status of any emergency to area/division leadership and appropriate corporate staff.
 - c. Center staff attempt to use simple, precise language when communicating during an emergency. Codes are not used.
3. External Communication
 - a. The Incident Commander is the key spokesperson for the center and:
 - i. Notifies and communicates with regulatory and community agencies and resources regarding the center's occupancy, status, needs and ability to provide assistance;
 - ii. Notifies/self-reports incidents involving fire, death, and/or serious bodily injury in accordance with federal and state guidelines.
 - iii. Notifies the public relations department (Lori Mayer at 610-283-4995) who will handle radio/TV or other media inquiries, press releases or statements.
 1. NOTE: Center and regional employees do NOT communicate directly with the media; rather, all communications are handled by the public relations department. (Refer to Appendix 6.)

Refer to:

Appendix 5: Area Administrative Contact List

Appendix 6: Company Contacts

Emergency Notification Announcements

CRISIS PUBLIC RELATIONS: STAFF MEMBERS, VOLUNTEERS, CONTRACTORS, PHYSICIANS, FAMILY OF RESIDENTS AND COMMUNITY (INCLUDING OTHER LONG TERM CARE FACILITIES, AS APPROPRIATE)

1. In advance of a crisis or disaster situation, the center works to ensure staff members, contractors, volunteers, physicians, residents, family members, and the community-at-large understand the center has developed a relationship with local emergency responders as well as the local Emergency Management Services to plan for, prepare for, respond to, and recover from such situations.

COMMUNICATION WITH RESIDENTS, FAMILY MEMBERS AND OTHERS

2. This center uses the Genesis HealthCare CareLine as the emergency contact number (866-745-2273) as alternate communication in addition to primary telephone numbers for the residents' responsible parties and family members for contact during an emergency.

3. Based on direction from the Administrator/Incident Commander, residents, responsible parties and family members are notified as soon as possible when there is an emergency declaration at the center by center staff in person, via telephone, and through use of the Genesis CareLine. This communication includes patients who are included in census but outside of the center at the time of the emergency (i.e., at external physician appointments, dialysis, etc.). If the center determines additional alternate communication methods are needed, the Incident Commander works with company resources to obtain support, equipment and services.
4. If the center determines it has additional surge capacity (see below), local EMS and other long term care providers are notified of such capacity.
 - a. The HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need. In addition, while the HIPAA Privacy Rule is not suspended during an emergency, the Secretary of the U.S. Department of Health and Human Services may waive certain provisions of the privacy rule.
 - b. Without a waiver, patient information is permitted to be disclosed in accordance with the Privacy Rule and as noted in the center's Notice of Privacy Practices.
 - c. During an emergency, the center implements reasonable safeguards to protect patient information against impermissible uses and disclosures, and apply administrative, physical and technical safeguards of the HIPAA Security Rule to electronic protected health information. Protected health information continues to be managed in a manner that is most likely to protect privacy if possible, and disclosures are limited to the minimum necessary to accomplish the purpose.
 - d. During emergencies, the center monitors communications from U.S. Department of Health and Human Services and state and local regulatory agencies for additional guidance.

Refer to:

Appendix 7: Emergency Resources and Contacts

Appendix 8: Additional Resources

INTERNAL FUNCTIONS

THE CENTER TAKES ADVANTAGE OF LEAD-TIME BEFORE EMERGENCIES:

1. Staff will notify the Administrator or designee and DON of all potential emergency situations.
2. Keep a radio/television on at all times (if possible) and tuned to an emergency weather channel or other Emergency Alert System broadcaster.
3. Review the Emergency Preparedness Plan for evacuation routes, emergency specific guidelines, emergency supplies, communication plans and appropriate contact information, with staff, visitors, volunteers and onsite contractors. Staff are monitored through use of the staffing schedules (updated as needed), and volunteers, visitors and others are monitored using the visitor log (typically kept in the reception area).
 - a. Locate the emergency supplies; replenish if necessary. Refer to **Appendix 12: Emergency Supplies and Location of Critical Equipment**.
 - i. The following equipment is typically available at this center: wheelchairs, walkers and canes, portable/folding chairs (for Staging Area), oxygen concentrators, IV poles, feeding pumps, suction machines, bedside commodes.
 - ii. The following medical supplies are typically available at this center; first aid supplies, gauze, bandages, alcohol, triple antibiotic ointment, disposable gloves, eye protection, disposable gowns, surgical masks, BioMasks, N95 respirators, saline eyewash solution, incontinence products, barrier cream, sanitizing wipes, hand sanitizer, medications, medication cups/straws, shelf-stable nutritional supplements, food thickener, bladder catheter supplies, sterile pads, first aid tape, syringes, stretch gauze, elastic bandages, glycerin swabs, normal saline, and insulin supplies.
4. Remind staff to remain calm and in control, for organized response and to reassure the residents.
5. Clear corridors of obstructions.

DEPARTMENT HEAD EMERGENCY RESPONSIBILITIES:

1. Train personnel on department responsibilities;
2. Assign on-call responsibility for emergency management;
3. Provide support as directed by the Incident Commander;
4. Assure emergency duties are assigned;
5. Assign duties to staff based on physical capabilities and competencies;
6. Maintain a current list of all employees and their phone numbers;
7. Identify staff interested in volunteering to work in receiving facilities if evacuation is initiated;
8. Determine the minimal number and mix of employees necessary if an emergency is activated.
9. Notify the Administrator, DON, or designee of the potential staffing and supply needs; and
10. Conserve resources (e.g., water, linen, and supplies).

EMERGENCY PROCEDURE: TAKE COVER

1. It is the Incident Commander's responsibility to monitor all threatening situations and determine when the **Take Cover Procedure** is initiated. Situations involving risk to

residents, staff, and visitors due to events occurring inside and outside of the center are considered in the decision to **Take Cover**.

2. Upon making the decision to **Take Cover**, an announcement is broadcast over the center intercom system stating the following message:
 - a. **“Attention all staff, there is an immediate situation requiring all occupants to Take Cover. Please initiate the Take Cover Procedure.”**
 - b. Staff, if it is safe to do so, assist residents to Areas of Refuge identified in Appendix 2 of this EPP. If unsafe, staff takes immediate cover.
 - c. Residents who use wheelchairs and cannot get into the Take Cover position are positioned with wheelchairs facing a wall with wheels locked, and covered with linens to help protect from flying debris (time permitting).
 - d. Staff, residents and visitors (as they are able to), get into the Take Cover position (see below).



3. Emergency Job Tasks – Take Cover
 - a. Administrator/Incident Commander
 - i. Direct all individuals to Take Cover.
 - ii. Be prepared to contact authorities if injuries and damages occur.
 - iii. Direct everyone to remain in the refuge area until the danger has passed.
 1. An **“All Clear, Take Cover is over”** message is then paged to signal the Take Cover situation has ended. Afterwards, the Incident Commander accounts for residents, staff, and visitors.
 - b. Nursing Staff
 - i. Connect oxygen concentrators/tanks to residents requiring oxygen as needed.
 - ii. Take first aid supplies/medical supplies to designated Area of Refuge, time permitting.
 - iii. Relocate the residents to safe refuge and stay in close proximity of the residents while **taking cover**. Maintain transmission-based precautions as best as possible.
 - iv. Close drapes, blinds, doors, and windows (time permitting).
4. Upon broadcast of the Take Cover announcement, all staff immediately discontinues tasks they are working on and begin implementing their **Take Cover** responsibilities.
 - a. Immediately relocate residents and visitors to bathrooms or interior hallways (refer to Areas of Refuge, Appendix 2) away from all windows and doors. Staff closes all drapes, blinds, and doors.

IMPORTANT NOTE: If residents, visitors, and staff are directed to Take Cover in a hallway having a door or window at the end of the corridor, attempt to keep a distance of 30 feet (30') away from the door or window.

- b. Staff avoid areas with large ceiling spans. Small rooms or interior hallways away from windows and doors are suitable for **taking cover**.
- c. Upon relocating all residents to a safe refuge, the staff stays in proximity of the residents while **taking cover** as well.
- d. **Maintenance staff and Managers on Duty** should be prepared to activate Utility Shut-Off Procedures.
- e. All *other* staff members immediately secure records, close drawers and cabinets, shut down electronic appliances, and report to the nearest Area of Refuge (refer to Appendix 2).
- f. If a situation allows for advanced warning, residents, staff, and visitors will be re-located a designated area providing optimum refuge.
- g. Upper floor occupants are moved to the basement or lowest level within the center.
- h. Priority is given to evacuating the highest floor first.
- i. Census is taken to account for all residents, staff, and visitors.
- j. Upon issuance of the All Clear announcement, residents are taken back to their rooms.

Administrator (OR DESIGNEE) ALL EMERGENCIES:

1. Administrators are responsible for execution of Transfer Agreements and/or Memorandums of Understanding (MOU) for patient care and transportation. Updating your center's EPP ensures Divisional and Corporate support can access the Transfer Agreements or MOU's and activate those as you coordinate center emergency response.
 - a. Where possible, centers attempt to transfer residents to Genesis-affiliated centers, as this allows for usage of existing databases and continuity of care.
 - b. Administrators use Transfer Agreements and/or MOUs with non-affiliated centers, which are often mutual agreements, to arrange for patient care and services and evacuation transportation. (These agreements are activated after a decision has been made to evacuate.)
 - c. Administrators activate this Emergency Preparedness Plan when necessary. If applicable, the *National Criteria for Evacuation Decision-Making in Nursing Homes* is reviewed with the management team to evaluate whether to evacuate or Shelter-in-Place. The availability and duration of emergency power is considered when making such determinations.
2. The Administrator/Designee is the Incident Commander and is responsible for activating and coordinating all activities related to the emergency.
 - a. Only the Incident Commander, in collaboration with the MP and/or an authority with jurisdiction, can declare an evacuation.
3. The Administrator/Designee contacts the MP and directs internal and external communication as described above.
4. The Administrator/Designee contacts the local EMS and collaborates on integrated response, as appropriate.
5. The Administrator/Designee contacts the Ombudsman and communicates:
 - a. How the residents will be sheltered;
 - b. When/If the residents will be evacuated; and
 - c. Where the residents will be sheltered.
6. The Administrator/Designee contacts the state licensing board.
7. The Administrator/Designee notifies the Medical Director and department heads.

8. The Administrator/Designee instructs staff to keep all doors closed in resident rooms, stairwells and functional rooms (storage, pantry, linen, etc.).
9. The Administrator/Designee instructs staff regarding suspension of non-essential services and procedures during emergencies.
10. The Administrator/Designee tracks the incident's progress and disseminates information to respective staff.
11. The Administrator/Designee determines involvement, appropriate tasks and roles of volunteers.
12. The Administrator/Designee establishes frequent communication with staff members, residents, and resident responsible parties.
13. The Administrator/Designee contacts vendors and others who may be needed for post-incident restoration and makes arrangements for services.
14. The Administrator/Designee completes NHICS Form 251, Center System Status Report to assess the center's damage.
15. The Administrator/Designee directs additional emergency documentation completion; refer to Appendices and Exhibits in this EPP.

**Refer to Appendix 9: Transfer Agreements
Appendix 10: Short-term Evacuation Plan**

Administrator (OR DESIGNEE) SHELTER-IN-PLACE (SIP): During emergencies the Administrator/Designee:

1. Meets with management team to discuss preparations for SIP.
2. Activates the center's SIP Plan as directed by area/divisional, regional, or corporate Leadership; and local authorities.
3. Notifies staff members, residents, and resident responsible parties of the decision to SIP.
4. Instructs individuals in the center to remain until it is safe to leave.
5. When it is safe, allows staff, volunteers, visitors, and vendors to communicate with their family members.
6. Oversees moves of residents to Areas of Refuge as necessary.

Administrator (OR DESIGNEE) EVACUATION: During emergencies the Administrator/Designee:

1. Activates the center's Evacuation Plan as directed by area, divisional, regional, or corporate leadership; or by local authorities. (Management team then notifies supervisors and staff.)
2. Meets with management team to finalize instructions for evacuation.
3. Coordinates evacuation efforts with local Emergency Management Agencies.
4. Notifies the following of the evacuation decision:
 - a. The Genesis CareLine (866-745-2273) to determine bed availability;
 - b. Residents and responsible parties of decision to evacuate. Communicates emergency phone numbers including alternate care center numbers;
 - c. The Medical Director; and
 - d. The receiving facility(ies) of the pending arrival.
5. Designates a staff member to monitor and complete the NHICS Master Resident Evacuation Tracking Log Form 255.
6. Notifies alternate care facilities of the pending arrival. Activates Transfer Agreements/MOU as necessary.

7. Secures the center and verifies all electronics and computers have been turned off and unplugged.
8. Approves shut-down procedures for non-essential utilities and designates appropriate personnel to implement shut-down.
9. Verifies emergency supplies for transport.
10. Initiates recovery and re-entry efforts when deemed safe.

SENDING CENTER: ADMINISTRATION TASK LIST

1. Schedule additional staff to coordinate transportation; consider and determine plans for cohorting patients, when applicable.
2. Work with MP to schedule transportation.
3. Update original evacuation report to reflect any changes; i.e., residents in hospital.
4. Review return plan with staff and ensure plan is followed.
5. Schedule additional staff to coordinate transportation.
6. Send supplies to receiving center as needed. Consider need to provide beds, wheelchairs, over bed tables, oxygen, food, water, bathing materials, linens, means for privacy, medical supplies and continence supplies.
7. Communicate daily with receiving center Administrator on return status.

RECEIVING CENTER: ADMINISTRATION TASK LIST

1. Verify all local emergency services are available prior to resident transport.
2. Contact center staff and ensure adequate staff is available to meet the needs of the residents; discuss and determine plans for cohorting patients when applicable.
3. Schedule staff to prepare the building for residents and ensure adequate supplies for each department are available.
4. Verify local vendors and contractors are available i.e. food and nutrition services, housekeeping/laundry, dialysis, physicians, pharmacy, oxygen, gas stations, x-ray and lab services.
5. Coordinate the return schedule with Senior Vice President of Operations and MP.

DIRECTOR OF NURSING OR DESIGNEE (NURSING): ALL EMERGENCIES

1. During all emergencies nursing is responsible for:
 - a. Coordinating resident care;
 - b. Coordinating communication with medical providers;
 - c. Printing and securing the following resident-specific documents:
 - i. Admission Record (face sheet).
 - ii. MARs;
 - iii. TARs;
 - iv. Most recent monthly order sheet;
 - v. Care Plan;
 - vi. Weight and VS Summary;
 - vii. Most recent 7 days of nursing notes;
 - viii. Most recent physician progress notes;
 - ix. Behavior Monitoring Form;
 - x. Skin integrity report; and

- xi. Patient-specific medications, treatment and feeding supplies, including adaptive equipment, special needs items and preventive devices for falls and skin breakdown.
- d. Obtaining additional clinical staff in collaboration with the Administrator and Human Resources;
- e. Coordinating resident needs with food and nutrition services and materials management;
- f. Notifying pharmacy services of pending evacuation and alert for need to provide back-up medications;
- g. Communicating the status of care and resident conditions to the Administrator;
- h. Accounting for and keep track of residents and staff;
- i. Maintaining effective lines of communication with nursing staff members;
- j. Preparing medications (one week supply if possible) for those residents going to alternate facilities, hospitals, or home;
- k. Verifying all physician orders are current and have been obtained for residents.
- l. Updating and printing resident/patient census reports;
- m. Estimating the number of ambulatory and non-ambulatory residents/patients for transportation and assistance purposes. Identify residents on transmission-based precautions that require cohorting or segregation from other resident; and
- n. Identifying residents with communication impairments, and associated planned interventions and updating resident care plans as necessary.

DIRECTOR OF NURSING OR DESIGNEE (NURSING): EVACUATION TASK LIST

1. Designates Phase I and Phase II Evacuation Nurse Coordinators.
 - a. Nurse Coordinator Phase I works to transfer the highest acuity residents first via ambulance if possible. Considers hospital transfers as appropriate.
 - b. Nurse Coordinator Phase II works to transfer lower acuity residents via the most appropriate methods available. Phase II residents may be moved to a staging area prior to evacuation. Staff members are designated to each of the vehicles to assist and care for the residents during the transport. Identifies patients that may be cared for by family/friends and arranges discharge.
2. Groups the residents according to unit, acuity, and those on transmission-based precautions and assigns staff members accordingly.
3. Prepares the lists of residents and receiving location(s) so staff can prepare clothing, supplies, medications, and any other items.
4. Completes the *NHICS 260 Individual Resident Evacuation Tracking Form* for each patient. This tracking includes patients that are counted in the resident census even if they are off-site at the time of the emergency.
5. Designates staff members to accompany each group.
6. Assists in coordinating transfer of all residents to alternate hospitals or other locations. Use *NHICS 255 Master Resident Evacuation Tracking Form*.
7. The Evacuation Nurse Coordinators or designees:
 - a. Complete *NHICS 260 Individual Resident Evacuation Tracking Form* for each patient noting patient-specific supplies and equipment.
 - b. Collect patient-specific information (see above).
 - c. Collect the supplies as noted on NHICS 260 and supervise load of medications, supplies and administration records to accompany transport vehicle:

- i. A licensed nurse is assigned to safeguard controlled substances.
 - ii. If residents needing critical medications are deemed unsafe to carry their own medications, then a licensed nurse carries the medications.
 - iii. When necessary and appropriate, a separate cooler is provided for temperature-controlled medications.
- d. Contact the DON of receiving center to inform him/her of the status of the evacuation.
- e. Transfer residents from bed and transport in accordance with care plans.
- f. If possible and time-permitting, inspect the residents for:
 - i. Proper attire for the weather;
 - ii. Identification (ID) wristbands (if applicable);
 - iii. Assistive devices including hearing aids, dentures, glasses, and prosthesis.
- g. Provide a change-of-shift (hand off) report. Include information regarding patients at risk for falls and elopement.
- h. Supervise resident evacuation from the building and the resident flow to transportation.

SENDING CENTER: NURSING TASK LIST

1. Provide the *NHICS 260 Individual Resident Evacuation Tracking Form* and *NHICS 255 Master Resident Evacuation Tracking Form* for transport.
2. Pack resident medical records, supplies, clothing, necessary personal items and medications. Inventory sheets are completed if there is ample lead-time.
3. Prepare/pack any special needs equipment or supplies as necessary. (For example: special size Foley/ostomy supplies, enteral feed formula, oxygen).
4. Load residents with assistance from transport crew.
5. Give report and narcotics/controlled medications to transport nurse/crew.
6. Provide the resident records to transport crew.
7. Provide a method for resident identification either via use of wristbands or use of photo identification.
8. Provide resident identification.
 - a. The sending center nursing team reports significant resident information to receiving center in a verbal or written hand-off report, including (wristbands may be used for this purpose):
 - i. Code status/Advanced Directives
 - ii. Potential for Fall Risk
 - iii. Potential for Elopement Risk
 - iv. Diagnoses
 - v. Food, Medication and Other Allergies
 - vi. Thickened liquid consistency
 - vii. Diet consistency
 - viii. NPO Status
 - ix. Seizures
9. Provide medication management
 - a. Medications are checked against the MARs to ensure all meds are accounted for per physician order before the residents are transported to the receiving center.
 - b. Narcotics/controlled medications are separated and provided to the transport nurse who keeps control of the medications until arrival at the receiving center.

- c. The transport nurse and DON or designee include the narcotic count sheet/MAR with each medication.
10. Provide resident special needs equipment.
 - a. The DON/Designee uses the NHICS 260 Individual Resident Evacuation Tracking Form to identify special equipment or supplies needed during transport.
 - b. Pressure relief devices for residents identified with specific wound needs.
 - c. When possible, special equipment or supply needs (i.e., positioning devices, oxygen (see below) and means of securing oxygen, nebulizers, gel pads, special size colostomy bags) are loaded on the transport vehicle prior to the residents.
 11. Provide oxygen needs to appropriate residents.
 - a. Oxygen use is documented on the NHICS 260 Individual Resident Evacuation Tracking Form.
 - b. Residents requiring oxygen are transported by wheelchair with the oxygen tank secured to the chair. Chair wheels are locked to prevent rolling during transport.
 - c. Extra oxygen tanks are secured to prevent movement.
 - d. Residents requiring oxygen may be transported separately due to limited number of wheelchair spaces on transporting vehicles.
 12. Provide enteral feeding supplies to appropriate residents.
 - a. The DON/Designee is responsible for ensuring enteral feeding formula and supplies are packed.
 - b. Formula, tubing and syringes are collected, packed for transport, and labeled with the resident name(s).
 - c. If support is necessary (i.e. inadequate formula on hand), the DON/Designee contacts the Regional Manager of Food and Nutrition Services for assistance.

TRANSPORTING CREW: NURSING TASK LIST

1. Find/Load first aid kit.
2. Ensure all transported supplies are labeled.
3. Inspect oxygen to ensure it is secured for transport.
4. Ensure transport team and residents have required PPE.
5. Upon arrival at the sending center, notify Administrator and DON and obtain a copy of NHICS 260 Individual Resident Evacuation Tracking Form and NHICS 255 Master Resident Evacuation Tracking Form for transport.
6. Assist with loading assigned residents.
7. Check actual residents loaded against NHICS 255 Master Resident Evacuation Tracking Form to ensure accuracy.
8. Check for critical medications and equipment: snacks/drinks; clothing and belongings; and associated administration records (MARs and TARs).
9. Take report from evacuating center nurse and take possession of narcotics.
10. As time allows, document resident condition on departure.
11. Provide care/services as necessary during transport and document such services.
12. Contact the receiving center periodically to coordinate arrival time.
13. Report to the nursing team at the receiving center upon arrival and transfer resident medications, belongings, documentation, and supplies.

TRANSPORTING CREW NURSING POLICY AND PROCEDURE

1. Oxygen.

- a. The center uses *NHICS 260 Individual Resident Evacuation Tracking Form* to identify residents that require continuous or PRN oxygen. Residents with continuous or PRN oxygen needs are transported via wheelchair so the oxygen tank can be secured to the chair. During transport, the chair wheels are locked to prevent rolling. Residents using oxygen may be transported separately due to the limited number of wheelchairs spaces on transport vehicles.
- b. Extra oxygen tanks are secured to prevent movement.
- c. Guidance for the Safe Transportation of Medical Oxygen for Personal Use
 - i. Vehicle operators take precautions to ensure medical oxygen for passengers' personal use is handled and transported safely.
 - ii. For Transportation in the Passenger Area Task List/Instructions:
 - 1. Only transport oxygen in a cylinder maintained in accordance with the manufacturer's instructions. The manufacturer's instructions and precautions are usually printed on a label attached to the cylinder.
 - 2. Before boarding, inspect each cylinder to assure that it is free of cracks or leaks, including the area around valve and pressure relief device. Listen for leaks; do not load leaking cylinders. Visually inspect the cylinders for dents, gouges or pits. A dented, gouged, or pitted cylinder should not be transported.
 - 3. Limit the number of cylinders to be transported on board the vehicle to the extent practicable.
 - 4. If transportation arrangements allow, the vehicle operator considers limiting the number of passengers requiring medical oxygen.
 - 5. Cylinders used for medical oxygen are susceptible to valve damage if dropped. Handle these cylinders with care during loading and unloading operations. Never drag, roll or carry a cylinder by the valve or regulator.
 - 6. Do not handle oxygen cylinders or apparatus with hands or gloves contaminated with oil or grease.
 - 7. Secure each cylinder to prevent movement and leakage. "Secured" means the cylinder is not free to move when the vehicle is in motion. Each extra cylinder should be equipped with a valve protection cap.
 - 8. Oxygen cylinders or other medical support equipment are not stored or secured in the aisle. Make sure the seating of the passenger requiring oxygen does not restrict access to exits or use of the aisle.
 - 9. Since the release of oxygen from a cylinder could accelerate a fire, secure each cylinder away from sources of heat or potential sparks.
 - 10. Smoking or open flames (cigarette lighter or matches) are not permitted in the vehicle when medical oxygen is present.
 - 11. When the destination is reached, remove all cylinders from the vehicle as soon as possible.
 - iii. For Transportation in the Cargo Compartment Task List:
 - 1. Place each cylinder in a box or crate or load and transport in an upright or horizontal position.
 - 2. Protect valves from damage, except when in use.
 - 3. Secure each cylinder against movement.

2. Narcotics/controlled medications.

- a. When necessary, narcotics/controlled medications are transported from the sending center to the evacuation center.
 - b. All narcotics/controlled medications should have the count sheet/MAR attached to the medication.
 - c. A log listing the narcotics/controlled medications/MAR for each resident is sent to the receiving center. A copy is provided to the transporting nurse.
 - d. A nurse completes a narcotic count with the receiving center nurse upon arrival.
 - e. All narcotics/controlled medications should remain in the possession of a nurse during transport.
3. Illness or death enroute.
 - a. If a resident/patient has a significant change in condition or expires during transport, the transporting vehicle diverts to the closest acute care center, if possible.
 - b. If this is not possible, the transport crew alerts the receiving center and manages the patient situation until arrival.
 4. Documentation.
 - a. During transport, the transportation nurse/crew document resident conditions and status at the time of transfer and also documents medications administered, treatments given and any other information that is deemed pertinent.

NURSING: RECEIVING CENTER TASK LIST

1. On arrival take report from the transport nurse/crew and count narcotics/controlled medications.
2. Complete triage.
3. Pull original documents from the transport nursing documentation, make copies, and return original documentation to the sending center as soon as possible, and as appropriate.
 - a. Give copies of the documentation from the sending center to medical records for retention to support continuity of care during the evacuation process.
4. Review MARs and TARs against documentation received from sending center to ensure all physician order changes were posted to these documents. Review other changes to identify orders for continuation.
5. Depending on appropriateness and availability, arrange for grief counselors to counsel evacuees.

NURSING: TRIAGE EVACUATION RECEIVING CENTER TASK LIST

1. If possible, set up stations for providing care as follows:
 - a. Station I: Complete the resident admission assessment including:
 - i. Vital signs with pain assessment
 - ii. Evaluate presence of infections
 - iii. Weight
 - iv. Height
 - v. Provide resident belongings to receiving nurse along with resident assessment information.
 - b. Station II: Provide:
 - i. Hydration
 - ii. Snacks
 - c. Station III:
 - i. Transport resident and belongings to assigned room

- ii. Provide as-needed personal care

NURSING: SHELTER-IN-PLACE TASK LIST

1. Assist in moving residents to Area of Refuge (if indicated) and frequently monitor their conditions.
2. Connect oxygen concentrators/tanks to residents requiring oxygen.
3. Take first aid supplies/medical supplies to designated safe areas and initiate treatment.
4. Be prepared to assist as needed at the direction of the Incident Commander.

NURSING: EXPANSION/SURGE OF RESIDENTS

1. Coordinate triage of casualties, if necessary.

Refer to Appendix 11: Triage of Casualties

MEDICAL DIRECTOR: ALL EMERGENCIES TASK LIST

1. If possible and appropriate, report to the center;
2. Provide assistance as appropriate, via telephone, electronically or in-person, during an external or internal emergency requiring medical evaluation and /or intervention and coordinate the activities of physicians as necessary;
3. Coordinate unplanned admissions resulting from external emergencies with the Director of Nursing;
4. The center only accepts admissions within its scope of care unless directed by a regulatory agency.
5. Triage casualties;
6. Obtain additional medical resources in collaboration with the SVP/VP of Medical Affairs or Regional Medical Director; and
7. Assist center with transfer decisions and emergency orders if attending physician cannot be reached.

HUMAN RESOURCES AND SCHEDULING: ALL EMERGENCIES TASK LIST

1. Human Resources /Benefits Designee and Scheduler are responsible for scheduling and assembling adequate staff in consultation with the Administrator/Designee:
 - a. Maintain current information all center personnel and volunteers with addresses and phone numbers for contact purposes;
 - b. Coordinate with center department heads to determine staff/volunteer resources needed both for onsite needs and in the event that staff is needed in alternate locations;
 - c. Update the department heads with results of attempts to obtain staff. Confirm expected availability as well as the number of family members joining the staff members;
 - d. Coordinate, if necessary, transportation of the center staff to work;
 - e. Monitor the length of time each employee works during the declared emergency and provide adequate time off to rest and recover. Time worked should not exceed sixteen (16) hours over a 24 hour period if possible;
 - f. Identify areas where employees can rest and recover;
 - g. If necessary, work with regional Human Resources staff to contact other Genesis centers to obtain additional staff.

FOOD AND NUTRITION SERVICES: ALL EMERGENCIES TASK LIST

1. The Dining Services Director or designee:
 - a. Follows the Food and Nutrition Services Policies and Procedures, Food Service Emergency Plan and associated guidelines including a plan to obtain food and water in the event of an emergency;
 - b. Obtains additional staff in collaboration with Human Resources;
 - c. If power outage is likely, set refrigerators and freezers to the lowest setting to preserve items for the longest possible time period;
 - d. Unplugs non-essential equipment;
 - e. Obtains supplies of food and water for residents/patients and staff;
 - f. Creates water supply:
 - i. Fill tubs, pitchers, and as many containers as possible with water;
 - ii. Bags as much ice as possible and stores bags in the freezers; and
 - iii. If advanced warning is provided, purchases ice and stores in freezers.
 - g. Determines the numbers of residents, visitors, volunteers, and employees for whom food service may need to be provided.
 - h. Provides food service as appropriate and able. Refer to Exhibit 1 for Sample Emergency Menus.

FOOD AND NUTRITION SERVICES EMERGENCY EVACUATION GUIDELINES

1. The Dining Services Director/Designee:
 - a. Coordinates food service with the center Incident Commander following the EPP.
 - i. Provides adequate snacks and fluids for each vehicle transporting residents;
 - ii. A sample snack menu, extended for consistency modified and Gluten-Free diets, has been developed for these purposes and may be customized as needed; and
 - iii. All therapeutic diets are waived during an emergency with the exception of consistency-modified and Gluten-Free diets as allowed by state regulations.
 - b. Packaged snacks and fluids (including thickened water) are provided in disposable containers or bags, if possible, with labeling for consistency-modified and Gluten-free (when appropriate).
 - c. Gathers relevant vital resident and department records.
 - i. Enteral feedings for residents are managed by nursing staff with support from the Dining Services Director/Designee.

SENDING CENTER: FOOD AND NUTRITION SERVICES TASK LIST

1. If possible, the Dining Services Director or designee sends Food and Nutrition Services staff ahead to the receiving center(s) to prepare snacks and fluids for residents **on their arrival**;
2. Consult with the Regional Manager of Food and Nutrition directly to review plans for evacuation;
3. Dining Services Director makes plans for meals to be served prior to transport. (Note: Meals may be served inconsistently with the normal center schedule to ensure residents are prepared and fed at designated departure times);
4. Create/Print diet roster for distribution to receiving facilities;
5. Create/Print 2 tray card copies for each resident;
6. Prepare a simplified shelf-stable snacks and liquids master list. Include specific-consistency diets, thickened liquids, and disposable supplies (napkins, plastic cutlery).

7. Prepare and label snacks for consistency-altered diets (Dysphagia Advanced and Puree). A snack list identifying snacks for consistency-altered diets is included for transport.

RECEIVING CENTER: FOOD AND NUTRITION SERVICES TASK LIST

1. If possible, the Dining Services Director and assigned staff arrive at the center in sufficient time to allow for inventory of food items to ensure nutrition needs of the residents.
2. The Dining Services Director/Designee prepares beverages and light snacks to be provided upon evacuated residents' arrival to the center. Include meals appropriate for consistency-altered diets and thickened liquids

REHABILITATION SERVICES: ALL EMERGENCIES TASK LIST

1. The Director of Rehab or designee:
 - a. Assists with triage, transfer, or evacuation of residents;
 - b. Obtains additional staff in collaboration with Human Resources; and
 - c. Directs rehab staff to assist on the units as required.

MAINTENANCE SUPERVISOR: ALL EMERGENCIES TASK LIST

1. Gather emergency supplies. See Appendix 12: Emergency Supplies Checklist;
2. Evaluate the safety of the physical plant;
3. Coordinate emergency repairs;
4. Communicate the status of the center environment to the Administrator.
5. Make rounds of the center and grounds;
6. Secure potential flying debris (above, below, around, and in the center);
7. Check equipment for functionality:
 - a. Monitor fuel supply for generator; and
 - b. Check that equipment and utilities are functioning properly.
8. Prepare all vehicles for evacuation if needed;
 - a. Check fuel, oil, and water levels for each vehicle;
 - b. Move vehicles away from trees;
 - c. Prepare maps/obtain directions with evacuation routes and alternate routes for each vehicle. A paper map with all routes should accompany each vehicle.;
 - d. Load phone or other communication devices in each vehicle;
 - e. Load first aid kit in each vehicle; and
 - f. Identify storage space for medical and business records, medications, and equipment in each vehicle.
 - i. Identify oxygen storage area, as needed, in each vehicle. Follow the guidelines for oxygen transport in vehicles.
9. Transporting Crew/Maintenance
 - a. Service van as necessary to include air conditioning, oil, gas, tires, fire extinguisher, safety belts, etc. are all in good condition by completing the Pre-trip Vehicle Safety Inspection Checklist. Check transport supplies and load them into the vehicle;
 - b. Identify route with maps for travel from evacuating center to receiving center and back to original center as appropriate;
 - c. Identify van driver, licensed staff transporting evacuees, and schedule departure. Staff are made familiar with the use of safety devices in the vehicle;
 - d. Bring money or purchase cards in the event supplies are needed during for the trip; and

- e. Load communication devices.

Refer to Appendix 12: Emergency Supplies and Location of Critical Equipment

MAINTENANCE SUPERVISOR: EVACUATION TASK LIST

1. Secure the center and verify all electronics and computers have been turned off and unplugged;
2. Designate someone to stay behind, if deemed safe, to safeguard the center;
3. Activate shut-down procedures for non-essential utilities;
4. Work with responding emergency agencies on building security, traffic control, utility control, and elevator operations;
5. Make final rounds of the center and grounds;
6. Secure windows and other building openings; and
7. Pull shades and close all drapes.

MATERIALS MANAGEMENT (CENTRAL SUPPLY): ALL EMERGENCIES TASK LIST

1. Develop a plan to obtain medical supplies and PPE;
2. Provide supplies and linens to the nursing units; and
3. Notify medical and medication suppliers of additional needs.

SOCIAL WORK: ALL EMERGENCIES TASK LIST

1. Provide support and crisis intervention services for residents, residents' families, and staff;
2. Notify responsible parties and residents, as directed by the Administrator/Incident Commander, of decisions to Shelter-in-Place/Evacuate and resident status;
3. Review and update Advanced Directives;
4. Manage resident discharges and placement, if possible, based on resident/responsible parties' requests;
5. Follow-up within 24 hours, if possible, to confirm care and services for discharged residents.

SENDING CENTER: SOCIAL SERVICES TASK LIST

1. Contact evacuated residents' families to let them know the residents' location;
2. Assist DON in supervising certified nursing assistants as they pack and inventory residents' belongings; and
3. Provide receiving center with a social services report on each resident in an effort to ease transition, promote adjustment to new environment and care plan accordingly.
 - a. For residents experiencing adjustment difficulty, follow up as indicated.

RECEIVING CENTER: SOCIAL SERVICES TASK LIST

1. Provide receiving center with a social services report on each resident in an effort to ease transition, promote adjustment to new environment, and care plan accordingly.
2. Assist DON in supervising certified nursing assistants to ensure resident's personal belongings are made available to each resident and inventoried in accordance with established procedures;
3. Notify Responsible Parties of resident arrival/admission; and
4. Assess psychological/social needs to ensure needs and preferences are communicated to the interdisciplinary team.

- a. Follow up with status call to Responsible Party as soon as possible following admission.

ADMISSIONS DEPARTMENT: ALL EMERGENCIES TASK LIST

1. Maintain a current list of residents;
2. Print face sheets if evacuation is possible;
3. Coordinate admissions with the DON/Administrator;
4. Assist social services with contacting responsible parties; and
5. Report available transportation and receiving center capacities to the Incident Commander.

ADMISSIONS DEPARTMENT: EVACUATION TASK LIST

1. Notify agencies with Center Transfer Agreements of the emergency situation and potential to evacuate;
2. Communicate resident information and status to the receiving center; and
3. Maintain a list that includes each resident name and the time/place of each resident's transfer.

BUSINESS OFFICE/PAYROLL: ALL EMERGENCIES TASK LIST

1. Manage payroll; and
2. Provide means to pay for food, supplies, and/or transportation.

BUSINESS OFFICE/PAYROLL: EVACUATION TASK LIST

1. The Cash Handler secures the following items for evacuation:
 - a. Center petty cash;
 - b. Resident trust fund (RTF);
 - c. Petty cash;
 - d. Resident trust check stock;
 - e. Printed copy of most recent RTF Trial balances;
 - f. Imprest checkbook;
 - g. Payments to be deposited; and
 - h. If applicable, purchase cards.
2. Turn off and unplug all computers; and
3. Take laptop(s) if applicable.

ENVIRONMENTAL SERVICES: ALL EMERGENCIES TASK LIST

1. Develop a plan to obtain linen in the event of an emergency;
2. Secure:
 - a. Linens;
 - b. Blankets;
 - c. Trash can liners;
 - d. Mops;
 - e. Rags;
 - f. Buckets;
 - g. Trash cans;
 - h. Cleaning and disinfecting supplies; and
 - i. Toilet paper.
3. Place emergency orders for supplies;
4. Clear corridors of any obstructions such as carts, wheelchairs, etc.;

5. Check equipment (wet/dry vacuums, etc.);
6. Unplug non-essential equipment; and
7. Maintain sanitation considering best practices for infection control.

LAUNDRY: ALL EMERGENCIES TASK LIST

1. Close all laundry chutes; and
2. Unplug non-essential equipment.

MEDICAL RECORDS: EVACUATION TASK LIST

1. Prepare resident medical records transport to the appropriate receiving facilities;
2. Assist nursing to obtain charting from each nursing station and provide them to the transporting nurse; and
3. In situations of planned evacuation to affiliated centers, centers follow a process to obtain/grant access to electronic medical records. Refer to the Planned Evacuation Process on for details.

RECEIVING CENTER: MEDICAL RECORDS

1. Place the Clinical Record at the appropriate nurse's station;
2. Make copies made of documentation from sending facilities, place the copies in a manila envelope marked "CONFIDENTIAL: Do Not Destroy". Place with the clinical record in the event of discharge of the resident. Send originals back to the sending center as soon as possible, and appropriate;
3. Without a waiver, patient information is permitted to be disclosed in accordance with the Privacy Rule and as noted in the center's Notice of Privacy Practices;
4. During an emergency, the center implements reasonable safeguards to protect patient information against impermissible uses and disclosures by applying administrative, physical and technical HIPAA Security Rule safeguards to electronic protected health information. Protected health information continues to be managed in a manner that is most likely to protect privacy and disclosures are limited to the minimum necessary to accomplish the purpose; and
5. During emergencies, the center monitors communications from U.S. Department of Health and Human Services and state and local regulatory agencies for additional guidance.

SURGE CAPACITY

1. External disaster expansion guidelines:
 - a. In the event of an external disaster, this center may be used by local hospitals and other health care facilities to care for additional patients as space/staff permit;
 - b. Unplanned admissions from an external disaster are completed in collaboration with:
 - i. External agencies;
 - ii. Healthcare providers;
 - iii. Administrator;
 - iv. DON;
 - v. Medical Director;
 - vi. Admissions Coordinator;
 - vii. Human Resources or Staffing Coordinator; and
 - viii. The CareLine.
 - c. The center only accepts admissions within its scope of care unless directed by the local health authorities or a regulatory agency.
 - d. If the center team determines it is experiencing a healthcare surge, the following guidelines are used to assess, prepare, and mobilize to meet the need for increased patient care capacity:
 - i. Transfer patients to other institutions in the region, state, or other states;
 - ii. Group like-patient types together to maximize efficient delivery of patient care;
 - iii. Convert single rooms to double rooms or double rooms to triple rooms, if possible;
 - iv. Designate units or areas of the facility for cohorting contagious patients or use these areas for healthcare providers caring for contagious patients to minimize disease transmission to uninfected patients;
 - v. Use cots, beds, or other sleeping surfaces in flat space areas (e.g., cafeterias, recreation areas, lounges, lobbies) for noncritical patient care;
 - vi. Beds should not be placed near windows, if possible and appropriate to the emergency, so as to avoid broken glass and protect patient privacy and security; and
 - vii. Determine whether additional staff, including State or Federally designated health care professionals and volunteers, may be used to address surge needs.
 - e. The center identifies areas and spaces that could be opened and/or converted for use as patient treatment areas, such as activity rooms, dining rooms, rooms with unlicensed beds, or other unused center space. Areas are selected based on the intensity of the incident and the anticipated number of healthcare surge patients the center may receive. The identified areas are cleared of excess furniture and equipment as needed.
2. Roles and Responsibilities
 - a. The Director of Nursing/Resident Care Director and Admissions Director determine bed availability and admission placement in collaboration with CareLine;
 - b. The Medical Director is notified and is responsible for emergency physician coverage, if necessary;
 - c. The DON/Resident Care Director evaluates nurse staffing needs;

- d. The Administrator/Designee and department heads are responsible for assuring adequate supplies and staff;
- e. The Administrator/Designee contacts area leadership, the law department and regulatory agencies, as necessary to obtain waivers for additional capacity;
- f. The Social Worker is responsible for notifying the residents' responsible parties of admission;
- g. Center staff coordinates admission, identification, assessment and care planning for new residents following established operational, clinical, and admissions policies and procedures. Exception would be when suspended or waived by management and/or in consideration of CMS, state agency and other regulatory guidance; and
- h. The center assumes responsibility for the care and services of residents admitted as the result of an emergency.

Refer to Appendix 13: Surge Capacity

EMERGENCY PHYSICIAN COVERAGE

The Medical Director is notified of all center-related emergencies having the potential for or currently requiring medical intervention.

DEPENDING ON THE CIRCUMSTANCES AND TYPE OF EMERGENCY, IT IS THE MEDICAL DIRECTOR'S RESPONSIBILITY TO:

1. Provide on-site and/or offsite assistance during an external or internal emergency;
2. Coordinate unplanned admissions resulting from external emergencies with the Director of Nursing;
3. Triage casualties; and
4. Obtain additional medical resources in collaboration with the Vice President/Senior Vice President of Medical Affairs.

INTERRUPTION OF NORMAL OPERATIONS

The Incident Commander may suspend or relax policies and procedures during an emergency. These decisions and the associated potential consequences are considered carefully. In making these decisions, the Incident Commander prioritizes essential operations that must continue to prevent compromise of resident care. All significant departures from established policy and procedures and this EPP must be approved by the Incident Commander, Regional, Divisional, and Corporate leadership.

CAPACITY FOR DECEASED RESIDENTS

1. This center plans for the potential handling and holding of deceased individuals if support from local emergency responders or other community resources is not immediately available;
2. Human remains
 - a. This center considers the following information in handling, processing, and storing human remains onsite on a temporary basis:
 - i. The center's normal capacity, if any, to store deceased individuals; including refrigeration capacity available to store human remains safely and separated from emergency food supply;
 - ii. Suitable areas on the center's periphery to store human remains without refrigeration;
 - iii. Equipment (ice-making, etc.) or materials/supplies needed (storage bags for ice, deodorizers, body bags, heavy duty plastic wrap, personal protective equipment (PPE), tarps, pallets, etc.) to provide temporary storage of human remains; and
 - iv. Ways to control and isolate temporary morgue provisions away from healthy center occupants (residents, staff, and visitors).
 - b. The Incident Commander makes decisions and provides direction regarding temporary storage of human remains, and contacts support services and the local EMS for assistance.
3. Documentation
 - a. The center documents information about deceased individuals on **NHICS Form 259: Master Center Casualty Report.**

RECOVERY AND RESTORATION

1. Post-emergency procedure
 - a. Immediately following the emergency, when it is safe to do so, the Incident Commander undertakes the following actions:
 - i. Coordinate recovery and restoration operations with area, division, region and corporate representatives, the Emergency Management Services (EMS), and other agencies with jurisdiction to restore normal operations.
 - ii. Provide local authorities with a master list of displaced, injured, or dead and notify next of kin/responsible party. ***Refer to NHICS Form 259 Master Facility Casualty Fatality Report***.
 - iii. Advise personnel to dispose of any food/supplies suspected to be or actually contaminated or spoiled.
 - b. Inspection task list:
 - i. When it is safe to do so, the Incident Commander and the Maintenance Director, with support services as necessary, perform an initial damage inspection. **NOTE: If there is concern of structural damage, center staff do not enter the building. The following precautions are taken to avoid injury and damage:**
 1. Open doors carefully.
 2. Avoid the use of open flame in the event of fuel leakage, dampened electrical equipment, or flammable materials;
 3. Watch for falling objects or downed electrical wires. Do not touch downed electrical wires or objects touched by downed wires;
 4. Stay away from windows and/or glassed areas;
 5. Take pictures and document damage; and
 6. Arrange for cleaning services, including removal/clean up of spilled medications, drugs, and other potentially harmful materials following center policies and procedures. (Refer to: Safety and Health P&P SH800.)
 - c. When it is safe to do so, the Incident Commander and the Maintenance Director perform a utilities inspection. **The following precautions are taken to avoid injury and damage:**
 - i. If a natural gas smell is noticed, open windows and doors, shut off main gas valve, leave premises, and contact the Utility Provider **IMMEDIATELY**;
 - ii. If damage to wiring is suspected, do not use any appliances and shut off electrical power. Contact the Utility Provider and the contracted Electrical Contractor; and
 - iii. If damage to plumbing is suspected, check water outlets and sewage lines. Shut off the main water valve if damage is observed. Contact the Utility Provider and contracted Plumbing Contractor.
 - d. The Incident Commander reports all building, equipment, or utility damage to the MP;
 - e. Upon notification from the proper authorities, center support services and/or utility providers the emergency has been terminated or de-escalated, the Administrator oversees the orderly return of residents and staff;

- f. Before reoccupation of the building, a safety inspection of the center and surrounding areas, including the utilities delivery systems and HVAC units, is performed by the Incident Commander, the Maintenance Director, and regulatory agency(ies);
- g. Recovery and restoration is managed in consideration of best practices for infection control, including:
 - i. Frequent hand washing. If local water supply contaminated, use bottled water. If hands not visibly soiled – use alcohol-based hand rub;
 - ii. In response to flooding or water damage and when possible, cleaning out damaged areas within 24 to 48 hours to prevent mold growth;
 - iii. Cleaning, wearing rubber gloves, with a solution of approximately 1 cup bleach to each gallon of water, with open doors and windows for air circulation. (Bleach solution is not mixed with ammonia or other cleaners);
 - iv. Use of dust masks during activities that may stir up mold spores or excessive dust.
 - v. If applicable, following local officials' instructions for use of bottled water. If instructed to boil water, boiling for at least a full minute before using it to cook, clean or bathe;
 - vi. Discarding all perishable food items that may have become contaminated or in contact with flood water including canned food;
 - vii. Treating wounds in accordance with routine infection control practices;

Note: Adapted from Becker's Infection Control and Clinical Quality, "APIC: 6 tips for infection prevention after a hurricane" written by Brian Zimmerman, 8/29/17.
- h. After center reoccupation is considered safe, the Incident Commander and department leaders work to prepare the center to resume normal operations, and coordinate transportation and re-admission of residents;
 - i. After re-admission, the center re-establishes all essential services; and
 - j. After re-admission, the Incident Commander coordinates provision of crisis counseling for residents/patients, families, and staff as needed.

LOSS OF UTILITIES

1. Loss of electrical power
 - a. Back-up Power/Generators: Emergency lighting/power is provided in conformance with center policies and the state's Department of Health policies to maintain temperatures, provide emergency lighting, as well as for fire detection and extinguishing systems and sewage and waste disposal. The ability to obtain and maintain generator power is a factor in whether to evacuate or Shelter-in-Place;
 - b. The center follows multiple policies and procedures regarding infection control, hazardous waste, food handling and life safety that guide the center's sewage and waste control practices. The center will seek additional resources as necessary to meet sewage and waste disposal needs in accordance with current standards;
 - c. If this center has a generator, the emergency generator system will be inspected weekly by appropriate service location staff and annually by a qualified outside contractor or more frequently if required by state regulation. If this center maintains an onsite fuel source to power the emergency generator(s), the center has contracted with a vendor to supply fuel in an emergency to keep the emergency generator operational for the duration of the emergency.
 - d. Service Delays:
 - i. In the event electrical service is disrupted, flashlights are distributed throughout the center, prioritized as needed;
 - e. Extended Loss: If power is lost and expected to be disrupted for an extended period of time, assistance is requested from local agencies.
 - i. Center staff should consider the content of residents' personal refrigerators and advise residents accordingly;
 - ii. In the absence of power for the call bell/light system the center uses bells or other methods to alert staff to their needs.
 - iii. Loss of Utilities Alert:
 1. When appropriate and possible, the following announcement is made:
"Center Alert-We are activating Loss of Utilities protocols- (Describe loss of Power and Location). Please continue your duties and listen for further instructions."
 - iv. Provide instructions as necessary for the specific circumstances.
2. Air conditioning failure
 - a. Notify HVAC Company and report problem;
 - b. Monitor room temperatures. When the temperature of any resident/patient area reaches 81 degrees Fahrenheit for four (4) consecutive hours:
 - i. Open doors;
 - ii. Operate fans;
 - iii. Notify the Administrator or designee and the Medical Director;
 - iv. Make arrangements for transfer of residents/patients to other areas of the Center, or other facilities if necessary;
 - v. Monitor residents'/patients' temperatures every four (4) hours;
 - vi. Encourage fluids, begin intake and output records as necessary;
 - vii. Relocate residents/patients who are at risk of hyperpyrexia/over-heated;
 - viii. Observe residents/patients for symptoms of hyperpyrexia. Document findings.

- c. The center follows protocols for addressing significant changes in condition for residents with symptoms of hyperpyrexia.
 3. Heating failure
 - a. Notify HVAC Company;
 - b. If the outside temperature goes below 30 degrees Fahrenheit, drain plumbing and put antifreeze in the toilets and sinks;
 - c. Monitor room temperatures. When the temperature inside the center remains at 65 degrees Fahrenheit, for four (4) consecutive hours:
 - i. Obtain and distribute blankets, covering hands, feet, and heads;
 - ii. Distribute warm soups, coffee, or tea to residents/patients;
 - iii. Notify the Administrator, DON, or designees;
 - iv. Notify the Medical Director;
 - v. Monitor and chart resident/patient temperatures every four (4) hours;
 - vi. Relocate residents/patients at high risk of hypothermia; and
 - vii. Observe residents/patients for symptoms of hypothermia. Document findings.
 - d. The center follows protocols for addressing significant changes in condition for residents with symptoms of hypothermia.
 4. Interruption of telephone service
 - a. Notify the telephone company and report disruption of service (use cellular or public telephone);
 - b. Evaluate all phones and fax lines in the Center to determine the extent of the disruption; and
 - c. During the disruption, the Incident Commander uses a cellular phone for emergent communication. Other available cell phones are used as needed with prioritization to avoid interruption to care and services.
 5. Loss of water supply
 - a. Notify the water division of the public utility department of the disruption of services;
 - b. If the water department advises services will be resumed promptly, all residents/patients and service areas will be informed and instructed to refrain from turning on water taps until supply is re-established. Nursing services are responsible for advising residents/patients of the situation;
 - c. If necessary, a minimum of the supply in hot water tanks and the emergency supply of water may be used. Contact may be made with the potable water supplier for additional water;
 - d. In the event of a disaster in the immediate area creating prolonged and/or indefinite disruption of water supply to the center, the Incident Commander attempts to obtain water for residents/patients. If adequate water is not available, the Incident Commander proceeds with evacuation; and
 - e. Prepare and handle disposal of human waste using supplies for containment and specific storage locations, and with use of PPE.

Refer to Appendix 14: Emergency Water Supply

Refer to Appendix 15: Utility Shut-Off Procedures

UTILITY, ELEVATOR & GENERATOR SYSTEM FAILURE

Failure	Contact	Action
Sewer drains backing up	Maintenance	Do not flush toilets or hoppers. Do not use equipment that sends water to drain. Be sure to turn off water except for drinking. If long-term outage expected, consider: Evacuation; Bath in a Bag; Accessible Portable Showers; and Accessible Portable Toilets
Water-sinks and toilets inoperative.	Maintenance	Use distilled or sterile water for drinking.
Fire sprinklers or alarm system inoperative.	Maintenance	Begin fire watch. Minimize fire hazards. NOTIFY LOCAL FIRE DEPARTMENT by calling 911
Water non-potable (not drinkable)	Maintenance	Water cannot be used for drinking, washing or cooking. Place "Non-Potable Water-Do Not Drink" signs at all drinking fountains and sinks. If a water shut-off valve is in place, turn off the water to the sink/drinking fountain. Use emergency water supply for drinking and cooking.
Elevator(s) out of service	Maintenance	Review fire and evacuation plans: modify plans if necessary. If people are trapped inside elevator, notify them help is on the way and call fire department. Notify elevator maintenance contractor.
Telephones	Maintenance	Use pay phones, cell phones, and runners as needed. Contact the phone company.
Electrical power (emergency generators working)	Maintenance	Ensure life support systems are on emergency power (red outlets). Distribute flashlights/glow sticks. Never plug generator into wall outlet. Keep generator dry. Allow generator to cool completely before refueling. Use only approved fuel containers. Monitor the generator for overheating. Always operate generators outdoors.
Generator and all electric systems failure	Maintenance Nursing	Use battery powered lighting (flashlights, etc.). Watch battery levels on all critical medical equipment. Implement transfer agreements for residents on critical medical equipment. Prepare center for evacuation
Nurse call system or resident alarms.	Maintenance Nursing	Establish visual resident monitoring rounds or surveillance. Call in additional staff if necessary.
Natural Gas outage or natural gas odor.	Maintenance	Open windows/ventilate area. Remove residents and employees from the area. Turn off gas equipment. Contact the gas company and the fire department.

BOMB THREAT

1. Center bomb threat guidelines for staff
 - a. Do not panic or act in such a way that causes panic to residents, family members, or other employees;
 - b. Do not hang up;
 - c. Notify other employees;
 - d. Have another employee contact 911 and alert authorities to threat;
 - e. The following announcement is made: **“Security Alert-We are activating Bomb Threat protocols- (Describe how the threat was received and Location). Please continue your duties and listen for further instructions.”**;
 - f. **Do not evacuate** the center until instructed to do so by the Incident Commander. This decision is generally based on advice from the police and/or fire department;
 - g. Restrict access to the center;
 - h. Close all doors; and
 - i. Escort visitors and residents to resident rooms where they remain with doors closed until an all-clear is given.
2. If the bomb’s location is mentioned in the threat:
 - a. Immediately remove any residents, visitors and staff from the area;
 - b. If you find an object out of the ordinary or appearing to be an explosive device, do not touch it and inform authorities of the object’s location;
 - c. Do not attempt to disarm, remove or disturb the potential explosive device; and
 - d. Report all suspicious activities to investigating authorities.
3. Potential explosives
 - a. **The center maintains a list of potential explosives to report to the fire/police departments. The potential explosives list:**
 - i. Identifies oxygen storage locations;
 - ii. Identifies fuel storage locations; and
 - iii. Identifies locations of any other potential explosives in the center.

Refer to Appendix 16: Potential Explosives List

4. After the threat is received:
 - a. As soon as possible after receiving the call, the receiver of the call documents all information relating to it, including the:
 1. Possible location and type of bomb;
 2. Time of detonation;
 3. Background noises (e.g., music, voices, etc.); and
 4. Voice quality (male/female), accents, or any speech impediments.
5. If a suspicious/explosive object is found:
 - a. Immediately contact the Incident Commander. The Incident Commander then contacts law enforcement to immediately report the object’s location. In the absence of immediate notification, center staff calls 911;
 - b. Do not touch the object; and
 - c. Follow the instructions of the bomb squad or local law enforcement officials who assume authority regarding object removal.

6. Law Enforcement and/or the Incident Commander initiates a partial or total evacuation as needed.
7. If a suspicious object is found without prior notification:
 - a. Call 911;
 - b. Report the exact location and description of the object;
 - c. Follow any instructions given to you at this time by law enforcement officers; and
 - d. Call Administrator, DON, or Designees.

BIOTERRORISM

1. Reporting requirements and contact information
 - a. Any employee recognizing chemical or biological exposure symptoms immediately notifies the Administrator/Designee/Incident Commander;
 - b. The Incident Commander immediately contacts 911 and area leadership;
 - c. Restrict building entrance and exit until cleared by authorities;
 - d. The Incident Commander contacts the Centers for Disease Control Bioterrorism Emergency Response Office at (770) 488-7100;
 - e. Employees promptly evacuate all persons from the affected area as instructed by the Incident Commander; and
 - f. As instructed by regulatory authorities, all building occupants remain on the premises until cleared and approved to exit.
2. Mail handling
 - a. The center follows general mail handling guidelines, including:
 - i. Opening all mail with a letter opener or method least likely to disturb contents;
 - ii. Opening letters and packages with a minimum amount of movement; and
 - iii. Center staff are advised not to blow into envelopes; or shake or pour out contents, and to keep hands away from nose and mouth while opening mail; and to wash hands after handling mail.
 - b. Observing for suspicious envelopes or packages such as:
 - i. Envelopes/packages with discoloration, strange odors or oily stains, powder or powder-like residue;
 - ii. Protruding wires, aluminum foil, excessive tape or string;
 - iii. Unusual weights for size, or lopsided or oddly shaped envelopes; and
 - iv. Poorly typed or written addresses, no return address, incorrect titles, misspelling of common words, a postmark not matching the return address, and restrictions such as "personal" or "confidential."
3. In Handling Suspicious Mail, staff should:
 - a. Stay calm and do not shake or empty contents of any suspicious package or letter;
 - b. Keep hands away from mouth, nose, and eyes;
 - c. Isolate package or letter and not carry or show to others, and cover gently with clothing, paper, inverted trash can; and
 - d. Not try to clean up any spills or walk through any spilled material;
 - e. Alert others in area and leave area, closing all doors;
 - f. Wash hands with soap and water;
 - g. Notify supervisor/designated responder who in turn calls 911, local FBI Field Office, area, division, region and corporate leadership;
 - h. Not allow anyone to enter the room until proper authorities arrive; and
 - i. List all people who were in the room or area when the package or letter was recognized. Give the list to the health and law enforcement officials.
4. Potential agents
 - a. Diseases with recognized bioterrorist potential and the agents responsible for them are described in Table 1. (Note: The Center for Disease Control does not prioritize these agents in any order of importance or likelihood of use.)

Table 1. Most Common Chemical and Biological Agent Used in Terrorist Attacks

Chemical Agents	Effects	Onset
Nerve Agents Tabun Sarin Soman GF, VX	Contraction of the pupils of eyes Watery discharge from nose Labored or difficult breathing Convulsions	Seconds to minutes
Bllster Agents (Vesicants) Mustard Lewisite Phosgene Oxime	Skin redness Blisters Eye Irritation Blindness Labored or difficult breathing Coughing	Minutes to hours
Blood Agents Hydrocyanic Acid Cyanogen Chloride Arsine Methyl Isocyanate	Panting Convulsions Loss of consciousness Breathing stops - usually temporary in nature	Minutes
Choking Agents Phosgene Chlorine Ammonia	Tightness in the chest Coughing Labored or difficult breathing	Minutes to hours

Biological Agents	Effects Of Inhalation	Time From Exposure Until Symptoms Appear	Contagious?/Treatment
Anthrax	Fever Headache Fatigue Labored or difficult breathing Death if untreated	1 to 5 days	Not contagious, but spores can survive outside host for years. Treat with IV antibiotics for 30 days. Can also use vaccination which is effective only if begun before symptoms appear.
Botulism	Blurred vision Eyes sensitive to light Difficulty speaking Progressive paralysis Respiratory failure	1 to 5 days	Not contagious. Treat with supportive therapy. Antitoxin available from CDC.
Hemorrhagic Fever	High fever Low blood pressure Bleeding from mucous membranes Organ failure Death	4 to 21 days	Contagious: spread through body fluids. Treat with supportive therapy. Ribavirin for some viruses.
Plague	Fever Chills Headache Nausea Vomiting Pneumonia Septicemia/blood poisoning Death	2 to 3 days	Highly contagious by aerosol/droplet route. Medications available - Should be given within 8 to 24 hours of time symptoms begin.
Smallpox	Fever Severe fatigue Headache Backache Abdominal pain Blister-like skin lesions Death - 20 to 30% of those infected	7 to 17 days	Highly contagious by aerosol route or contact with pox scabs. Symptomatic treatment. Vaccine available through CDC.

NUCLEAR, RADIATION, OR HAZARDOUS CHEMICAL FALLOUT

1. In the event of a nuclear, radiation, or hazardous chemical fallout:
 - a. Notify Administrator or designee;
 - b. Contact the local health department or police if there is the belief exposure has occurred;
 - c. Tune radio to the local emergency broadcast station;
 - d. Alert center residents/patients, staff, and visitors and keep them informed of new developments. The following announcement is made:
 - i. **“Center Alert-We are activating Nuclear, Radiation or Hazardous Chemical Fallout protocols- (Describe Situation and Location). Please continue your duties and listen for further instructions.”** Provide instructions as needed.
 - e. Close all doors, windows, and drapes;
 - f. Move residents/patients to the hallways and close the fire doors;
 - g. In the event of hazardous chemical fallout, seal all openings to the outside air and block all outside air intakes;
 - h. Reassure residents/patients, visitors, and staff;
 - i. Evaluate the need to restrict entrance into the center in collaboration with Area leadership, division, region, state and local authorities;
 - j. Follow the direction of state and local authorities; and
 - k. If directed by local authorities, evacuate residents/patients per location Evacuation Plan.

Note: Facilities located in a Nuclear Emergency Planning Zone should follow the plan developed for their location.

4

FIRE EMERGENCY GUIDELINES

1. This center monitors potential fire risk. Any unsafe condition is reported to a supervisor immediately so corrective measures can be taken promptly.
2. In the event of a fire:
 - a. Extinguishers: Fire extinguishers are used in accordance with instructions.
 - b. Transport: Residents are transported to a safe area;
 - c. Staff Assignments: One person is assigned to wait outside the building to direct the fire department personnel to the area of the fire;
 - d. Evacuation: Residents are evacuated as necessary and according to the Evacuation Plan;
 - e. Staff ensure the Fire Lane is clear for emergency personnel and vehicles;
 - f. Staff use the census log, staff census/schedule, and visitor log to account for staff, residents and visitors;
 - g. Staff relocate wheeled equipment during fire or other emergency; and
 - h. Report fire incidents, death or serious bodily injury by phone to the state agency and others as required by state guidelines.
3. Fire response and announcement:
 - a. Upon discovering fire or smoke, center staff:
 - i. Remove residents from immediate danger according to evacuation guidelines
 - ii. Make the following announcement:
 1. **“Center Alert-We are activating Fire Emergency Protocols (Describe Situation and Location).”**
 - iii. Implement the R.A.C.E. program:
 1. **Rescue** Remove residents to at least 20 ft. from the threatened area, preferably on the opposite side of the closest fire door.
 2. **Alarm** Activate the closest fire alarm. Even though automatic alarms may be activated, contact the fire department by calling 911.
 3. **Confine** After removing endangered residents, close the door(s) of the threatened room or area. Close smoke/fire doors behind you as you go.
 4. **Extinguish/Evacuate** Assess the fire threat to either attempt to extinguish the fire or evacuate residents from the affected station. If the area is evacuated, check that all smoke/fire doors are properly closed. Block the bottom of the doors with sheets or towels to slow smoke penetration into the unaffected areas.
4. Fighting the fire:
 - a. **Call 911 for all fires;** and
 - b. If the fire is small, it may be extinguished by smothering (covering) with sheets or clothes, or by using a portable fire extinguisher.
 - i. Fire extinguishers are used only if the fire is small and there is no threat of endangering the user or other individuals;
 - ii. When using a portable extinguisher, staff are instructed to follow the “PASS” protocol: Pull, Aim, Squeeze, and Sweep:
 1. **Pull** the fire extinguisher pin;
 2. **Aim** the nozzle at the base of the flame;
 3. **Squeeze** the handle; and

4. **Sweep** the fire extinguisher back and forth at the base of the flame.
- iii. Staff are advised to make **one** attempt to extinguish a fire with a fire extinguisher. If first attempt is unsuccessful, staff should confine the fire area and evacuate the residents and staff.

SPECIAL CARE UNIT/RESIDENTS FIRE PROCEDURE:

Vent units, dialysis units, dementia units, bariatric patients, and hospice patients are subject to special consideration during a fire emergency due to a locked unit and acuity. Due to this consideration, this center has special procedures for addressing these specific patients' safety needs, as documented in Appendix 17.

Refer to Appendix 17: Special Care Unit Fire Procedure

AUTOMATIC SPRINKLER OR ALARM SHUT-OFF

When it becomes necessary to shut off the automatic sprinkler or fire alarm system in the building for any reason, it is the duty and responsibility of the Administrator/Designee to:

Inform the Fire Department that the sprinkler or alarm system has been shut off, the reasons for system shut off, and the approximate length of time the system will be off. Designate personnel to serve on fire watch for the period the sprinkler or alarm system is shut off.

Fire watch personnel tour the center at least every hour to check for fire or conditions that could result in fire. (The center follows local fire regulations requiring more frequent rounds to the extent that such regulations exist.)

Refer to:

Appendix 18: Fire Sprinkler Shut-Off Procedures

Appendix 19: Fire Alarm Reset Procedures

SECURITY PLAN

This center has established a security plan to help protect the safety of residents/patients, staff, and visitors.

1. Exterior building security
 - a. This center has a schedule for locking/unlocking of exterior doors during nighttime hours, including persons responsible; and
 - b. This center follows a schedule to inspect outdoor lighting adequacy.
2. Interior building security
 - a. This center's security plan includes, if applicable, a plan for stairwell protection. The plan may include descriptions of door security alarms/keypads and titles of persons responsible for updating/changing entry codes, use of cameras and camera monitoring protocols, or other processes used for stairwell protection.
 - b. This center's security plan includes a schedule to inspect indoor lighting adequacy.
 - c. The center's plan also contemplates resident-specific security needs, including:
 - i. Security measures for special units;
 - ii. Risk for resident elopement;
 - iii. Use of Electronic alarms systems; and
 - iv. Communication call bells.
3. Administrative controls for security
 - a. The center follows the communications protocols established in Section V of this plan as needed to address security issues.
 - b. The center's security plan describes the check-in procedures for visitors.

Refer to Appendix 20: Security Plan

INTERNAL OR EXTERNAL DISTURBANCES

1. For disturbances within the center, staff are advised to:
 - a. Approach the individual causing the disturbance (subject) and attempt to calm them down;
 - b. If the individual cannot be quieted, politely ask the subject to leave the center;
 - c. Call the police department for assistance if the subject does not cooperate; and
 - d. If the subject attempts to leave after the call is made, do not attempt to detain him/her. Call the police back and inform them of the current situation.
2. Under the influence
 - a. To protect the center, residents, visitors and personnel from being injured or offended by individuals under the influence of alcohol or narcotics, staff are advised to:
 - i. Inform the individual of your intention to call them a cab and have them leave the property;
 - ii. If the individual refuses to leave, call the police department; and
 - iii. If the individual is an employee, immediately notify their supervisor and Administrator.
3. External disturbances
 - a. Anyone detecting a civil disturbance or potential civil disturbance during normal business hours reports the situation to the Administrator and/or, after normal business hours, to the Manager on Duty (Incident Commander) who:
 - i. Assesses the situation (location of the disturbance, what the disturbers are doing, how many are there, etc.);
 - ii. Reports the situation to the police department immediately by dialing 911 and requesting assistance;
 - iii. Instructs staff to lock all building doors and windows and close all blinds and curtains in resident rooms;
 - iv. Instructs staff to move residents into their rooms and away from exterior windows and close room doors;
 - v. Instructs visitors to stay in the resident room(s);
 - vi. Monitors building access at all entrances to identify non-authorized persons attempting to enter the center. Unauthorized access/attempts at access to the center are immediately reported to 911;
 - vii. Relinquishes control of the situation, if established, to the police department/EMS upon their arrival; and
 - viii. When the disturbance has subsided or has been controlled, the Incident Commander surveys the affected areas and determine the need for additional assistance.

HOSTAGE SITUATION

1. If a hostage situation is identified, staff are advised to:
 - a. Immediately call 911 and explain the situation to the police and provide specifics such as the:
 - i. Subject's name or identifying information;
 - ii. Victim(s);
 - iii. Exact Location; and
 - iv. Known or suspected weapon(s),
2. Notify Administrator or designee as soon as possible and activate the Emergency Plan;
3. The following announcement is made: **"Security Alert-We are activating Hostage protocols- We have a Hostage situation (Location). Please listen for further instructions."** Provide further instructions as needed;
4. Evacuate the affected area per the location's Evacuation Plan, attempt to isolate the subject, and secure the perimeter;
5. Remain calm; follow the subject's directions;
6. If the subject is talking: listen; do not argue;
7. Avoid heroics: be aware not to make sudden movements; and don't crowd the subject; and
8. Be prepared to respond to law enforcement personnel regarding your observations and any additional information you may have involving the subject or victim.

ELOPEMENT: MISSING RESIDENT/PATIENT

1. If a resident/patient is discovered missing:
 - a. Communicate internal notification of missing resident/patient. The following announcement is made: **“Medical Alert: We are activating Missing Patient protocols. The resident was last seen at (location).” This alerts all staff that a formal search is underway. Repeat this message 3 times.;**
 - b. Begin a coordinated search throughout the building; search every room in the Center;
 - c. Search immediate grounds, supply flashlights and associated supplies; and
 - d. If the resident/patient is not found, the charge nurse/supervisor should:
 - i. Notify the Administrator and DON or designees;
 - ii. Call 911 and report the missing resident/patient;
 - iii. Notify responsible family member;
 - iv. Notify the resident’s/patient’s physician;
 - v. Notify the appropriate state and local agencies; and
 - vi. Supply resident’s/patient’s picture to police, etc.

Refer to Appendix 21: Elopement Drill Documentation Form

SEVERE WEATHER/NATURAL DISASTER

1. TORNADOES

- a. Tornadoes are violent local storms extending to the ground with whirling winds reaching 300 mph. Spawned from powerful thunderstorms, tornadoes can uproot trees, damage buildings, and turn harmless objects into deadly missiles in a matter of seconds. Damage paths can be in excess of one mile wide and 50 miles long. Tornadoes can occur in any state but occur more frequently in the Midwest, Southeast, and Southwest, with little or no warning.
 - i. Tornado Watch – Atmospheric conditions are right for tornadoes to potentially develop. Be ready to take shelter. Stay tuned to radio and television stations for additional information. NOTE: Multi-floor centers consider relocating non-ambulatory and dependent residents from the higher floors to the lowest floor.
 - ii. Tornado Warning – A tornado has been sighted in the area or is indicated by radar. Take cover immediately.
- b. Based on the results of the hazard vulnerability analysis, if this center is at risk for tornado, the center:
 - i. Consults Emergency Management officials regarding the tornado warning system;
 - ii. Monitors local media and alerts for tornado watches and warnings;
 - iii. Has established procedures to inform personnel when tornado warnings are posted and considers the need for spotters to be responsible for looking out for approaching storms;
 - iv. Educates staff on Areas of Refuge identified in Appendix 2;
 - v. Considers the amount of space needed during a tornado, including consideration adults each generally require about six square feet of space and nursing home residents may require more space;
 - vi. Identifies Areas of Refuge considering the best protection in a tornado is usually an underground area. If an underground area is not available, consider:
 1. Small interior rooms on the lowest floor without windows;
 2. Hallways on the lowest floor away from doors and windows;
 3. Rooms constructed with reinforced concrete, brick, or block with no windows or heavy concrete floor or roof system overhead; and
 4. Protected areas away from doors and windows. **Note: Auditoriums, cafeterias, and gymnasiums covered with flat, wide-span roofs are not considered safe.**
 - vii. Makes plans for evacuating personnel away from lightweight modular offices or mobile home buildings. These structures offer no protection from tornadoes;
 - viii. Conducts periodic tornado drills; and
 - ix. Reviews the Take Cover Procedure and instructs affected individuals to **Take Cover** inside the center in a safe area if necessary.
- c. Emergency procedure: Tornado Watch
 - i. The following announcement is made in the event of a Tornado Watch:
“Medical Alert. We are activating severe weather protocols. A tornado watch has been issued for this area effective until _____ (time watch

ends). A **tornado watch** means current weather conditions may produce a tornado. Close all draperies and blinds throughout the center and await further instructions. Please continue with your regular activities.”

- ii. The above message is repeated several times after the first announcement, and then approximately hourly until the **watch** has terminated;
 - iii. In accordance with this EPP, the Administrator and DON are notified if not on the premises. Additional center personnel are notified as needed;
 - iv. Center management convene together for instruction to be prepared for Shelter-in-Place/Take Cover procedures (described above);
 - v. The center team activates this EPP to manage the event. The most qualified staff member on duty at the time assumes the Incident Commander position.
 1. The Incident Commander monitors weather alerts on radio and television.
 - vi. Staff closes all window drapes and blinds;
 - vii. Staff distributes flashlights, towels, and blankets to staff and residents;
 - viii. First aid and medical supplies are secured and taken to central area for refuge;
 - ix. Staff secures outside furniture, trash cans, etc.;
 - x. After the **Tornado Watch** has been cancelled and the Incident Commander has determined the dangerous situation has passed, an announcement is made: **“All Clear, Repeat, All Clear”**; and
 - xi. The Incident Commander/Designee then accounts for residents, staff, and visitors.
- d. Emergency procedure: Tornado Warning
- i. The following announcement is made in the event of a Tornado Warning: **“Medical Alert. We are activating severe weather protocols. A tornado warning has been issued for our area. Immediately implement Take Cover procedures. Repeating—a tornado warning has been issued for our area. Immediately implement Take Cover procedures.”** ;
 - ii. The above message is repeated several times after the first announcement and then hourly until the **warning** has terminated;
 - iii. In accordance with this EPP, the Administrator and DON are notified if not on the premises. Additional center personnel are notified as needed;
 - iv. Center management convene together for instruction to be prepared for Shelter-in-Place/Take Cover/Evacuation procedures (described above);
 - v. The center team activates this EPP to manage the event. The most qualified staff member on duty at the time assumes the Incident Commander position;
 - vi. The Incident Commander monitors weather alerts on radio and television;
 - vii. First aid and medical supplies are secured and taken to central area for refuge;
 - viii. Upon hearing this announcement, all personnel follow the Shelter-in-Place/Take Cover procedures to provide for the safety of the residents, visitors, and themselves;
 - ix. After the Tornado warning is over and the Incident Commander has determined the dangerous situation has passed, an **“All Clear, Repeat, All Clear”** announcement is made to inform affected parties that the **Take Cover** situation has ended;
 - x. Upon issuance of the All Clear announcement, residents are taken back to their rooms; and

- xi. The Incident Commander/Designee then accounts for residents, staff, and visitors.

EARTHQUAKE PROCEDURE

Earthquake: An earthquake is a sudden, rapid shaking of the ground caused by the breaking and shifting of rock beneath the Earth's surface. This shaking can cause buildings and bridges to collapse; disrupt gas, electric, and phone service; and sometimes trigger landslides, avalanches, flash floods, fires, and huge, destructive ocean waves (tsunamis). Buildings with foundations resting on unconsolidated landfill, old waterways, or other unstable soil are most at risk. Buildings or trailers and manufactured homes not tied to a reinforced foundation anchored to the ground are also at risk since they can be shaken off their mountings during an earthquake. Earthquakes can occur at any time of the year.

Hazards Associated with Earthquakes: When an earthquake occurs in a populated area, it may cause deaths, injuries and extensive property damage. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related injuries result initially from collapsing walls, flying glass, and falling objects, or from people trying to move more than a few feet during the shaking. Some of the damage in earthquakes is predictable and preventable.

Aftershocks: Aftershocks are smaller earthquakes following the main shock and can cause further damage to weakened buildings. Aftershocks can occur in the first hours, days, weeks, or even months after the quake. Some earthquakes are actually foreshocks, and a larger earthquake might occur.

1. The following hazards ARE considered if an earthquake may have caused structural damage to the center:
 - a. Water system breaks: may flood basement areas;
 - b. Exposure to pathogens from sanitary sewer system breaks;
 - c. Exposed and energized electrical wiring;
 - d. Exposures to airborne smoke and dust (asbestos, silica, etc.);
 - e. Exposure to blood borne pathogens;
 - f. Exposure to hazardous materials (ammonia, battery acid, leaking fuel, etc.);
 - g. Natural gas leaks creating flammable and toxic environment;
 - h. Structural instability;
 - i. Insufficient oxygen;
 - j. Confined spaces;
 - k. Slip, trip or fall hazards from holes, protruding rebar, etc.;
 - l. Falling objects;
 - m. Fire;
 - n. Sharp objects such as glass and debris;
 - o. Secondary collapse from aftershock, vibration and explosions;
 - p. Unfamiliar surroundings;
 - q. Adverse weather conditions; and/or
 - r. Noise from equipment (generators/heavy machines)
2. In planning considerations for earthquakes, the center:

- a. Completes the HVA and determines the probability of an earthquake;
- b. Consults with Emergency Management officials regarding earthquake preparedness and response expectations;
- c. Identifies safe areas in the center; for example, under a sturdy tables or desks, against interior walls away from windows, bookcases, or tall furniture, considering that the shorter distance the center's occupants need to move to safety, the less likely occupants will be injured;
- d. Secures furniture, appliances and other large items in accordance with applicable requirements to help comply with safety compliance and reduce potential damage and injury;
- e. Uses NHICS Form 251, Center Systems Status Report, to assess the center following an earthquake;
- f. The findings from NHICS Form 251 assist the Incident Commander in determining if the center needs to be evacuated or if occupants can shelter-in-place following the initial earthquake;
- g. Trains staff, residents, and families on immediate response procedures to an earthquake including the steps to evacuate or shelter-in-place;
- h. Conducts drills to prepare staff and residents for earthquakes;
- i. Tracks costs associated with the earthquake's damage;
- j. Identifies primary and secondary communications systems;
- k. Prepares to address the psychological impact an earthquake can have on residents and staff; and
- l. If an immediate peril is identified like a gas leak, uncontrolled fire, or threat of building collapse, the center may immediately evacuate in accordance with the Evacuation Procedures described in Internal Responsibilities.

FLOOD/FLASH FLOOD/DAM FAILURE

Flood Watch: An announced Flood Watch indicates local flooding is possible. To the extent practicable, the center team listens to the local radio and television stations for information and prepares to evacuate.

Flood Warning: An announced Flood Warning indicates flooding is already occurring or will occur soon. The center team takes precautions immediately after being made aware of this warning. Center teams prepare to move to higher ground and evacuate.

1. Planning considerations for floods:
 - a. The risk of flood is assessed in the Appendix 1: Hazard Vulnerability Assessment. If flood is a probable risk, the center:
 - i. Considers purchasing a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup, and staff listens for flood watches and warnings;
 - ii. Reviews the local community's emergency plans and becomes familiar with the planned evacuation routes and areas of higher ground;

- iii. Inspects onsite areas potentially subject to flooding and onsite areas to which records and equipment could be moved making plans to move records and equipment as needed;
 - iv. Reviews the center insurance coverage for flooding;
 - v. Undertakes flood proofing measures, as necessary. These measures include:
 - 1. Installing watertight barriers, called flood shields, to prevent the passage of water through doors, windows, ventilation shafts, or other openings;
 - 2. Installing watertight doors;
 - 3. Constructing movable floodwalls; and
 - 4. Installing pumps to remove flood waters.
 - b. Note: The center may undertake other emergency flood proofing measures generally less expensive than those listed above but require substantial advance warning. They include:
 - i. Building walls with sandbags;
 - ii. Constructing a double row of walls with boards and posts to create a “crib,” then filling the “crib” with soil; and/or
 - iii. Constructing a single wall by stacking small beams or planks on top of each other.
 - c. The center evaluates the need for backup systems, such as:
 - i. Portable pumps to remove flood water;
 - ii. Alternate power sources such as generators or gasoline-powered pumps; and
 - iii. Battery-powered emergency lighting.
2. Emergency procedure: flooding general procedures
- a. In the event of an expected flood, the following announcement is made:
 - i. **“Medical Alert-We are activating severe weather protocols. A flood/flash flood watch or warning has been issued for this area effective until _____ (time watch ends). A flood watch means that current weather conditions may produce flooding. A flood warning indicates flooding is occurring in the area. Please await further instructions.”** The center provides additional instructions as known and necessary.
 - ii. Administrator and DON are notified if not on the premises;
 - b. Center staff accounts for all residents and staff members;
 - c. Center management staff convene together for a briefing and instruction;
 - d. The Incident Commander activates this plan to manage the incident. (The most qualified staff member on duty at the time assumes the Incident Commander position);
 - e. The Incident Commander decides whether to flood proof (see above) or evacuate based on geographical location and history of flooding of the center as well as the results of the evacuation analysis discussed above. If evacuation is necessary, the evacuation processes described above are followed; and
 - f. The situation is only deemed “under control” after the local authorities have concluded emergency operations and the Incident Commander has declared the situation “safe.”
3. **EMERGENCY JOB TASKS: FLOODING**
4. Administrator/Incident Commander:
- i. Determine to flood proof the center or evacuate;

- ii. If decision is to evacuate, use the evacuation procedures described above; and
- iii. Account for residents, staff, and visitors.
- b. All Staff/Management:
 - i. Assist with flood proofing the center if necessary.

HURRICANES, TROPICAL STORMS AND FLOODING

This center consults with Emergency Management Office to determine flood zone and hurricane evacuation zones, and monitors flood watches and warnings. (Note: Wind damage from a hurricane can necessitate evacuation even if there is no threat of flooding from the storm surge.)

If hurricane or tropical storm warnings are issued for the area, the center team makes plans to protect outside equipment and structures, and follows guidance from the EMS regarding evacuation and other precautions. The center also makes and implements plans to protect windows, such as by use of permanent storm shutters or installation of window covers.

The center also considers and implements backup systems as needed, such as portable pumps to remove flood water and alternate power sources, such as generators or gasoline-powered pumps.

1. Hurricane and tropical storm threat and watch center procedures
 - a. Local authorities issue a “*Watch*” when a hurricane or tropical storm is expected to hit within 36 hours. The center then makes the following announcement is:
 - i. “**Medical Alert: We are activating severe weather protocols. A hurricane/tropical storm watch has been issued for this area effective until _____ (time watch ends).**”
 - b. After the announcement, each department leaders contacts their staff and creates a schedule of employees to work during the emergency. Staff is scheduled to work:
 - i. Before the storm strikes;
 - ii. During the storm; and
 - iii. After the storm.
 - c. The Incident Commander alerts alternate care facilities and transportation providers of the potential evacuation; and
 - d. The Incident Commander and center team considers resident acuity/status, infection control precautions in determining transportation needs. (Refer to the procedures above regarding Shelter-in-Place or Evacuation.)

PANDEMIC INFLUENZA

EPIDEMIC GENERAL STATEMENT

The leadership team (Administrator, DON/Resident Care Director, and Center Medical Director) complete the Epidemic Preparedness Checklist. If there is an outbreak in the center, the leadership team directs activities.

EPIDEMIC GUIDELINES

1. When an epidemic is declared, follow instructions from clinical leadership to implement the following:
 - a. If a severe staffing shortage is apparent, deploy alternative staffing and implement altered standards of care;
 - b. Implement use of the Daily Symptom Screening Form for all new admissions, re-admissions, staff, visitors, and vendors; and
 - c. Make provisions to accommodate overcrowding.
2. Refer to:
 - a. Epidemic Preparedness Checklist
 - b. Influenza Preparedness Plan PowerPoint (on Central)
 - c. Altered Standards of Care
 - d. Daily Symptom Screening Form
 - e. Outbreak Intervention Tiers for Influenza and Gastroenteritis (on Central)
3. General guidelines
 - a. Residents with symptoms of or confirmed with targeted epidemic illness should remain in their rooms. Limit transport to medically necessary purposes;
 - b. Place a sign stating "Stop-See Nurse Before Entering/For Instructions" on the door;
 - c. If there is a widespread outbreak of residents with targeted epidemic illness, or symptoms of influenza, use existing partitions (smoke doors, separate floors) to establish restricted entrance areas in the building furthest away from common areas used by residents and staff;
 - d. Label the area as "Stop-See Nurse Before Entering/For Instructions" on the entrances to the area;
 - e. Allow serial use of N95 disposable respirators within this area to conserve respirators/masks if the respirator/mask supply is in question;
 - f. Place a surgical mask on residents with influenza or other respiratory illness symptoms who are required to be moved out of the restricted area or their rooms;
 - g. Instruct visitors:
 - i. To limit movements within the building;
 - ii. On limiting hand contact with surfaces in the center; perform hand hygiene after surface contact;
 - iii. On respiratory hygiene/cough etiquette; and
 - iv. On hand hygiene before entering and when leaving the resident room and with any resident contact.
 - h. Perform hand hygiene immediately after removing mask or respirator or any PPE;
 - i. Treat all excretions, secretions and body fluids as potentially infectious; and

- j. Wash hands with soap and water if hands visibly soiled or caring for resident with C. diff or any gastrointestinal infection or use an alcohol-based hand gel.

EMERGING INFECTIOUS DISEASES

1. Definition: Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:
 - a. New infections resulting from changes or evolution of existing organisms;
 - b. Known infections spreading to new geographic areas or populations;
 - c. Previously unrecognized infections appearing in areas undergoing ecologic transformation; and
 - d. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures
2. General Preparedness for Emergent Infectious Diseases (EID)
 - a. Center leadership will be vigilant and stay informed about Emerging Infectious Diseases (EID) with the assistance of Corporate and Divisional Clinical leaders. They will keep Divisional administrative and clinical leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.
3. Local Threat
 - a. Once notified by the public health authorities at either the federal, state and/or local level the EID is likely to or already has spread to the center's community, the center activates specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities;
 - b. The center's Infection Preventionist (IP), with assistance from the National Infection Prevention and Control Team as needed, researches the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies;
 - c. Based on the specific disease threat, the center reviews and revises internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated;
 - d. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing;
 - e. If EID is spreading through an airborne route, then the center activates its respiratory protection plan (refer to GHC Policy and Procedure SH408 Respiratory Protection Program) to ensure employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure;
 - f. Provide residents and families with education about the disease and the care center's response strategy at a level appropriate to their interests and need for information;
 - g. Brief contractors and other relevant stakeholders on the center's policies and procedures related to minimizing exposure risks to residents;
 - h. Post signs regarding hand hygiene and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the center along with the instruction that anyone who is sick must not enter the building; and

- i. To ensure that staff, and/or new residents are not at risk of spreading the EID into the center, screening for exposure risk and signs and symptoms may be done, if possible, prior to admission of a new resident and/or allowing new staff persons to report to work.
4. Self-screening:
 - a. Staff will be educated on the center’s plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
 - i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health;
 - ii. Precautionary removal of employees who report an actual or suspected exposure to the EID;
 - iii. Self-screening for symptoms prior to reporting to work; and
 - iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
5. Self-isolation:
 - a. In the event there are confirmed cases of the EID in the local community, the center may consider closing the center to new admissions, and limiting visitors based on the advice of local public health authorities.
6. Environmental cleaning: The center follows current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
 - a. Engineering controls: The center uses appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.
7. Instructions to manage suspected case(s) in the care center:
 - a. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation/precaution room and notify local public health authorities;
 - b. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible. Resident to wear mask during the transfer;
 - c. If the suspected infectious person requires care while awaiting transfer, follow center policies for isolation/precaution procedures, including all recommended PPE for staff at risk of exposure;
 - d. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE;
 - e. If feasible, ask the isolated resident to wear a mask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated resident unless it advised otherwise by public health authorities;
 - f. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation/precaution room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC;

- g. Implement isolation/transmission-based precautions (TBP) procedures in the center (isolation/TBP rooms, cohorting, cancelation of group activities and social dining) as described in the center's infection prevention and control plan and/or recommended by local, state, or federal public health authorities; and
- h. Activate quarantine (separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

ARMED INTRUDER GENERAL GUIDELINES

In situations in which there is lead-in time to a potential armed intruder violence threat against the center, the center management team discusses actions to be taken by the center and questions to ask the intruder.

1. During an armed intruder event, the center follows steps, when possible, staff will determine which of the “Four Outs” will be the best for their survival:
 - a. “Get Out”: Identifying current residents, visitors and staff for potential exit from the center. Individuals will proceed to exit the building until they find a safe place. (This is the best choice if staff can safely do so.);
 - b. “Lock Out”: Identifying if residents, visitors and staff could be protected by potentially locking them in the center, preventing entry by the intruder. Individuals will get behind a locked or barricaded door. This action is the next best choice and if it is safe to do so, the best way to protect residents from becoming a victim;
 - c. “Hide Out”: Identifying current residents, visitors, staff and locations for potential concealment within the center. Staff will hide in inconspicuous places in the center. Staff can help residents by hiding them in plain sight (e.g. Put extra linens on a resident’s bed when the resident is bed-ridden; or
 - d. “Take Out”: Establishing a plan to stop the armed intruder’s activities. Staff will use diversions and weapons of opportunity to take out the Armed Intruder. When considering a takeout plan, if there are several people, use diversions and make a plan to gang up on the Armed Intruder.
2. In addition, a staff member calls 911 when safe to do so. Gives the 911 operator specific details to aid in law enforcement's response to the event. Uses a center phone even if just to leave an open line to the 911 operator;
3. The fire alarm is not pulled/activated; and
4. Refer to the Armed Intruder Training and associated Armed Intruder Table Top Exercise for more information on the center’s plan and practices used to manage these emergencies.

WINTER STORMS

Background

Winter storms are often an underestimated threat. For the frail elderly, the single greatest threat posed by winter is the loss of body heat. Normal aging is accompanied by a decline in the ability to thermo-regulate. Chronic ailments and acute injuries exasperate the ability to self-regulate body temperature. In fact, fifty percent of cold-related injuries happen to individuals over the age of 60.

1. Preparing for the Storm

a. Before the snow begins:

- i. All departments must inventory existing supplies and order low supplies prior to snowfall;
- ii. Generator fuel must be checked and generator test run. If your generator uses diesel or propane, the tank should never fall below $\frac{1}{2}$ tank fill level at any time; and
- iii. Snow blower fuel must be checked and test run.

b. After snow has started to fall:

- i. Parking lot entrance, fire lane and all facility exits must be kept clear;
- ii. Fire hydrants are to be kept accessible at all times; and
- iii. Areas for ambulances and supply vehicles take priority over parking areas.

2. Winter Hazard Communication

a. The National Weather Service issues outlooks, watches, warnings, and advisories regarding potentially hazardous winter weather:

- i. Outlook: this is essentially a forecast, informing the public winter storm conditions are possible in a 2 to 5 day timeframe. Actions at this time are to monitor local media for weather condition updates;
- ii. Advisory: winter weather conditions are expected and could cause significant inconvenience and could potentially create hazardous conditions. However, if one is prepared and cautious, advisory conditions should not be life threatening;
- iii. Watch: winter storm conditions are possible within a 36 to 48-hour window. Begin preparations; and
- iv. Warning: potentially hazardous winter weather is occurring or will occur in 24 hours.

3. Wind Chill

- a. Wind chill can be a significant problem. Exposure to cold can lead to frostbite or hypothermia. The elderly are highly susceptible. Regardless of whether the temperature is 32F or -32F, cold has the same effect. Wind chill is not the actual air temperature, but is the impact of the combination of wind and cold upon exposed skin. Moving air conducts heat away from the body faster.

Wind Chill Chart

Adapted from the National Weather Service, Originally Published 11/01/01.

Temperature across top, wind speed down left side.

Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times

	30 Minutes
	10 Minutes
	5 Minutes

1. Response to wind chill

- a. To ensure residents do not suffer from exposure to cold, consider the following:
 - i. Providing extra attention to residents who wander or are at risk for elopement;
 - ii. Clothing in loose-fitting layers and an insulated head covering, even indoors;
 - iii. Attempt to ensure that residents remain dry;
 - iv. Should a person succumb to cold, warming the person slowly, starting with the body core. Do not start warming with the arms and legs, as this will drive cold blood toward the heart which can trigger heart failure. Change the resident into warm, dry clothing and then cover them with a blanket. Avoiding providing alcohol, coffee, or any other hot beverage or food. Discuss administration of medications with the attending provider;
 - v. Providing high calorie foods and snacks for staff and residents;
 - vi. Providing extra blankets. (If possible, hypo-allergenic blankets should be used. Residents who wish to use their own wool blankets or quilts with other natural fibers should be allowed to do so, but they should not be allowed to share these items as other residents may be allergic to the natural fibers); and
 - vii. Monitoring residents and increasing hydration activities; increased clothing and use of blankets may increase sweating. Dry air associated with extremely cold weather may also lead to residents dehydrating faster.

2. If the heating system suffers a significant mechanical failure during cold weather, consider evacuation;
3. Residents on medical oxygen should be given alternate safe means of staying warm and should be kept away from any potential source of ignition; and
4. Evacuation under icing conditions is not a good idea. Be prepared to shelter in place in winter.

Refer to Loss of Utilities Heating Failure if center heat is compromised.

1135 WAIVERS

1. In the event a major disaster or public health emergency is declared by the Secretary, the facility reserves the right to request a waiver in accordance with section 1135 of the Social Security Act, and by which certain statutory requirements and or services may be modified or waived during the duration of the emergency;
2. Under the waiver the role of the facility in the provision of care and treatment at an alternate care site identified by emergency management officials is such that sufficient services and healthcare items will be provided to the maximum extent feasible and in part, modifies requirements that physicians and other healthcare professional hold licenses in the State in which they provide services if they have a license from another State (and are not affirmatively barred from practice in that State or any State in the emergency area).

VOLUNTEERS

The Center may use volunteers in an emergency or other emergency staffing strategies as necessary to provide for the care and treatment of patients. The Center collaborates with the local Emergency Management Services and state or federally designated health care professionals to address surge needs during an emergency. Involvement of volunteers in management of emergencies is addressed in this EPP.

1. The Administrator/Designee determines involvement, appropriate tasks and roles of volunteers;
2. In advance of a crisis or disaster situation, the center works to ensure staff members, contractors, volunteers, physicians, residents, family members, and the community-at-large understand the center has developed a relationship with local emergency responders as well as the local Emergency Management Services to plan for, prepare for, respond to, and recover from such situations;
3. Staff are monitored through use of the staffing schedules (updated as needed).
Volunteers, visitors, and others are monitored using the visitor log (typically kept in the reception area);
4. The center maintains current information all center personnel and volunteers with addresses and phone numbers for contact purposes; and
6. The Incident Commander/designee coordinates with center department heads to determine staff/volunteer resources needed both for onsite needs and in the event staff is needed in alternate locations. Trained volunteers are permitted to transport, move and assist residents if necessary.

Refer to Exhibit 8. NHICS Form 523, Volunteer Staff Registration.

ANNUAL REVIEW AND SIGN-OFF

1. The Safety Excellence Team and the Administrator reviews and approves this manual and associated appendices and supporting documentation:
 - a. Prior to implementation;
 - b. After regulatory updates;
 - c. If new hazards are identified or existing hazards change;
 - d. After tests, drills, or exercises, if issues requiring corrective action have been identified;
 - e. After actual disasters/emergency responses;
 - f. After infrastructure changes;
 - g. At each update or revision; and
 - h. At least annually.
2. Staff Training
 - a. All staff are trained and demonstrate competency during orientation and annually with materials based on this Emergency Preparedness Plan and corresponding policies and procedures. The center maintains electronic and/or written documentation of training. Administrators must ensure training is completed as required.
3. Staff Testing: Exercises, Drills and Simulations
 - a. This center conducts internal and external training exercises, drills, and simulations **at least annually and in accordance with applicable local, state, and federal guidelines**. This training is discussed further in the center's Emergency Preparedness Compliance Guide.
 - i. This center participates in full-scale, community-based exercise or, when a community-based exercise is not accessible, an individual, facility-based exercise.
 - ii. This center conducts an additional exercise that may include, but is not limited to the following:
 1. a second full-scale community-based exercise or individual,
 2. a facility-based full scale exercise, or
 3. a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.
 - iii. If this center has experienced an actual natural or man-made emergency requiring activation of the emergency plan, the center will not need to participate in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the event; and
 - iv. The center documents completion of these activities. This documentation includes an analysis of the center's response to the exercise and emergency events, and revises this Emergency Preparedness Plan as needed.
 - b. Exercises, drills, and simulations are used to practice emergency procedures and to identify concerns prior to a crisis or disaster situation;
 - c. Drill evaluation are be conducted on different levels of management within the center;
 - d. Drill evaluations are not confined to routine fire or evacuation drills;

- e. Drill evaluations are used to verify planning, response, and recovery programs are in place for the center;
- f. Outside resources, including local emergency responders/support services, are invited to periodically participate in, observe, and evaluate internal exercises, drills, and simulations; and
- g. Exercises, drills, and simulations are documented to include:
 - i. Who participated;
 - ii. Concerns identified;
 - iii. Corrective actions taken to correct deficient areas; and
 - iv. Reports of such activities are retained within the center per state and federal regulations.

Refer to:

Appendix 24: Annual Review and Sign-off

STATE AND LOCAL REQUIREMENTS

The center may be required to follow more stringent state and local regulations than guided within this manual. As such, additional regulations are analyzed and complied with as necessary.

Refer to:

Appendix 25: State and Local Requirements

POLICIES AND PROCEDURES LINKS

Corporate Policies and Procedures

[Emergency Preparedness](#)

[Emergency Preparedness: Evacuation and Waivers](#)

[Emergency Preparedness: Medical Records](#)

[Emergency Preparedness: Shelter in Place](#)

[Emergency Preparedness: Supplies](#)

[Significant Events Reporting](#)

Food and Nutrition Services Procedures

[Food Service Emergency Plan \(P&P 6.3\)](#)

[Food Service Emergency Procedures \(P&P 6.4\)](#)

Omnicare LTC Pharmacy Services

[LTC Facilities Receiving Pharmacy Products and Services from Pharmacy](#)

[Relocation of Residents or Pharmacy Services During an Emergency or Disaster](#)

Center Operations

[OPS100 Accidents/Incidents](#)

[OPS142 Transfer Agreements](#)

[OPS161 Facility Assessment](#)

[OPS164 Utilization of Outside Resources during an Emergency](#)

Preventative Maintenance Policies and Procedures

[Emergency Generators](#)

Safety and Health Policies and Procedures

[SH100 Safety Management Program](#)

[SH601 Personal Protective Equipment](#)

[SH602 Personal Protective Equipment: Assessment of](#)

[SH604 Procurement and Distribution of Respirators: Airborne Illness](#)

FEDERAL DEFICIENCIES (ETAG) CROSSWALK

Provided as reference. **Users are strongly encouraged to refer to Genesis Central for up to date policies and procedures and to search for key words within this document and on Central for additional information.**

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0001	Establishment of the Emergency Program	Corporate P & P 1.22, Emergency Preparedness	Completed EPP (Full Plan) Completed EP Compliance Guide Appendices
E-0004	Development Maintain EP Program	Same as above	Same as above
E-0006	Maintain and Annual EP Updates	Same as above	Same as above
E-0007	EP Program Population	Center Operations P & P OPS 161 Facility Assessment	EPP Appendix 23. Description of Center Patient/Resident Population
E-0009	Process for EP Collaboration	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	References to collaboration throughout EPP
E-0013	Development of EP Policies and Procedures	Refer to Links Above	Refer to Links Above
E-0015	Subsistence Needs for Staff and Patients	Refer to Links Above	References throughout EPP
E-0018	Procedures for Tracking of Staff and Patients	Corporate P & P 1.22, Emergency Preparedness	Refer to Exhibit 3 and Exhibit 7 NHICS Forms 255 and 252 and references to these forms in the EPP
E-0020	Policies and Procedures including evacuation	Refer to Links Above	References to Evacuation throughout EPP
E-0022	Policies and Procedures for Sheltering	Corporate P & P 1.31, Emergency Preparedness: Sheltering in Place	References to Sheltering in Place in EPP
E-0023	Policies and Procedures for Medical Documents	Corporate P & P 1.30, Emergency Preparedness: Medical Records	Refer to Section LL, Receiving Center: Medical Records

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0024	Policies and Procedures for Volunteers	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	Refer to Section XXIX. Volunteers and Exhibit 8, N HICS Form 523, Volunteer Staff Registration
E-0025	Arrangement with Other Facilities	Center Operations P & P OPS142 Transfer Agreements and OPS 164 Utilization of Outside Resources During an Emergency	Refer to Section VI.D. D. Administrator (OR DESIGNEE) ALL EMERGENCIES and Appendix 9, Transfer Agreements
E-0026	Roles under a Waiver Declared by the Secretary	Center Operations P & P OPS163 Utilization of Outside Resources during an Emergency	Refer to Section XXVIII. 1135 WAIVERS
E-0029	Development of Communication Plan	Corporate P & P 1.22, Emergency Preparedness	Refer to section V. COMMUNICATION PLAN and associated exhibits
E-0030	Names and Contact Information	Corporate P & P 1.22, Emergency Preparedness	Refer to Appendix 3: Center Administrative/Staff Contact List
E-0031	Emergency Contact Information	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	Appendix 7: Emergency Resources and Contacts
E-0032	Primary/Alternate Means of Communication	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. COMMUNICATION PLAN
E-0033	Methods of Sharing Information	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. COMMUNICATION PLAN and Appendix 7: Emergency Resources and Contacts as well as references to evacuation and medical records throughout the EPP

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0034	Sharing Information on Occupancy/Needs	Corporate P & P 1.22, Emergency Preparedness, Center Operations P & P OPS 142 Transfer Agreements	Refer to Section VII, SURGE CAPACITY and Appendix 13, Surge Capacity, and Refer to Section VI.D. D. Administrator (OR DESIGNEE) ALL EMERGENCIES and Appendix 9, Transfer Agreements
E-0035	LTC and ICF/IID Family Notifications	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. Communication Plan and Section III. General Guidelines, D. Notification of Plan
E-0036	Emergency Prep Training and Testing	Corporate P & P 1.22, Emergency Preparedness	Refer to Section XXX. Annual review and Sign Off and the Emergency Preparedness Compliance Guide
E-0037	Emergency Prep Training Program	Corporate P & P 1.22, Emergency Preparedness	Vital Learn Reports and Completed Attestations; refer to Emergency Preparedness Compliance Guide
E-0039	Emergency Prep Testing Requirements	Corporate P & P 1.22, Emergency Preparedness	Refer to Section XXX. Annual review and Sign Off and the Emergency Preparedness Compliance Guide
E-0041	LTC Emergency Power	Preventative Maintenance P & P 2.0, Emergency Generators	Refer to Section XII, Loss of Utilities, Appendix 2, Building Construction and Safety, and Appendix 15, Utility Shut Off Procedures
E-0042	Integrated Health Systems	Not Applicable	Not Applicable

PLAIN LANGUAGE EMERGENCY NOTIFICATION SCRIPT

TAKE COVER

“Attention all staff, there is an immediate situation requiring all occupants to Take Cover. Please initiate the Take Cover Procedure.”

“All Clear, Take Cover is over” is then paged to signal the Take Cover situation has ended.

LOSS OF UTILITIES

“Facility Alert-We are activating Loss of Utilities protocols- (Describe loss of Power and Location). Please continue your duties and listen for further instructions.”

BOMB THREAT

“Security Alert-We are activating Bomb Threat protocols- (Describe how the threat was received and Location). Please continue your duties and listen for further instructions.”

NUCLEAR, CHEMICAL, OR RADIATION FALLOUT

“Facility Alert-We are activating Nuclear, Radiation or Hazardous Chemical Fallout protocols- (Describe Situation and Location). Please continue your duties and listen for further instructions.”

FIRE

“Facility Alert-We are activating Fire Emergency Protocols (Describe Situation and Location).”

INTERNAL OR EXTERNAL DISTURBANCE

“Security Alert- We have a disturbance (Location). Please listen for further instructions.”

HOSTAGE/ARMED INTRUDER SITUATION

“Security Alert-We are activating Hostage/Armed Intruder protocols- We have a Hostage/Armed Intruder situation (Location). Please listen for further instructions.”

ELOPEMENT

“Medical Alert-We are activating Missing Resident protocols- The Resident was last seen (location).”

TORNADO WATCH

“Medical Alert-We are activating severe weather protocols- A tornado watch has been issued for this area effective until _____ (time watch ends).” (Repeated after five (5) minutes and then hourly until the watch has terminated.)

TORNADO WARNING

“Medical Alert-We are activating severe weather protocols- A tornado warning has been issued for our area. Immediately implement Take Cover procedures. Repeating—a tornado warning has been issued for our area. Immediately implement Take Cover procedures.” (Repeated after five (5) minutes and then hourly until the warning has terminated)

FLOOD WATCH OR WARNING

“Medical Alert-We are activating severe weather protocols- A flood/flash flood watch or warning has been issued for this area effective until _____ (time watch ends).”

HURRICANE WATCH OR WARNING

“Medical Alert-We are activating severe weather protocols- a hurricane/tropical storm watch has been issued for this area effective until _____ (time watch ends).”

GENERAL ALL CLEAR ANNOUNCEMENT

“All Clear, Repeat, All Clear”

Emergency Preparedness Plan (EPP) List of Appendices

- Appendix 1: Hazard Vulnerability Analysis (HVA)
- Appendix 2: Building Construction and Life Safety
- Appendix 3: Center Administrative/Staff Contact List
- Appendix 4: Emergency Operation Center Designation
- Appendix 5: Area Administrative Staff Contact List
- Appendix 6: Company Contacts
- Appendix 7: Emergency Resources and Contacts
- Appendix 8: Additional Resources
- Appendix 9: Transfer Agreements
- Appendix 10: Short-term Evacuation Plan
- Appendix 11: Triage of Casualties
- Appendix 12: Emergency Supplies and Location of Critical Equipment
- Appendix 13: Surge Capacity
- Appendix 14: Emergency Water Supply
- Appendix 15: Utility Shut-off Procedures
- Appendix 16: Potential Explosives List
- Appendix 17: Special Care Unit Fire Procedure
- Appendix 18: Fire Sprinkler Shut-Down Procedures
- Appendix 19: Fire Alarm Reset Procedures
- Appendix 20: Security Plan
- Appendix 21: Elopement Drill Documentation Form
- Appendix 22: Succession Plan
- Appendix 23: Description of Center Patient/Resident Population
- Appendix 24: Annual Review and Sign-Off
- Appendix 25: State and Local Requirements
- Appendix 26: Insertions from Compliance Guide Completed Tasks

Appendix 1: Hazard Vulnerability Analysis (HVA)

Instructions

Evaluate each event type using the hazard specific scale, using an all-hazards approach that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address a wide spectrum of emergencies/disasters.

Event Type

This column includes the event, risk or disaster you are assessing. Additional events may be added and evaluated in the Assessment; use the blank lines for these items.

Probability

Rate the probability of the risk occurring on a scale of zero (event will not occur) to 3 (event is very likely to occur). To rate the probability of an event occurring, at a minimum consider the known risk of the event occurring based on historical data and manufacturer/vendor statistics.

- Scale: How often has the event occurred within the last year to 10 years?
 - There is no likelihood of this event occurring in this setting/area (i.e., volcano). = score of 0 (no additional entries are required for this event type)
 - Event has not occurred in the past 10 years = score of 1
 - Event occurs every 3 to 10 years = score of 2
 - Event occurs approximately every 1 to 3 years = score of 3

Note: The Probability of human events (i.e., workplace violence, mass casualties) can never be assessed with a probability score of 0. These types of events have the score of 0 identified as N/A in the HVA.

Risk

Rate the associated risk of each event to patients and staff, property, finances (such as the cost to replace, cost of repair, time to recover and the potential interruption or inability to provide services). Input the highest associated score.

- Scale: If the event occurs will it result in:
 - A threat to human health, safety or life? Could the event result in significant injury or death? Score = 5
 - Property Damage? Score = 4
 - Economic Loss or Legal Ramifications? Will employees be able to report to work? Will patients be able to get to the center? Would the center be at risk for fines, penalties, or other legal interventions? Score = 3
 - Systems Failure? Score = 2
 - Loss of Community Trust or Goodwill? Score = 1

Preparedness

Rate the center's level of preparedness for the event.

- Scale: If the event occurs the center is:
 - Well prepared: the center has a current plan, the staff is aware of the plan and has participated in drills, back-up systems are available = score of 1
 - Partially prepared: the center has a plan, with current documents and contracts. Staff may require additional training or drills, center may need back-up systems = score of 2

- Not Prepared: the center does not have a plan at all, or only has a plan, and has not trained the staff or collected associated documents and contracts, and does not have back-up systems = Score of 3

Using the HVA

For each row, Multiply the Probability score by the sum of the Risk and Preparedness scores from all columns, enter score Review and highlight the events types with highest Hazard Vulnerability (HV) scores. These events pose the greatest risks to the center, and are carefully considered and prepared for as the center completes the rest of the appendices in the EPP, and associated training and drills.

Hazard Vulnerability Assessment

Center Name Keene Center Business Unit #: _____ Date: 11/1/22

EVENT TYPE	PROBABILITY				RISK					PREPAREDNESS			HV SCORE <i>←Multiply probability score by sum of risk and preparedness scores from all columns, enter score</i>
	3	2	1	0	5	4	3	2	1	3	2	1	
HURRICANE		X			X							X	
TORNADO		X			X							X	
SEVERE THUNDERSTORM	X				X							X	
SNOWFALL	X				X							X	
BLIZZARD	X				X							X	
ICE STORM		X			X							X	
EARTHQUAKE		X			X							X	
TIDAL WAVE				X					X		X		
EXTREME TEMPERATURES		X				X						X	
DROUGHT				X		X						X	
FLOOD, EXTERNAL			X		X							X	
WILD FIRE			X								X		
LANDSLIDE			X								X		
VOLCANO				X									
PANDEMIC				N/A	X						X		
ELECTRICAL FAILURE		X			X							X	
GENERATOR FAILURE		X			X							X	
TRANSPORTATION FAILURE		X			X						X		
FUEL SHORTAGE		X			X						X		
NATURAL GAS FAILURE		X			X							X	
SEWER FAILURE		X			X							X	
STEAM FAILURE		X			X								
FIRE ALARM FAILURE		X			X							X	
COMMUNICATION FAILURE		X			X						X		

EVENT TYPE	PROBABILITY				RISK					PREPAREDNESS			TOTAL
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	← Multiply probability score by sum of risk and preparedness scores from all columns, enter score
MEDICAL VACUUM FAILURE				N/A			X				X		
HVAC FAILURE		X									X		
INFORMATION SYSTEM		X					X				X		
FIRE, INTERNAL			X			X					X		
FLOOD, INTERNAL			X			X					X		
HAZMAT, INTERNAL			X			X					X		
MASS CASUALTY – TRAUMA			X	N/A	X						X		
MASS CASUALTY – MEDICAL			X	N/A		X					X		
MASS CASUALTY – HAZMAT			X	N/A	X						X		
HAZMAT EXPOSURE			X	N/A	X						X		
TERRORISM – BIOLOGICAL			X	N/A	X						X		
TERRORISM – CHEMICAL			X	N/A	X						X		
HOSTAGE SITUATION			X	N/A	X						X		
CIVIL DISTURBANCE (RIOT)			X	N/A		X					X		
LABOR ACTION			X	N/A		X					X		
BOMB THREAT			X	N/A	X						X		
WORKPLACE VIOLENCE			X	N/A	X						X		
DOMESTIC VIOLENCE			X	N/A	X						X		
BUILDING BREAK-IN			X	N/A		X					X		
AUTO BREAK-IN			X	N/A			X				X		
MEDICATION THEFT			X	N/A			X				X		
ASSAULTS (OUTSIDE)			X	N/A					X		X		
ELOPEMENT		X		N/A	X							X	
KIDNAPPING			X	N/A	X						X		

Appendix 2: Building Construction and Life Safety

Instructions: Enter information as prompted.

A. Building Construction Type/Year Built (refer to Life Safety Survey for details):
Masonry / Brick 1978

B. Have additions been constructed? Yes No

1. If additions have been constructed, in what year(s)?

C. Number of Stories: 2

D. Number of Buildings: 1

E. Number of Beds: 128

F. Approximate Number of Staff per Shift: 1st = 45, 2nd=20, 3rd=12

G. Fire Alarm System –

Name of Monitoring Service: Direct link to Keene Fire

H. Generator Vendor Name: Power Up

Generator Vendor Phone Number: 603-657-9080/ 866-420-4906

1. Type, phase and voltage of generator: Kohler 3 phase 102-208

2. Areas of the building supplied by emergency power: Complete building coverage

3. Fuel Type: Diesel

4. Fuel Capacity: 1278 gallons

5. Fuel Duration: 102-142 hours 4-6 days

6. Fuel Tank above or below ground level?: Above Ground

7. How/When is generator tested?: Weekly under partial load

8. Is generator above projected flood level?: Yes, except if local dam is breached.

I. Is the building constructed to withstand hurricanes or high winds? X Yes No

If Yes:

1. What is the highest category of hurricane or wind speed that the building can withstand? 150 miles per hour

2. What is the highest category of hurricane or wind speed that the center roof can withstand 100 miles per hour

3. Is the center in a flood plain? X Yes No

4. If the center is in a hurricane zone, is a storm surge expected? Yes No

J. General description of resident/patient population:

Rehab and long term care residents and patients. Medical conditions vary. Ambulatory and non ambulatory residents with a changing resident population.

Guide for Areas of Refuge Identification

For the safety of building occupants, the Emergency Preparedness Leadership Team identifies the best available refuge areas in the center. Many buildings contain rooms or areas designed to offer some degree of protection from all but the most extreme tornadoes and winds. In buildings without specific rooms designed and constructed to serve as safe rooms, the goal should be to select the **best available refuge areas** - the areas that will provide the greatest degree of protection.

In general, the **best available refuge areas** meet the following criteria:

- **Interior rooms.** Rooms without an exterior wall or window are less likely to be penetrated by windborne debris. Examples include resident bathrooms, small office areas without windows, janitor closets, clean and soiled utility rooms, pantry storage rooms, medication rooms, basement rooms and corridors, central supply rooms, center restrooms, staff locker rooms, and closets.
- **Location below ground or at ground level.** Upper floors are more vulnerable to wind damage.
- **No glass in the room.** Typically, windows and glass doors are extremely vulnerable to high wind pressures and the impact of windborne debris.
- **Reinforced concrete or reinforced masonry walls.** Reinforced walls are much more resistant to wind pressures and debris impact, but can fail if the roof deck is blown away.
- **Strong connections between walls and roof and walls and foundation.** Walls and roofs are better able to resist wind forces when they are securely anchored to the building foundation.
- **Short roof spans.** Roofs with spans of less than 25 feet are less likely to be lifted up and torn off by high winds.
- **Long central corridors** often qualify as the best available refuge areas. In addition to having desirable structural characteristics (e.g., short roof spans, minimal glass area, and interior locations), corridors usually are long enough to provide the required amount of refuge area space and can be quickly reached by building occupants. **If a corridor is chosen, marking the high wind area of refuge boundaries at least 30 feet from a glass door or window is advisable**, as well as educating staff to keep occupants within the boundaries and to close all doors leading to the corridor during a high wind event.

*Note: The best available refuge areas do **not** ensure the safety or survival of their occupants. They are simply the areas of a building in which survival is most likely.*

If the center is unsure whether a particular location is appropriate to use as a high wind area of refuge, the Team refers to Federal Emergency Management Agency FEMA's Best Available Refuge Area Checklist to evaluate appropriate areas of refuge

Part B: Refuge Areas

List all areas of refuge according to the guidelines above and mark these areas on the center floor plan:

1. 1st floor conference room.
2. Hallways- 1st floor
3. Library- Concern Glass
4. Main Dining Room 1st floor- Concern Glass
5. Rehab Therapy Room- Concern Glass
6. Beauty Salon- No Glass
7. Recreation Therapy Room- Concern Glass
8. Staff Lunch Room- Inside location no glass.
9. 2nd & 3rd Floor Day Lounge- Concern Glass
10. Inside Hallway Main Floor

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

an emergency (e.g. incident commander, public information officer, patient liaison, etc.). For example, a Facility Incident Commander may be the Administrator. Also, a unit manager may be the facility's identified person as the Safety Officer.

**NOTE: INSERT LIST OF ALL STAFF CONTACT LIST
HERE: INCLUDE ALL STAFF, PHYSICIANS, LOCAL LTC
FACILITIES AND VOLUNTEERS. REVIEW AND UPDATE
AS NEEDED.**

Appendix 4: Emergency Operation Center Designation

In the event of an emergency/disaster, the center must have 2 areas identified from which the emergency would be managed. The location should have internet and phone access, as well as access to emergency supplies and this EPP, if possible.

The Emergency Operation Center (EOC) will be located in:

1st floor Formal Dining Room

The secondary Emergency Operation Center (EOC) will be located in:

Administrator's Office

Appendix 5: Area Administrative Staff Contact List

INSTRUCTIONS: Fill in the necessary contact information below. Contact as needed based on this EPP.

Area:	Name	Contact Number
Sr. VP Operations	<u>Shayne Hutchinson</u>	(304) 419-5057
Sr. VP Medical Affairs	<u>Carolyn Blackman</u>	(401) 479-4144
SVP Clinical Operations	<u>Julie Britton</u>	(215) 803-5644
MP/RED, Operations	<u>Teale Howe</u>	(603) 571-0279
VP/Director of Clinical Ops	<u>Tina Osborn</u>	(978) 602-0092
Clinical Quality Specialist	<u>Audrey Kerin</u>	(802) 323-6714
	<u>Kristen Marois</u>	(603) 325-8345
VP Property Management	<u>Perry Valentine</u>	(610) 806-2602
Director of Employee Safety	<u>Cynthia Fleming</u>	(603) 387-9380
Region Property Manager	<u>Mike Lench</u>	(603) 315-0565
Region/Area HR Manager	<u>Jessica Foley</u>	(603) 686-4396
OmniCare Pharmacy		

CareLine: 1 (866) 745-2273

Appendix 6: Company Contacts

Corporate Office	Genesis HealthCare, 101 E State St., Kennett Square, PA 19348	
Executive Chairman	David Harrington	david.harrington1@genesishcc.com
EVP & CFO	Orrin Feingold	orrin.feingold@genesishcc.com
EVP & COO	Melissa Powell	melissa.powell4@genesishcc.com
SVP Human Resources	Brandon Poole	brandon.poole@genesishcc.com
SVP Medical Affairs	John Loome	410-494-7671
SVP & CIO	Joe Montgomery	610-716-7439
EVP	Michael Sherman	610-864-9751
SVP Spend Management and Support Services	David Bertha	610-247-8822
VP Compliance	Maria Suarez	505-468-2384
IT Help Desk	Help Desk Rep.	800-580-3655
Director, Risk & Insurance Services	Janice Burnap	505-259-1913
GHC Claims & Litigation	Bette Pfeiffer	610-925-2415 610-925-2419 (FAX)

*Communication with media is guided by division Business development leaders. Refer to Crisis Communication Contacts on Central for details.

Appendix 7: Emergency Resources and Contacts

Instructions: Enter information into the table as prompted below. Emergencies involving fire, death or serious injury are reported in accordance with state and federal guidelines. Other reporting and engagement is completed as needed during an emergency.

COUNTY/LOCAL Emergency Management Agencies

County: Cheshire
 Contact/Title: Herb Stephens, Area Director of Winchester
 Address: 1 Richmond Rd
 City, State Zip: Winchester, NH 03470
 Phone Number: 603-355-0858

State Emergency Management Agency

State: New Hampshire
 Contact/Title: Department of Safety
 Address: 33 Hazen Drive
 City, State Zip: Concord, NH 03305
 Phone Number: 603-271-2231

Federal Emergency Management Agency (FEMA)

Region: United States
 Contact/Title: Department of Homeland Security
 Address: 99 High St.
 City, State Zip: Boston, MA 02110
 Phone Number: 877-336-2734

COMMUNITY RESOURCES CONTACTS:

Agency:	Name:	Phone:
County Health Department	Eileen Fernandez	603-354-5454 x2130
LTC Ombudsman	Fleurette Grenier	603-271-4375
State Licensing and Certification Agency	NH Board of Nursing	603-271-2823
County DHHR Office	DHHR- Keene	603-357-3510
Poison Control Center	Northern New England	800-222-1222
Tribal Contact		
Other		

Appendix 8: Additional Resources

Use this form to maintain contact information for emergency support services.

NHICS FORM 258 | CENTER RESOURCE DIRECTORY

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Agency for Toxic Substances and Disease Registry (ATSDR)	Poison Control	800-232-4636	770-488-7100		www.aapcc.org
Ambulance/EMS	911	911			
American Red Cross	Keene Chapter	603-352-3210			www.redcross.org
Biohazard Waste Company	Stericycle	866-783-7422			www.stericycle.com
Buses	Delano Company	603-399-4371			
Cab, City	Adventure Taxi	603-355-1484			www.advlimo.com
Emergency Management Agency	FEMA	877-336-2734			www.fema.gov
CDC		800-232-4636			www.cdc.org
Clinics	Dartmouth Hitchcock	603-354-5420			www.dartmouth-hitchcock.org
Coroner/Medical Examiner	Cheshire County Coroner	603-271-1235			
Dispatcher - 911	911	911			
Emergency Operations Center (EOC), Local	Keene Dispatch Center	603-357-9861			
Emergency Operations Center (EOC), State	NH Dept of Safety	603-271-2231			
Engineers:					

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
HVAC	HVAC	Granite State Plumb	603-529-3322		
Mechanical	Mechanical	Pappas Contracting	603-313-7107	603-380- 5252	
Structural	Structural				
Environmental Protection Agency (EPA)	Environmental Protection Agency	NH Dept of Environmental services	603-271-3500		
Epidemiologist	Epidemiologist	NH Dept of Health	603-624-6466		
Family	Family	<i>SEE FAMILY CONTACT LIST</i>			
Fire Department	Fire Department	Keene Fire Department	603-209-1742		
Food Service	Food Service	Sysco	508-285-1000		
Fuel	Fuel	Cheshire Oil	603-352-0001		
Funeral Homes/Mortuary Services	Funeral Homes/Mortuary Services	Foley Funeral	(603) 352-0341		
Generators	Generators	Power up Generator	866-420-4906	603-657- 9080	
HazMat Team	HazMat Team	Keene Fire Dept.	911		
Health Department, Local	Health Department, Local	Keene Health Dept.	603-357-9836		
Heavy Equipment (e.g., Backhoes, etc.)	Heavy Equipment (e.g., Backhoes, etc.)	Holmes Construction	603-231-3242		
Home Repair/Construction Supplies:	Home Repair/Construction Supplies:	Home Depot	603-355-2113		

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Hospitals:	Cheshire Medical Center	603-354-5400			www.cheshire-med.com
Hotel	Best Western				bestwestern.com/Official
Housing, Temporary					
Ice, Commercial	Sysco	508-285-1000			
Laboratory Response Network					
Laundry/Linen Service	People's Linen	(603) 352-2038			peopleslinen.com
Law Enforcement:	Keene Police Dept.	603-352-2222			www.keenepd.org
City Police	Keene Police Dept.	603-352-2222			www.keenepd.org
County Sherriff					
Highway Patrol	NH state police	603-271-1162			
Licensing & Certification District Office	Michael Fleming	(603) 271-9499			https://www.dhhs.nh.gov/contactus/index.htm
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					
Long-Term Care Facilities:	Keene Center	603-357-3800			
Media:	WMUR Channel 9				
Print	Keene Sentinel	603-352-1234			
Radio					
Radio					

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
TV					
TV					
TV					
Medical Gases					
Medical Supply	Medline	800-633-5463	603-320-2926		
Medication, Distributor:	OMNICARE	603-625-6406			www.omnicare.com
Moving Company:					
Pharmacy, Commercial:	OMNICARE	603-625-6406			www.omnicare.com
Poison Control Center	Northern NE Poison Center				https://www.nnepc.org/
Portable Toilets					
Radios:	Keene Center/Langdon Place	357-3800			
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds	Joerns	800-826-0270			joerns.com

Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Biomedical Devices	Medline	1-800-633-5463			www.medline.com
Medical Devices	Medline	1-800-633-5463			www.medline.com
Oxygen Devices					
Radios					
Restoration Services (e.g., Service Master)					
Road Conditions	<i>CALTRANS</i>	<i>1-800-427-7623</i>			
Salvation Army					
Shelter Sites					
Staff	<i>SEE STAFF CONTACT LIST</i>				
Surge Facilities	Listed with Administrator				
Trucks:					
Refrigeration	Sysco	508-285-1000			
Towing					
Utilities:					
Gas	Liberty Utilities	603-209-2586			
Power	Eversource	800-662-7764			www.eversource.com
Sewage	Keene Water dept.	(603) 352-6550			https://keenetx.com/departments/utilities
Telephone					
Water					
Ventilators					
Water Vendor – Potable, Portable Shower/Portable Toilet	Sysco	See above			
Other:					

Appendix 9: Transfer Agreements

Use this form to document every transfer agreement for transportation and reception of residents (e.g. other Long-Term Care Centers, Hospitals, and Ambulance Companies).

Reminder: Execute at least one agreement with a Long Term Care Center more than 50 miles away.

Type of Service:	Hospital
Name:	Cheshire Medical
Address:	49 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-0341

Type of Service:	Ambulance/Transport
Name:	Diluzio
Address:	49 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-0341

Type of Service:	Long Term Care Facility
Name:	Keene Center
Address:	677 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-3800

Type of Service:	Long Term Care Facility
Name:	Alpine
Address:	298 Main Street
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 352-7311

Type of Service:	Long Term Care Facility
Name:	Pleasant View Center
Address:	239 Pleasant Street
City, State, Zip	Concord, NH 03301
Phone Number:	(603) 226-6561

Type of Service:	Long Term Care Facility & Evacuation Center
Name:	Applewood Rehabilitation Center
Address:	8 Snow Road
City, State, Zip	Winchester, NH 03470
Phone Number:	(603) 239-6355

Type of Service:	Long Term Care Facility
Name:	Cedar Crest
Address:	91 Maple Avenue
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 358-3384

Type of Service:	
Name:	
Address:	
City, State, Zip	
Phone Number:	

Type of Service:	
Name:	
Address:	
City, State, Zip	
Phone Number:	

Type of Service:	
Name:	
Address:	
City, State, Zip	
Phone Number:	

Appendix 10: Short-Term Evacuation Plan

Enter the information requested below. Describe the center's plan for short-term evacuation procedures. Consider custody issues for patients in specialty care units, accountability process for visitors and vendors, maintaining clear approach areas for emergency equipment and personnel, and a communication plan when developing these procedures.

Short-term evacuation will be used if immediate evacuation of the center is needed for safety considerations (e.g. the structural integrity of the building is compromised or there is an active fire in the center). Employees, staff, and residents will gather at established meeting spaces outside the center. Choose gathering points away from where emergency personnel will be responding to the center. Plan to use cell phones to communicate the short-term evacuation activation to the MP, transportation services, short-term evacuation site, and the long-term evacuation sites to indicate a long-term evacuation is possible. Plan for no re-entry to the building until it is determined it is safe to do so.

(Note: While areas such as school gymnasiums and churches are not good evacuation sites for a long-term evacuation, they may be used if the structural integrity of the center is compromised. If it is determined a long-term evacuation is necessary, follow the center's plan for evacuation using the short-term evacuation area as the sending center.)

PLAN: Designate area of short-term evacuation site for cohorting contagious patients or use these areas for healthcare providers caring for contagious patients to minimize disease transmission to uninfected patients.

Meeting Place 1: Cedarcrest

Meeting Place 2: _____

Transportation Services: Diluzio, Adventure Limousine

Potential Locations: Local stop over location agreement with Cedarcrest on Maple St.

Additional Information:

Appendix 1: Triage of Casualties (update 1/15/2017)

Instructions:

In the event of an internal or external disaster resulting in injuries, all casualties will be triaged using the priority Mass Casualty criteria and tags identified below. The Director of Nursing and Medical Director or designees will coordinate the process in collaboration with emergency personnel. Where appropriate, victims from external disasters will be triaged at the ambulance entrance.

Priority 1 Immediate (Red): Serious, but salvageable life threatening injury/illness

Victims with life-threatening injuries or illness (such as head injuries, severe burns, severe bleeding, heart-attack, breathing-impaired, internal injuries) are assigned a priority 1 or "Red" Triage tag code (meaning first priority for treatment and transportation).

Priority 2 Secondary (Yellow): Moderate to serious injury/illness (not immediately life-threatening)

Victims with potentially serious (but not immediately life-threatening) injuries (such as fractures) are assigned a priority 2 or "Yellow" (meaning second priority for treatment and transportation) Triage tag code.

Priority 3 Delayed (Green): 2 types

- Victims who are not seriously injured, are quickly triaged and tagged as "walking wounded", and a priority 3 or "green" classification (meaning delayed treatment/transportation). Generally, the walking wounded are escorted to a staging area out of the "hot zone" to await delayed evaluation and transportation.
- Delayed also includes those victims with critical and potentially fatal injuries or illness, indicating no immediate treatment or transportation.

Priority 4 Deceased (Black):

Victims who are found to be clearly deceased at the scene with no vital signs and/or obviously fatal injuries are classified as deceased or priority 4 (Black) in the triage coding system.

Planned Triage Locations

After triage, casualties will be moved to the following locations for treatment, evaluation, and transportation, as appropriate:

Priority 1: Library holding area

Priority 2: Library holding area and rehab department

Priority 3: Dining room-due to its size and location

Priority 4: Unit lounge or holding area on first floor

Appendix 12: Emergency Supplies and Location of Critical Equipment

Instructions: Enter the location of emergency supplies; add additional items as necessary.

ITEM	LOCATION
Radio (transistor) weather / radio alert	reception
Flashlight / Glow Sticks (extra batteries and bulbs)	nursing units
Self-stick tags for identification purposes	nursing units
Basic tool kit (hammer, pliers, screwdriver(s), knife, etc.)	<i>maintenance department</i>
Shovel(s)	maintenance dept and shed
Drinking water supply per contract	dietary
Disposable eating equipment	dietary
Food, emergency supply	dietary
Waterless hand cleaner	medical storage
Respirators, gowns, gloves and masks	medical storage
Linens, blankets, adequate in case of power failure	laundry dept
Emergency first-aid kit	nursing
Trash Bags	laundry
Log or tablet to list residents/patients/employees leaving the Center	reception & nursing
Incontinent supplies (briefs), disposable wash cloths	medical storage
Room thermometers	maintenance
Blood pressure cuffs	nursing
Stethoscopes	nursing
Mass Casualty Tags (red, yellow, green, blue, black)	
Policy and procedure manuals	online
Personal protective equipment	nursing
MSDS	maintenance
Master keys	

FIRE EXTINGUISHERS	LOCATION
1st floor	dining room, kitchen, utility hall, reception, rehab, activities
2nd floor	near oxygen room, north and south ends

Appendix 13: Surge Capacity

Instructions: Enter information into the table as prompted below.

This analysis assists the center in determining the maximum number of patients that may be accommodated if the center is asked to expand services through the local EMS or to meet the terms of a Memorandum of Understanding (MOU) with another provider.

Location	Number of Possible Additional Beds (Based on 70 Sq. Ft./Bed)	Priority Level of the Area (from least desirable to most (Scale: 1 – 10)	Comments (Ex: Possible Isolation Area or Specialty Area)
Private Rooms Which Can Accept Additional Beds	N/A-0		
Semi-Private Rooms Which Can Accept Additional Beds	N/A-0		
Additional Bed Space Dining Rooms	1st floor DR =10	10	
Additional Bed Space Activities Room	remove table=5	5	
Additional Bed Space Rehab Gym	move tables =4	5	
Additional Bed Space Corridor Ends			
Additional Bed Space Lounge Area			
Additional Bed Space Specialty Areas (Ex: Dementia Unit)	Library=4	10	
Additional Bed Space Other Areas			
Other	Conference room=3	8	
Total Additional Beds (Surge Capacity)	26		

Appendix 14: Emergency Water Supply

Instructions: Enter information into the table as prompted below.

1. Potable Water Contract Information

Company: Garelick Farms
Address: Farm Road
City: Boston
State: MA
Zip: 02010
Contact Person: _____

2. Emergency Water Supply

The center may prioritize use of water for activities as follows:

- i. Drinking
- ii. Medicating
- iii. Dietary use
- iv. Personal hygiene
- v. Waste water (mopping)

The Red Cross, FEMA and USGS recommend an emergency supply of one gallon of water per person, per day. The center has calculated this need as follows:

- Total bed capacity = 128 + 80 Total approximate expected staff per day =
208 Total people
- Total people X 3 days = 624 gallons of water

The center's water source amounts and locations are as follows (enter applicable amounts and sites):

a. Primary

- i. 700 gallons bottled water
Location(s): Basement
- ii. _____ gallons water in barrels. Location(s): _____
- iii. _____ gallons in ice machine(s) Location(s): _____
- iv. TOTAL: _____ gallons*
(*Note: should meet or exceed gallons calculated in # 2, Above)

b. Secondary

- i. _____ gallons in water heaters. Location: _____
- ii. _____ gallons in toilet tanks.
- iii. _____ gallons in other _____. Location: _____

iv. _____ms in other _____. Location: _____

Appendix 15: Utility Shut-Off Procedures

In the event of utility disruption, call the Administrator and Maintenance Director immediately. The Administrator or designee will be responsible for notifying the appropriate state agencies, as required. Enter the information required below.

Utility Shut-Off Locations

1. Water: Boiler Room
2. Electricity: Electrical Room
3. Gas: Electrical Room
4. Heat: Boiler Room
5. Fire Sprinkler System: Boiler Room
6. Oxygen Room: 2nd floor, 3rd floor
7. Oxygen Manifold Shutoff: Not applicable

Generator/Battery System

The generator may be used in emergency situations.

Generator Location: Basements

Extra Fuel Storage Location: N/A

Location of generator Start Up Procedures: Basements

In an emergency situation, the following individuals have the authority to “shut off” the utilities:

Administrator, Maintenance Director, Incident Commander, Maintenance Assistant

Use diagrams and instructions on the shut off valves, utility controls to explain and use each utility shut-off.

For centers that maintains an onsite fuel source to power the emergency generator(s), insert the contract with a vendor to supply fuel in an emergency to keep the emergency generator operational for the duration of the emergency. (INSERT CONTRACT FOLLOWING THIS PAGE.)

Appendix 16: Potential Explosives List

Instructions: Enter all potential explosives and current location.

ITEM	LOCATION
Oxygen Storage	2nd and 3rd floor
Generator Fuel	outside building to the east
Gasoline/additional fuel	storage shed outside maintenance (metal shed)
Chemical Closet	Maintenance Department

Appendix 17: Special Care Unit Fire Procedure

The purpose of this section is to plan for the safety of Specialty Care Unit (SCU) residents in case of a fire or fire drill. Insert the required information below. *Due to the profile of the SCU residents, procedures may vary from routine center policy.*

In case of a fire or fire drill in any other zone in the building (outside of the SCU):

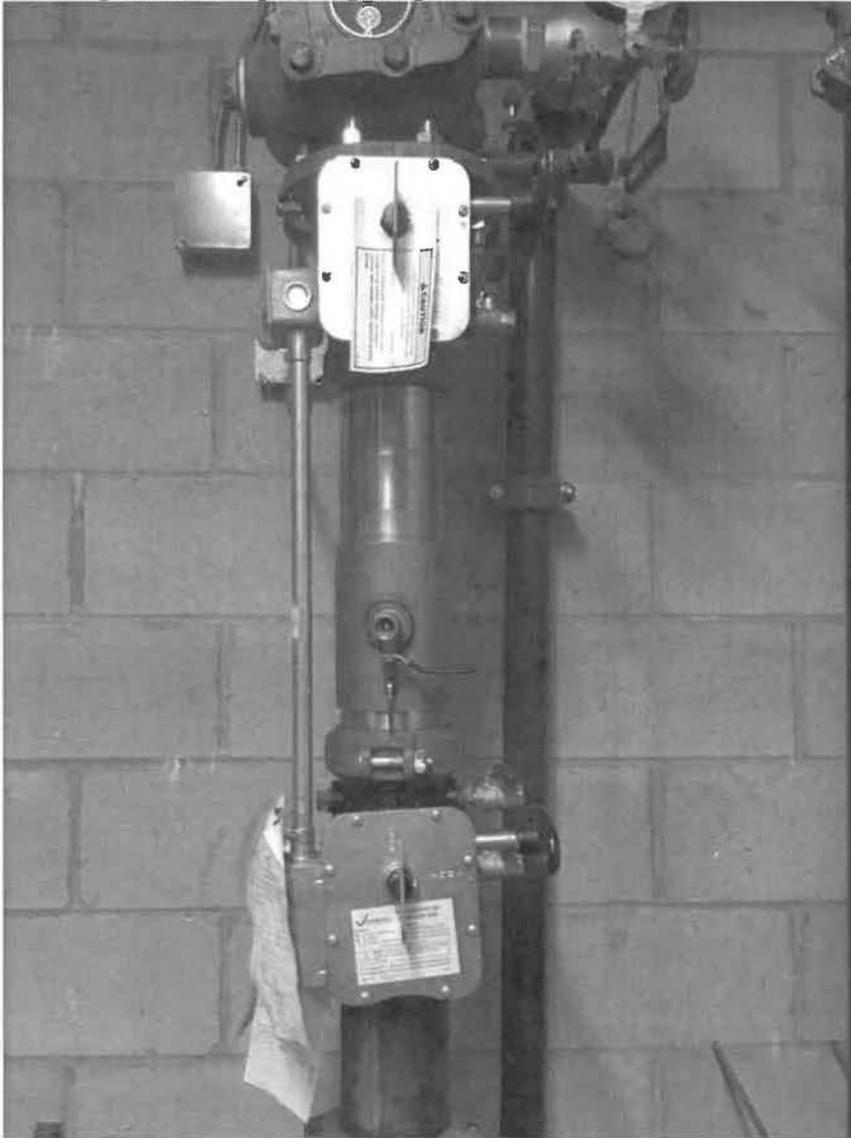
- All SCU residents who are not in bed will be kept together in a specific area.
- SCU staff close all doors in the unit and stay with SCU residents.
- Any residents who are in bed will remain in bed with the room door closed until all clear.

If fire or fire drill is in the SCU:

- SCU staff close all doors to rooms.
- SCU staff move residents past fire doors to safe area.
- SCU staff remain with the SCU residents until all clear.
- If residents are in bed, staff move residents potentially in immediate danger to safe area.

Appendix 18: Fire Sprinkler System Shut-Off Procedures

Instructions: Insert the center's fire sprinkler system's shut-off procedures using pictures and diagrams for explaining the procedure.



Appendix 19: Fire Alarm Reset Procedures

Insert the center's fire alarm shut-off procedures. Use pictures and/or diagrams to help provide a detailed explanation.

**Main Fire Alarm Panel inside the electrical room.
Fire Dept and Maintenance Staff use only to silence, reset and maintain/acknowledge the fire alarm and emergency condition.**

If fire alarm is activated, due to malfunction or fire, the fire department will reset and shut off.

**Reset procedure:
Silence Alarm, Hit Reset in manual controls.**



Appendix 20: Security Plan

This form is used to describe the center’s plan for access and perimeter security. Instructions: Enter the location of entrances and exits and the security plan for each in the table below.

Entrance/ Exit Location	Used by/ Purpose	Restricted access (Keypad/ lock)		Frequency of entry code change	Type of alarm system	Current signs on door?	Locked/ Open Days/Times		Lighting Evaluation *	Comments and/or Corrective Actor
		YES	NO							
<i>Example: Kitchen Backdoor (by ramp)</i>	<i>Employees to take out trash; supply vendors.</i>	Y		<i>Monthly, Qtrly</i>	<i>Wander-guard, Watch Mate, IBI, or Catchall.</i>	<i>Marked as exit, no sign on outside of door</i>	<i>Daily</i>	<i>5:00 a.m. – 8:00 p.m.</i>	<i>Adequate</i>	
Main Entrance	employees, visitors	Y		As needed	wanderguard	Exit	daily	8am-6 pm	adequate	
utility hall-1st floor, house keeping, central supply, kitchen	exit only		N	N/A	None	None	interior open daily		adequate	
2nd and 3rd floor stairs-north & south	exit only	Y		as needed	wanderguard	Exit	always locked		adequate	
2nd and 3rd floor stairs-central	employees	Y		as needed	wanderguard	Exit	always locked		adequate	
1st floor-North & south	exit only	Y		as needed	wanderguard	Exit	always locked		adequate	
1st floor dining room	exit only	Y		as needed	wanderguard	Exit	always locked		adequate	

Appendix 20: Security Plan

Lighting Evaluation: When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting and remove brush or debris to eliminate shadowed areas.

Interior Building Security:

Describe what the center has in place for stairwell protection (if applicable). Included in the description may be door security alarms/keypads, persons responsible for updating/changing entry codes, CCTV cameras and how the system is monitored, or other systems used for stairwell protection.

Front door live video monitoring that is on 24/7 that may be viewed at the 2nd Floor nursing station when staff are present

Front Doors are electronically locked at 9:30 PM and reopen electronically at 5:30 AM. Other exterior doors are locked and secured after hours. Most exterior doors and stairwell doors are secured via magnetic locks tied into our Secure Care wandering system. All Magnetic doors release with an audible local alarm sounding if appropriate pressure is applied for 15 seconds.

Lighting Adequacy- When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting to eliminate shadowed or dark areas.

Describe the check-in procedures for visitors and how identification badges for employees and/or visitors being used.

All employees have identification badges that they are required to wear while on duty. Visitors are strongly encouraged to sign in at the front entrance sign-in Log.

Appendix 20: Security Plan

Describe how the following are used for Resident-Specific Security:

Security measures for special units.

No special units.

- Resident Elopement Wander Guards.
- Electronic alarms systems such as door alarms.
- Communication call bells.

Wanderguard system, locked doors with keypad entry after 6pm.

Wander system near elevators, center stairs, at front door and all 1st floor exits. Tap bells and hand bells.

Communication call bells.

Visitor Log Protocol.

All visitors are screened and checked in at the reception desk upon arrival.

Appendix 21: **LOPEMENT DRILL DOCUMENTATION FORM**

Drill Date and Time: _____ Unit: _____

Check all that apply:

___ Nurse alerts all staff of missing resident with plain, simple language. For example, “Medical Alert: We are activating Missing Patient protocols. The resident was last seen at (location).” This alerts all staff that a formal search is underway. Repeat this message 3 times.

___ Each unit sends a person to the unit that announced the code to learn the name and description of the missing resident.

___ A person is designated as the House Person in Charge (HPIC) of the search. The HPIC coordinates the search so that the in-house and outside searches occur at the same time.

___ Each unit charge nurse directs in-house staff to search room to room and all potential areas of the Center: resident rooms, closets, under beds, shower rooms, utility rooms, offices, dining rooms, stairwells, laundry, kitchen, bathrooms, dayrooms/lounges, courtyards, and employee lounges.

___ HPIC assures all areas/floors of the building are searched.

___ During open kitchen hours, dietary staff search the kitchen and related areas, including walk-in refrigerators/freezers.

___ During closed kitchen hours, the HPIC assigns a staff member to search the kitchen and related areas.

___ HPIC sends two staff members outside to search the grounds.

___ Outside searchers go out the front door (or door designated by HPIC), one to the left and one to the right, search the building perimeter and grounds, and meet at the back door.

___ If one does not arrive at the back door, the other staff member proceeds to that staff member in case help was needed.

___ Both staff members return into the building together.

___ All unit, kitchen, and grounds search findings are reported to the HPIC immediately.

___ Staff are able to verbalize what to do if resident is not located by the end of the search.

___ Staff are able to verbalize documentation and follow-up requirements.

Comments:

Plan of Correction (if indicated):

Signature of Person Conducting Drill: _____

Appendix 22: Succession Plan

During an emergency, the center's highest-ranking individual serves as the acting Incident Commander until the Administrator/Designee arrives. This person immediately contacts the Administrator/Designee.

When on-site, the Administrator/Designee is the Incident Commander and is updated on the situation by the acting Incident Commander. In the absence of the Administrator, The Director of Nursing (DON) acts as the Incident Commander. In the absence of the Administrator and DON, the following team members act as the Incident Commanders, in priority order.

Administrator Name: Michael Johnson

DON Name: Lisa Kopcha

Incident Commanders in absence of Administrator and DON:

Name and Title: Andy Mackey, Maintenance Supervisor

Name and Title: Melanie Gorecki, Infection Control

Name and Title: Elizabeth Duquette, Skin Team Lead

Appendix 23. Description of Center Patient/Resident Population
(Insert from or Refer to Center Facility Assessment.
See OPS 161, Facility Assessment for details.)

Appendix 24: Annual Review and Sign-Off

This EPP has been reviewed, with changes noted, and approved by the Safety Committee and Administrator:

Safety Committee Chairman Name: Andy Mackey

Safety Committee Chairman Signature and Date: _____

Administrator Name: Michael Johnson

Administrator Signature and Date: _____

Appendix 26. Insertions from Compliance Guide Completed Tasks

Instructions: After this page, insert the following completed documents from the Emergency Preparedness Compliance Guide:

- 1. Resident Council Minutes indicating dates/times of presentations of the EPP.**
- 2. Contact with Local Emergency Management Services (EMS) Form.**
- 3. Community-Based Drill After Action Report**
- 4. Training Acknowledgement Forms (Staff)**
- 5. Tabletop Exercise**

Exhibit 1: Food and Nutrition Services – Sample Emergency Menu, Level 1: No Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk
	3/4 cup	Cold Cereal	Cold Cereal, Moistened	Cream of Wheat or Rice 1/2 cup	Cream of Rice 1/2 cup
	1/4 cup	Cottage Cheese	Cottage Cheese	Puree Cottage Cheese 1/2 #10 scoop	Cottage Cheese
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	1-1/2 cup	Beef Stew, Cnd	Beef Stew, Cnd, Ground	Puree Beef Stew, Cnd	GF Peanut Butter & Jelly Sandwich 1 each
	1/2 cup	Seasoned Green Beans	Seasoned Green Beans	Puree Seasoned Green Beans 1 #10 scoop	Seasoned Green Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	1 each	Tuna Salad Sandwich	Plain Tuna Salad on Wheat	Puree Tuna Salad, Puree Bread 1 serving	GF Tuna Salad Sandwich
	1/2 cup	Seasoned Beets	Seasoned Beets	Puree Seasoned Beets 1 #8 scoop	Seasoned Beets
	2 each	Assorted Cookies	Puree Sugar Cookies 1 #16 scoop	Puree Sugar Cookies 1 #16 scoop	GF Cookies
	1/2 cup	Lemonade	Lemonade	Lemonade	Lemonade
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered.

Level 2, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk
	1/2 cup	Hot Cereal	Hot Cereal	Cream of Wheat	Cream of Rice
	1/4 cup	Scrambled Egg	Scrambled Egg	Puree Scrambled Egg 1 #12 scoop	Scrambled Egg
	1 slice	Wheat Toast	Wheat Toast, No Crust	Puree Warm Bread 1 #12 scoop	GF Toast
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	1 each	Roasted Chicken	Roasted Chicken, Grd, Moistened 1 #12 scoop	Puree Roasted Chicken 1 #12 scoop	Roasted Chicken
	1/2 cup	Mashed Potatoes	Mashed Potatoes	Mashed Potatoes	Fresh Mashed Potatoes
	1/2 cup	Scalloped Tomatoes	Scalloped Tomatoes	Puree Seasoned Green Beans 1 #10 scoop	Seasoned Green Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Ice Cream/Pudding	Smooth Ice Cream/Pudding	Smooth Ice Cream/Pudding	GF Pudding
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	3/4 cup	Soup, Cnd	Puree Soup, Cnd	Puree Soup, Cnd	
	2 packet	Saltines			
	1 each	Grilled Cheese Sandwich	Grilled Cheese Sandwich, No Crust	Puree Grilled Cheese Sandwich 1 serving	GF Grilled Cheese Sandwich
	1/2 cup	Three Bean Salad	Plain Three Bean Salad	Puree Three Bean Salad 1 #8 scoop	Fresh Three Bean Salad
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered.

Level 3, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free	
BRK	3/4 cup	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	Juice, Assorted-Bulk	
	1/2 cup	Hot Cereal	Hot Cereal	Cream of Wheat	Cream of Rice	
	1 each	Hard Cooked Egg	Scrambled Egg 1/2 cup	Puree Scrambled Egg 1 #12 scoop	Scrambled Egg 1/2 cup	
	1 slice	Wheat Toast	Wheat Toast, No Crust	Puree Warm Bread 1 #12 scoop	GF Toast	
	1 each	Margarine	Margarine	Margarine	Margarine	
	1 each	Jelly	Jelly	Jelly	Jelly	
	1 cup	Milk	Milk	Milk	Milk	
LUN	2 ounce	Baked Ham	Baked Ham, Grd, Moistened	Puree Baked Ham 1 #12 scoop	Baked Ham	
	1/2 cup	Sweet Potatoes	Sweet Potatoes	*Puree Sweet Potatoes 1 #10 scoop	Sweet Potatoes	
	1/2 cup	Wax Beans	Chopped Wax Beans	Puree Wax Beans 1 #10 scoop	Wax Beans	
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread	
	1 each	Margarine	Margarine	Margarine	Margarine	
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd	
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch	
	1/2 cup	Milk	Milk	Milk	Milk	
DIN	1 each	Sliced Meat Sandwich	Sliced Meat Sandwich, Ground, Moistened	Puree Sliced Meat Sandwich	GF Sliced Meat Sandwich	
	1 packet	Mustard	Mustard	Mustard	Mustard	
	1/2 cup	Baked Beans	Mashed Baked Beans	Puree Baked Beans 1 #10 scoop	Seasoned Green Beans	
	2 each	Assorted Cookies	Puree Sugar Cookies 1 #16 scoop	Puree Sugar Cookies 1 #16 scoop	GF Cookies	
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch	
	1/2 cup	Milk	Milk	Milk	Milk	
S3	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 1/2 cup	GF Pudding 1/2 cup	
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch	

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered

Exhibit 2. Sample Emergency Snack M 1

Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
2 each	*Assorted Cookies	*Puree Sugar Cookies 1 #16 scoop	*Puree Sugar Cookies 1 #16 scoop	GF Cookies
1 each	Chocolate Cream Cookie (S)	Choc. Cream Cookies (S)	Puree Choc. Cream Cookies 1 #16 scoop	GF Cookies
1 each	Oatmeal Crème Cookie (S)	Oatmeal Crème Cookie (S)	Puree Oatmeal Crème Cookie 1 #16 scoop	GF Cookies
1 packet	*Graham Crackers (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	GF Cookies
4 each	Vanilla Wafers	Puree Vanilla Wafers 1 #24 scoop	Puree Vanilla Wafers 1 #24 scoop	GF Cookies
1 ounce	Cheese Crackers (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	GF Cookies
1 ounce	Cheese Puffs	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
1 ounce	Pretzels (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
4 packet	Saltines (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
1/2 cup	Applesauce	Applesauce	Applesauce	Applesauce
1/2 cup	Mandarin Oranges	Mandarin Oranges 1/2 cup	Puree Mandarin Oranges 1 #10 scoop	Mandarin Oranges
1/2 cup	Peaches	Peaches	Puree Peaches 1 #10 scoop	Peaches
1/2 cup	Pears	Pears	Puree Pears 1 #10 scoop	Pears
1/2 cup	Pineapple Tidbits	Crushed Pineapple	Puree Pineapple 1 #10 scoop	Pineapple Tidbits
1 each	Fresh Apple	Applesauce 1/2 cup	Applesauce 1/2 cup	Fresh Apple
1 each	Banana	Chopped Banana 1/2 cup	Mashed Banana 1/2 cup	Banana
1/2 cup	Cantaloupe	Soft Chopped Cantaloupe 1/2 cup	Puree Cantaloupe 1 #10 scoop	Cantaloupe
1/2 cup	Grapes	Applesauce	Applesauce	Grapes
1 each	Fresh Orange	Mandarin Oranges 1/2 cup	Puree Mandarin Oranges 1 #10 scoop	Fresh Orange
1/2 cup	Watermelon	Chopped Watermelon 1/2 cup	Puree Watermelon 1 #10 scoop	Watermelon
1/2 cup	Apple Juice	Apple Juice	Apple Juice	Apple Juice
1/2 cup	Orange Juice	Orange Juice	Orange Juice	Orange Juice
1/2 cup	Cranberry Juice	Cranberry Juice	Cranberry Juice	Cranberry Juice
1/2 cup	Lemonade	Lemonade	Lemonade	Lemonade
1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
1/2 cup	Smooth Yogurt	Smooth Yogurt	Smooth Yogurt	Smooth Yogurt
1/2 cup	Smooth Pudding	Smooth Pudding	Smooth Pudding	GF Pudding

NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. RESIDENT TRACKING MANAGER:	
5. RESIDENT EVACUATION INFORMATION			

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FACILITY TRANSFER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TEMP. SHELTER						

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FACILITY TRANSFER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TEMP. SHELTER						

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FACILITY TRANSFER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TEMP. SHELTER						

6. CERTIFYING OFFICER:	7. DATE/TIME SUBMITTED:
-------------------------------	--------------------------------

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION
 ORIGINATION: OPERATIONS BRANCH
 COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER



NHICS FORM 260 | INDIVIDUAL RESIDENT EVACUATION TRACKING FORM

1. FACILITY NAME:		2. DATE:	
3. UNIT:			
4. RESIDENT NAME:		5. AGE:	
6. MEDICAL RECORD #:		7. SIGNIFICANT MEDICAL HISTORY:	
8. ATTENDING PHYSICIAN:			
9. FACILITY NOTIFIED:		CONTACT INFORMATION:	

10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):			
<input type="checkbox"/> HOSPITAL BED <input type="checkbox"/> GURNEY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> AMBULATORY <input type="checkbox"/> SPECIAL MATTRESS	<input type="checkbox"/> IV PUMPS <input type="checkbox"/> OXYGEN <input type="checkbox"/> VENTILATOR <input type="checkbox"/> BLOOD GLUCOSE MONITOR <input type="checkbox"/> RESPIRATORY EQUIPMENT	<input type="checkbox"/> SERVICE ANIMAL <input type="checkbox"/> G TUBE PUMP <input type="checkbox"/> MONITOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER	<input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER
ISOLATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE:	_____

11. DEPARTMENT LOCATION	
ROOM#:	TIME:
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY:	
MEDICAL RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
VALUABLES:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
MEDICATIONS:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE

12. ARRIVING LOCATION	
ROOM#:	TIME:
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY:	
MEDICAL RECORD RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUABLES RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICATIONS RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

13. SPECIAL CONSIDERATIONS			
TIME TO STAGING AREA:		TIME DEPARTING TO RECEIVING FACILITY:	
DESTINATION:		ARRIVAL TIME:	
TRANSPORTATION:	<input type="checkbox"/> AMBULANCE UNIT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____		
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID BAND CONFIRMED BY:	

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR EACH RESIDENT TRANSFERRED TO ANOTHER FACILITY
 ORIGINATION: OPERATIONS SECTION – ADMIT/TRANSFER & DISCHARGE UNIT
 ORIGINAL TO: RECEIVING FACILITY
 COPIES TO: PLANNING

NHICS 260
 PAGE ___ of ___
 REV. 1/11

Exhibit 5: NHICS FORM 251: CENTER STATUS REPORT

1. INCIDENT NAME:		2. CENTER NAME:	Keene Center
3. DATE PREPARED:		4. TIME PREPARED :	
		5. OPERATIONAL PERIOD:	

SYSTEM STATUS CHECKLIST		
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
FAX	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NURSE CALL SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PAGING – PUBLIC ADDRESS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RADIO EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SATELLITE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM – CELL	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
VIDEO-TELEVISION-INTERNET-CABLE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
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SYSTEM STATUS CHECKLIST (CONTINUED)

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FIRE DETECTION/SUPPRESSION SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FOOD PREPARATION EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ICE MACHINES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
DIETARY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

SYSTEM STATUS CHECKLIST (CONTINUED)		
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SURVEILLANCE CAMERAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SANITATION SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NATURAL GAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
AIR COMPRESSOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ELECTRICAL POWER, BACKUP GENERATOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELEVATORS/ESCALATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OXYGEN	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PNEUMATIC TUBE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STEAM BOILER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SUMP PUMP	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WELL WATER SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER HEATER AND CIRCULATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

Exhibit 6: NHICS FORM 259 | MASTER CENTER CASUALTY/FATALITY REPORT

1. INCIDENT NAME:		2. CENTER NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	
5. REPORTED CASUALTY/FATALITY			
RESIDENT NAME:		MEDICAL RECORD #:	
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
RESIDENT NAME:		MEDICAL RECORD #:	
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
RESIDENT NAME:		MEDICAL RECORD #:	
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
RESIDENT NAME:		MEDICAL RECORD #:	
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
RESIDENT NAME:		MEDICAL RECORD #:	
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME



Exhibit 7: NHICS FORM 252 | SECTION PERSONNEL TIME SHEET (STAFF TRACKING SHEET)

6. FACILITY NAME:		Keene Center								
7. FROM DATE/TIME:					8. TO DATE/TIME:					
9. SECTION:					10. TEAM LEADER:					
11. TIME RECORD										
#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/ RESPONSE FUNCTION	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	SIGNATURE	TOTAL HOURS		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
1. CERTIFYING OFFICER:									2. DATE/TIME SUBMITTED:	

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY, INCLUDING VOLUNTEERS

NHICS 252

Exhibit 8: NHICS FORM 253 | VOLUNTEER STAFF REGISTRATION

12. FACILITY NAME:		Keene Center				
13. FROM DATE/TIME:			14. TO DATE/TIME:			
15. REGISTRATION						
NAME (LAST NAME, FIRST NAME)	ADDRESS (INCLUDE CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER	TELEPHONE	CERTIFICATION/ LICENSURE & NUMBER	REFERENCE CHECK	SECTION ASSIGNMENT
16. CERTIFYING OFFICER:			17. DATE/TIME SUBMITTED:			

Exhibit 9. **PIDEMIC PREPAREDNESS CHECKLIST**

	Person Responsible	Date Completed
Planning and Decision Making		
Administrator/Executive Director is responsible for preparedness planning		
Create a multidisciplinary planning committee to include administration, medical director, nursing, reception, environmental, and others as needed; meet a minimum of monthly to evaluate your plan		
Incorporate epidemic preparedness into your Emergency Preparedness plan		
Develop plan to ensure that patient identification is on all patients/residents		
Complete the Emergency Numbers and Contacts List (refer to <i>Emergency Preparedness Plan: Attachment C</i>)		
➤ Include local, regional, or state emergency preparedness groups		
Prepare updated employee contact list		
Ensure Test Kit is available, as indicated (i.e., Influenza)		
Communications		
Designate a person who will be responsible for daily monitoring of updates (i.e., GHC Flu page) and internal communications to staff, patients, and responsible parties		
Establish a system for communication with patients and families		
Maintain a list or database for patients' regular clinic, physician, or dialysis appointments in order to cancel non-essential appointments		
Education		
The Nurse Practice Educator/Practice Development Specialist or designee is responsible for coordinating education		
In-service all staff on Emergency Preparedness (may also refer to <i>Influenza Preparedness PowerPoint, if applicable</i>)		
In-service staff on infection control procedures and precautions, respiratory hygiene/cough etiquette		
Infection Control		
Post signage (Respiratory Hygiene/Cough Etiquette, Hand Hygiene, visitor sign in reception area)		
Implement respiratory hygiene/cough etiquette throughout the facility, as necessary		
Develop a plan for cohorting patients		
➤ Discuss with VPMA and CQS if facility will confine all affected patients to one area, close off wings that are affected, or just confine sick patients and their roommates to their rooms		
Implement surveillance of targeted epidemic illness cases in the facility per Infection Control policies		
Collect information on:		
➤ Incoming patients – confirmed or suspected targeted epidemic cases		
➤ Number of new cases of targeted epidemic illness within the facility		
Report confirmed or suspected cases of targeted epidemic illness to the VPMA		
General Staff Management		
Develop plan for 100% vaccination of staff, if applicable; Administrator/ED and/or DON/RCD will have a personal conversation with staff who decline vaccination		
In collaboration with Area leadership, develop plan for 30% absenteeism; submit plan to MP		

	Person Responsible	Date Completed
<ul style="list-style-type: none"> ➤ Number and categories of personnel needed to keep facility open or take patient overload ➤ Conduct a daily assessment of staffing status (refer to <i>Daily Review Form</i>) ➤ Develop plan for work/rest schedule as needed (i.e., place to sleep when extended work hours are necessary) 		
Avoid floating staff if possible		
Educate staff to self-assess and report symptoms that they may be having before reporting to work		
Educate staff to develop a child care plan for school closings		
Review guidelines for <u>Altered Standards of Care</u>		
Discuss with staff the possibility of helping with essential patient care at times of severe staffing shortages		
Sick Staff		
Follow protocols for sick staff: <ul style="list-style-type: none"> ➤ Employees who develop symptoms during work hours should be sent home ➤ Employees who have been ill but are recovered may provide care to patients 		
Alternative Staff		
If needed discuss use of alternative staff with SVP, VPMA and VPCO. Develop plan for use of employees not usually involved in patient care to perform basic patient care with supervision (Refer to <i>Alternative Staff Guidelines</i>)		
Influx of Infectious Patients		
Develop plan for patients requiring hospitalization <ul style="list-style-type: none"> ➤ Patient transport ➤ Lists of hospitals with contact information 		
Develop plan to accommodate overcrowding and to ensure that an inflow of infectious patients does not overstretch the facility's resources <ul style="list-style-type: none"> ➤ Capacity of facility ➤ Number of empty beds/cots ➤ Patient care equipment ➤ Availability of treatment options ➤ Availability of vaccine and antiviral drugs ➤ Staffing resources 		
Develop strategies to aid hospitals by admitting non-influenza patients not affected		
Environment		
Address whether adequate storage is available for additional supplies, e.g., water, food, medical supplies		
Make arrangements for additional storage, if needed		
Store adequate supplies/equipment (located in appropriate areas of building)		
For droplet precautions, position beds are at least three feet apart if setting up alternate bed areas		
Food Service		
Provide emergency food and disposable supplies are maintained		
Maintain hard copy of resident roster from Tray Tracker		
Develop staffing plans for full-day shifts (12 to 16 hours)		

Exhibit 10. DAILY SYMPTOM SCREENING FORM

INSTRUCTIONS: Use this form during an outbreak to screen **all** new admissions, re-admissions, staff, visitors, and vendors for symptoms of the illness before reporting to duty. Fill in specific symptoms monitored in the associated columns below. If staff report with symptoms meeting the clinical criteria, recommend follow-up treatment and send them home. (Note: this form may be modified based on specific outbreak.)

Name of Screener			Title						
Date	Name	Time	Symptoms			Status			
			Temperature	_____	_____	_____	OK to work/visit	Exclude from duty/visit	Screener initials
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
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				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

Temperature <100°F, OK to work/visit.

Temperature >100°F with any of above symptoms, exclude from duty/visit.

Exhibit 11. ALTERED STANDARDS OF CARE (ASC) FOR EPIDEMIC/PANDEMIC

In most cases, the order to use ASC will be initiated by state authorities. Following a declaration by the Governor that there is an emergency which is detrimental to the public health, the DPH/HHSD may order adherence to ASC priorities and protocols.

Principles for Allocation of Limited Resources and ASC Protocols

Priority for limited medical resources and ASC protocols will be based upon the allocation of scarce resources to maximize the number of lives saved. This allocation will be:

1. Determined on the basis of the best available medical information, clinical knowledge, and clinical judgment;
2. Implemented in a manner that provides equitable treatment of any individual or group of individuals based on the best available medical information, clinical knowledge, and clinical judgment;
3. Implemented without discrimination or regard to sex, sexual orientation, race, religion, ethnicity, disability, age, income, or insurance status.

ASC protocols will recognize:

- Any changes in practices necessary to provide care under conditions of scarce resources or overwhelming demand for care
- An expanded scope of practice for health care providers
- The use of alternate care sites, at facilities other than health care facilities
- Reasonable, practical standards for documentation of delivery of care

Individual Rights

Civil liberties and patients' rights will be protected to the greatest extent possible; however, it is recognized that the protection of the public health may require limitations on these liberties and rights during an epidemic.

Provider Liability

Health care providers who provide care in accordance with the priorities and ASC protocols, including care provided outside of their scope of practice or scope of license, will be considered to have provided care at the level at which the average, prudent provider in a given community would practice.

Priority Activities for ASC

The term "altered standards" has not been defined, but generally is assumed to mean a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on saving individuals. For example, it could mean applying principles of field triage to determine who gets what kind of care. It could mean changing infection control standards to permit group isolation rather than single person isolation. It could also mean changing who provides various kinds of care or changing privacy and confidentiality protections temporarily.

Because there are no nationally defined altered standards of care, Genesis HealthCare has established the priorities listed below. However, state/federal authorities are in the process of developing altered standards of care which may supersede Genesis priorities.

Nursing:

- Basic personal hygiene
- Use of hospital gowns for residents as opposed to personal clothing to reduce laundry
- Turning
- Toileting
- Feeding
- Medication Pass
- Critical documentation only – fever, change in condition, incidents

Housekeeping:

- Focus on high-touch surfaces such as tabletops, side rails, door knobs, telephones, time clocks, faucets, etc.

Dietary:

- Minimum nutritional requirements for three meals a day
- Therapeutic diets will be evaluated on an individual basis
- Essential documentation only

Social Services:

- Limit activities to current pandemic issues
- Essential documentation only

Laundry:

- Additional shifts may be needed to handle increased demands

Maintenance:

- Suspend preventive maintenance activities to reallocate resources

Recreation Services:

- Suspend activities to reallocate resources

Admissions:

- Limited to only those associated with the epidemic
- Consider marketing personnel reallocation to local centers

Business Office, Human Resources, Central Supply, Medical Records, Clerical Functions:

- Limit to essential functions only to reallocate resources

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> • Decision Criteria for Executing Plan: Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.
			<ul style="list-style-type: none"> • Communication Infrastructure Contingency: Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).
			<ul style="list-style-type: none"> • Develop Shelter-in-Place Plan: Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc. - Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. - Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. - Sufficient resources are in supply for sheltering-in-place for at least 7 days, including: <ul style="list-style-type: none"> - Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel - An adequate supply of potable water (recommended amounts vary by population and location) - A description of the amounts and types of food in supply - Maintaining extra pharmacy stocks of common medications - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) - Identifying and assigning staff who are responsible for each task - Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days - Contract established with multiple vendors for supplies and transportation - Develop a plan for addressing emergency financial needs and providing security
			<ul style="list-style-type: none"> • Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) - Multiple pre-determined evacuation locations (contract or agreement) with a "like" facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. - Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established - Adequate food supply and logistical support for transporting food is described.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> - The amounts of water to be transported and logistical support is described. - The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse. - Procedures for protecting and transporting resident/patient medical records. - The list of items to accompany residents/patients is described. - Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation - Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff. - Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices). - A description of how other critical supplies and equipment will be transported is included. - Determine a method to account for all individuals during and after the evacuation - Procedures are described to ensure staff accompany evacuating residents. - Procedures are described if a patient/resident becomes ill or dies in route. - Mental health and grief counselors are available at reception points to talk with and counsel evacuees. - It is described whether staff family can shelter at the facility and evacuate.
			<ul style="list-style-type: none"> • Transportation & Other Vendors: Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not "overbooked," and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc). *
			<ul style="list-style-type: none"> • Train Transportation Vendors/Volunteers: Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *
			<ul style="list-style-type: none"> • Facility Reentry Plan: Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility. *
			<ul style="list-style-type: none"> • Residents & Family Members: Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST		
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING		
Not Started	In Progress	Completed
Tasks		
		<ul style="list-style-type: none"> • Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident: <ul style="list-style-type: none"> - Name - Social security number - Photograph - Medicaid or other health insurer number - Date of birth, diagnosis - Current drug/prescription and diet regimens - Name and contact information for next of kin/responsible person/Power of Attorney) <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>
		<ul style="list-style-type: none"> • Trained Facility Staff Members: Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.
		<ul style="list-style-type: none"> • Informed Residents & Patients: Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including: <ul style="list-style-type: none"> - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones. - Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.
		<ul style="list-style-type: none"> • Needed Provisions: Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.
		<ul style="list-style-type: none"> • Location of Evacuated Residents: Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.
		<ul style="list-style-type: none"> • Helping Residents in the Relocation: Suggested principles of care for the relocated residents include: <ul style="list-style-type: none"> - Encourage the resident to talk about expectations, anger, and/or disappointment - Work to develop a level of trust - Present an optimistic, favorable attitude about the relocation - Anticipate that anxiety will occur - Do not argue with the resident - Do not give orders

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
<small>Not Started</small>	<small>In Progress</small>	<small>Completed</small>	Tasks
			<ul style="list-style-type: none"> - Do not take the resident's behavior personally - Use praise liberally - Include the resident in assessing problems - Encourage staff to introduce themselves to residents - Encourage family participation
			<ul style="list-style-type: none"> • Review Emergency Plan: Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions: <ul style="list-style-type: none"> - Regulatory change - New hazards are identified or existing hazards change - After tests, drills, or exercises when problems have been identified - After actual disasters/emergency responses - Infrastructure changes - Funding or budget-level changes
			<ul style="list-style-type: none"> • Communication with the Long-Term Care Ombudsman Program: Prior to any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.
			<ul style="list-style-type: none"> • Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan: <ul style="list-style-type: none"> - Exercises or drills must be conducted at least semi-annually - Corrective actions should be taken on any deficiency identified
			<ul style="list-style-type: none"> • Loss of Resident's Personal Effects: Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. *

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

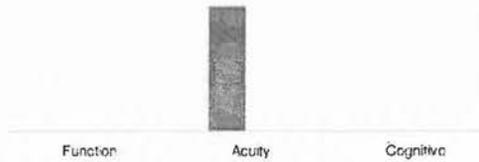
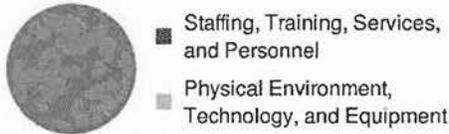
* Task may not be applicable to agencies that provide services to clients in their own homes

Facility Assessment

Langdon Place of Keene

305085: Langdon Place of Keene - 57036, Keene, NH

Insufficiencies by Category & Type



3
INSUFFICIENT
CATEGORIES

3
ACTION/PLAN IN
PLACE

Nov 27, 2022 -
Dec 18, 2022

Last Activity: Dec 2, 2022 ADC: 23 Licensed Beds: 25

I. Resident Population Profile - Nov 28, 2021 - Nov 27, 2022

Admissions/Stays Summary

	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Number of Admissions/Stays in Past Year	197	100	N/A
Number of Admissions/Stays ending in Community Discharge	110	55.8	High
Number of Admissions/Stays ending in Death	14	7.1	High
Number of Admissions/Stays ending in Hospitalization	32	16.2	Low
Number of Admissions/Stays ending in Other Discharge	11	5.6	High
Number of Ongoing Stays	30	15.2	N/A
Number of Short Stays (Less than 100 days)	157	79.7	High
Number of Short Stays 1-14 Days	45	28.7	N/A
Number of Short Stays 1-30 Days	106	67.5	N/A
Number of Short Stays 1-60 Days	144	91.7	N/A
Number of Short Stays 1-90 Days	155	98.7	N/A
Number of Long Stays (100 days or more)	18	9.1	Very Low

Number of Post-acute Admissions/Stays	184	93.4	High
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A. Function, Mobility, & Physical Disabilities

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
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Global Function (Barthel) Index

ADL Function Low	95	48.2	Low
ADL Function Moderate	30	15.2	Low
ADL Function High	50	25.4	High

Activities of Daily Living (ADL) - Assistance Required: 1 Person

Daily Care (excluding Bathing)	165	83.8	High
Bed Mobility	77	39.1	High
Transfer	80	40.6	High
Walk in Room	82	41.6	High
Toilet Use	97	49.2	High
Eating	16	8.1	Very Low
Bathing	117	59.4	Very Low
Dressing	146	74.1	High
Hygiene/Grooming	144	73.1	High

Activities of Daily Living (ADL) - Assistance Required: 2+ Persons

Daily Care (excluding Bathing)	104	52.8	High
Bed Mobility	91	46.2	High
Transfer	85	43.1	High
Walk in Room	2	1	Low

Toilet Use	73	37.1	High	
Eating	0	0	None	
Bathing	53	26.9	High	
Dressing	22	11.2	Low	
Hygiene/Grooming	19	9.6	High	
Mobility				
Independently Ambulatory (No Assistive Device)	0	0	N/A	
Independently Ambulatory (With Assistive Device)	0	0	N/A	
Ambulation with Assistance (No Assistive Device)	21	10.7	N/A	
Ambulation with Assistance (With Assistive Device)	85	43.1	N/A	
In Chair All or Most of Time	163	82.7	N/A	
With Contractures	106	53.8	Very High	
Physically Restrained	0	0	None	
Rehabilitative Services (for those receiving therapy)	Avg. Number of Days	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Speech-Language Pathology and Audiology Services	1.6	26	13.2	Low
Occupational Therapy	3.5	151	76.6	High
Physical Therapy	2.6	140	71.1	Low
Respiratory Therapy	1.7	6	3	High
Psychological Therapy	0	0	0	N/A
Recreational Therapy	0	0	0	None

A.1. Function - Care Requirements

Considerations:

1. Types of care required: Admissions team (including IDT and hospital screener) review potential admissions and the services/equipment/staffing required to care for the resident. Center has a high population of residents that require ADL assistance. This includes bathing, dressing, grooming and toileting. High incidence of mobility assistance with device and mechanical lift. Types of care provided but not limited to: Skilled nursing care, long term care, advanced care planning, palliative care and memory support. Supporting residents, families and caregivers throughout the continuum of their time with Langdon Place of Keene. Center creates an atmosphere similar to home building relationships for residents, family members and staff. Community partnering has been modified since the presence of COVID 19 and the need to modify the types and ways our center collaborates and connects with the community. Strive to deliver care that is culturally, religiously and ethnically competent/sensitive.
2. Services required: Center collaborates with rehabilitative services located on site- PT/OT/ST (via tele visit and proctor). Through collaboration residents are evaluated for developing plans for the resident to restore function and or maintain highest level of self performance. Health drive provides dental, podiatry, ophthalmology and audiology services. Residents have the option of community based services as well. US Labs/Trident provide the lab services, x-ray and ekg services. Medi Telecare provides the mental health services. Omnicare provides the services pertaining to pharmacy and therapeutic oversight of medication regimes. Lincare is the provider for oxygen needs and respiratory therapy. Compassus is the primary provider of Hospice service in center, however HCS of Keene and Bayada are available options for residents as well. Center provides Infusion therapy round the clock, supplies from Omnicare. Wound care/pressure relieving/reducing mattresses from Joerns and G-tube nutritional services through consultation with dietician/pop. Due to the ongoing requirements surrounding COVID 19 and the changing guidance surrounding testing, vaccines and isolation the senior leadership respond to the arising needs and adapt our training/education.
3. Staff/Personnel required: Center employs a full senior leadership team overseeing each department. Nurses, LNA, medical records, Director of nurses, NPE, ICP, Unit Manager, CRC, Skin Lead make up the clinical team. SSD director and Admissions director back each other up in their respective areas. Recreation department has a full time activity director, 2 full time assistants and a bus driver for center 1 day a week. Dietary services are contracted with Health care service group and they include a FSS, dietician (8 hours weekly), cooks, diet aide. Housekeeping and laundry includes a director, laundress and housekeepers. Maint department has a full time director and two full time assistance. Rehabilitation team is contracted through Genesis Rehabilitation Group and offers PT/OT/ST. Genesis Physician Service offers a Medical director and part time Nurse Practitioner.
4. Staff Competency: New clinical staff complete competencies on hire, and annually. When a new treatment modality is introduced training is provided. Gaps in performance are identified and further education is provided to elevate performance.
5. Physical plant environment required: Center has a 13 resident rooms (12 semi private and 2 private) all beds are dual certified except for one side of the SNF hallway is only Medicare certified to accommodate for placement of SNF customers. The center has a full kitchen, main dining room. Center has a vented and approved Oxygen storage room. External generator that runs dedicated outlets (identified with red face plates) Laundry room is equipped with 2 washers, and 3 gas dryers. Therapy room is equipped with various pieces of equipment for treatment modalities. Center has 2 storage pods for storage of equipment.
6. The center has a shared facility bus one day per week. The city of Keene has 2 ambulances, Diluzio and adventure limousine provide transport to residents. Current transportation needs in the state of NH is in a state of wide spread shortage. This has impacted the ability to schedule appointments, and the lack of follow through with transportation showing up as well as delayed transports from hospital to center. Overall a delay is experienced for the entire healthcare system as it links to transportation.
7. Health information technology resources required – Center uses PCC for the EMR. PCC is also the technology used for MAR/TAR. Sister centers also use PCC which would support center professionals with access to view the EMR remotely. Nursing using E-Mar for medication administration and has a back up system for when the computer system is off line. POC is LNA documentation, SWIFT skin documentation, and Rehab optima for rehab documentation.

B. Acuity-Diseases, Conditions, & Treatments

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Acuity Index			
Acuity Index Low	88	44.7	Low
Acuity Index Moderate	76	38.6	High

Acuity Index High	33	16.8	High
Cancer			
Cancer	36	18.3	Very High
Heart/Circulation			
Heart Failure (CHF)	46	23.4	High
Peripheral Vascular Disease (PVD)	27	13.7	High
Gastrointestinal			
Cirrhosis	1	0.5	Low
Gastroesophageal Reflux Disease (GERD) or Ulcer	62	31.5	Very High
Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease	3	1.5	High
Genitourinary			
Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)	45	22.8	Very High
Neurogenic Bladder	7	3.6	High
Obstructive Uropathy	25	12.7	Very High
Infections			
Multidrug-resistant Organism	3	1.5	High
Pneumonia	15	7.6	High
Septicemia	20	10.2	Very High
Tuberculosis	0	0	None
Urinary Tract Infection (UTI)	12	6.1	Low
Viral Hepatitis	0	0	None
Wound Infection	6	3	Very High
Metabolic			

Diabetes	63	32	Low
Musculoskeletal			
Arthritis	63	32	Very High
Osteoporosis	21	10.7	Very High
Hip Fracture	23	11.7	Very High
Other Fracture	33	16.8	Very High
Neurological			
Alzheimer's	4	2	Low
Aphasia	9	4.6	High
Cerebral Palsy	1	0.5	High
Cerebrovascular Accident (CVA, TIA) Stroke	27	13.7	High
Non-Alzheimer's Dementia	33	16.8	Low
Hemiplegia or Hemiparesis	12	6.1	High
Paraplegia	0	0	None
Quadraplegia	0	0	None
Multiple Sclerosis	4	2	High
Huntington's Disease	0	0	None
Parkinson's	5	2.5	Low
Tourette's	0	0	None
Seizure Disorder or Epilepsy	7	3.6	Low
Traumatic Brain Injury	3	1.5	Very High
Nutritional			

Malnutrition	58	29.4	Very High
Psychiatric/Mood			
Anxiety Disorder	52	26.4	High
Depression	73	37.1	High
Manic Depression	1	0.5	Very Low
Psychotic Disorder	4	2	Low
Schizophrenia	0	0	None
Post Traumatic Stress Disorder (PTSD)	9	4.6	Very High
Pulmonary			
Asthma, COPD, or Chronic Lung Disease	63	32	Very High
Respiratory Failure	21	10.7	Very High
Vision			
Cataracts, Glaucoma, or Macular Degeneration	25	12.7	Very High
Conditions			
Dehydrated	1	0.5	High
Swallowing Difficulty	44	22.3	Very High
Pain Frequency (Frequent or Almost Constant)	15	7.6	Low
Fever	5	2.5	High
Vomiting	10	5.1	Very High
Internal Bleeding	3	1.5	High
Falls with Injuries	9	4.6	Low
Falls Since Admission or Prior Assessment	22	11.2	Low

One or More Unhealed Pressure Ulcers/Injuries	25	12.7	High
Shortness of Breath When Sitting	16	8.1	High
Unplanned Significant Weight Loss	18	9.1	High
Unplanned Significant Weight Gain	7	3.6	High
Current Tobacco Use	0	0	None
Treatments			
Chemotherapy	1	0.5	High
Radiation	0	0	None
Oxygen	31	15.7	Low
Suctioning	0	0	None
Tracheostomy	0	0	None
Invasive Mechanical Ventilator (ventilator or respirator)	0	0	None
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	12	6.1	Very High
IV Medications	10	5.1	High
Transfusions	0	0	None
Dialysis	2	1	Low
Isolation	2	1	High
Parenteral/IV Feeding	2	1	High
Feeding Tube	5	2.5	Low
Mechanically Altered Diet	24	12.2	Very Low
Indwelling Catheter	24	12.2	High

External Catheter	1	0.5	High
Ostomy (urostomy, ileostomy, colostomy)	1	0.5	Very Low
Intermittent Catheterization	2	1	High
Urinary Toileting Program	0	0	None
Bowel Toileting Program	0	0	None
Injections	146	74.1	Very Low
Influenza Immunization	34	17.3	Low
Pneumococcal Immunization	25	12.7	Very Low
Medications			
Insulin	29	14.7	N/A
Psychoactive Medications	99	50.3	N/A
Antipsychotic Medications	16	8.1	N/A
Antianxiety Medications (anxiolytics)	21	10.7	N/A
Antidepressant Medications	93	47.2	N/A
Hypnotic Medications	2	1	N/A
Anticoagulant	44	22.3	N/A
Antibiotics	35	17.8	N/A
Diuretic	83	42.1	N/A

B.1. Acuity - Frequency of Potentially High-Risk Treatments

IV antibiotics	More than 6
IV fluids	More than 6
IV other medications	1-5

PICC line	1-5
Surgical drains	1-5
Anticoagulation - INR monitoring	More than 6
Nebulizer Treatments	More than 6
Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	1-5
Bariatrics	More than 6

B.2. Acuity - Care Requirements

1. Types of care required (including trauma and substance use disorders as applicable): Center provides a vast variety of care with higher prevalence of the following: Renal diseases, GI conditions, cardiac /circulatory conditions including vascular, musculoskeletal- arthritis, metabolic prevalence- diabetes. Neurological conditions include-TIA,CVA and non Alzheimer's dementia, Huntington's disease and Parkinson's disease. Nutritional conditions- malnutrition, Psychosocial conditions- center has a high prevalence of depression, anxiety and PTSD. Pulmonary conditions with high prevalence include Asthma, COPD, and chronic lung disease. Sensory conditions including visual ailments have a high prevalence at center. Other conditions with a high incidence include pain frequency, falls pre admission/post admission. Treatments- oxygen therapy, CPAP/BiPAP, IV Medications, mechanically altered diet, indwelling catheter, ostomy, injections- including insulin & immunizations. High prevalence of Psychoactive medication- predominantly antidepressants.

2. Services required (including behavioral health services as applicable) in house PCP/NP for treatment of acute/chronic conditions. Other service as outlined in center functions- rehab, ancillary services, hospices, vision, dental, podiatry, mental health services, lab services, O2 etc. Center utilizes Third Eye for after hours/on call physicians. As well as with new equipment, PRN education.

3. Staff/Personnel required- center has agreements/partnership with supporting services. Omnicare, Lincare, Joerns, GRS/powerback, GPS- Medical director/NP services. Staffing is linked to occupancy. Acuity is factored into the overall staffing patterns, and modified as census goes up or down.

4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided.

5. Physical plant environment required – external generator to run red face plate outlets. Each hallway and main dining room/ pavilion have AC units for cooling. Individual units are placed in the resident room, offices and common areas in spring and removed in the fall.

6. Medical and non-medical equipment required- Each unit is equipped with mechanical lifts and variety of sized slings. The shower rooms on each unit are equipped with a shower and a whirlpool tub. Bladder scanner for use. Center has partnerships with various vendors that provide equipment for the care of residents- Omnicare IV pumps, enteral feeding pumps, Lincare CPAP/Bipap, 4 medication carts that are serviced by Omnicare, the omnicell in the medication room for emergency/back up medications, nebulizer machines/O2 concentrators, Joerns wound vacs and specialty sleeping surfaces. The kitchen uses a Robo coupe machine to prepare mechanically altered textures. Center has a facility bus for outings that is shared with 3 other homes.

7. Health information technology resources required – such as systems for electronically managing patient records and electronically sharing information with other organizations- PCC is the EMR for center. Additional supporting technology such as programs like SWIFT for wound care and Omniview for pharmacy. POC and Rehab Optima.

C. Cognitive, Mental, & Behavioral Status

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Interviewable	166	84.3	Low
Memory Impaired on BIMS	22	11.2	Low
Orientation Impaired on BIMS	51	25.9	Low

Recall Impaired on BIMS	36	18.3	Low
Understanding Impaired	0	0	None
Decision Making Impaired	14	7.1	Low
With Intellectual Disability or Developmental Disability	3	1.5	Very High
Dementia: Non-Alzheimer's or Alzheimer's Disease	33	16.8	Low
Wandering	4	2	Very High
Psychotic Symptoms	4	2	High
With Behavioral Health Care Needs	8	4.1	Low
Resident Behavior Impacted Resident Care	1	0.5	Low
Resident Behavior Impacted Others	1	0.5	Low
Potential For Self Harm	0	0	None
Hearing Impaired	7	3.6	Low
Speech Impaired	10	5.1	Low
Vision Impaired	0	0	None
Comatose	1	0.5	High

C.1. Cognitive - Care Requirements

1. Types of care required (including trauma and substance use disorders as applicable) Center provides a vast variety of care with higher prevalence of the following: Cognitive diagnosis/conditions impacting cognition include-TIA,CVA and non Alzheimer's dementia, Huntington's disease and Parkinson's disease. Psychosocial conditions- center has a high prevalence of depression, anxiety and PTSD. Sensory conditions including visual ailments have a high prevalence at center. Other conditions with a high incidence include pain frequency, falls preadmission/post admission. High prevalence of Psychoactive medication- predominantly antidepressants.

2. Services required (including behavioral health services as applicable) in house PCP/NP for treatment of acute/chronic conditions. Other service as outlined in center functions- rehab, ancillary services, hospices, vision, dental, podiatry, mental health services, lab services, O2 etc. Center utilizes Third Eye for after hours/on call physicians. Person centered care drives individual care planning, what matters to the resident supports the cognitive and mental health needs of the resident. The recreation team develop programs in collaboration with the residents.

3. Staff/Personnel required- center has agreements/partnership with supporting services listed above in the service required. Omnicare, Lincare, Joerns, GRS/powerback, GPS- Medical director/NP services. Medilicare provides specialized mental health services, including medication reviews, talk therapy, in-service education on special topics.

4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided. Special ongoing training includes specialized dementia training, trauma informed care and topics that target techniques to care for those with cognitive/mental or behavioral health conditions.
5. Physical plant environment required – Secure care system at the main entry. Center does not use bed/chair alarms. Center does have removable stop signs used for various rooms including resident rooms as a deterrent for wandering residents entering another persons room.
6. Medical and non-medical equipment required- Center has devices for music, animatronic pets and weighted babies available that provide comfort for various levels of cognitive conditions. Center has a facility bus for outings that is shared with 3 other homes. Pocket Talker hearing device.
7. Health information technology resources required – IPAD or similar device for virtual visits. PCC is EMR.

D. Cultural, Ethnic, & Religious Factors

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Age			
Age less than 65	5	2.5	Very Low
Age 65 to 94	172	87.3	High
Age 95 or greater	20	10.2	Very High
Race/Ethnicity			
American Indian or Alaska Native	0	0	None
Asian	0	0	None
Black or African American	0	0	None
Hispanic or Latino	0	0	None
Native Hawaiian or Other Pacific Islander	0	0	None
White	197	100	Very High
PASRR			
PASRR level II indicates serious mental illness and/or intellectual disability or related condition	0	0	None
Other			
Male	67	34	Low
Married	56	28.4	Low

Need/Want Interpreter	0	0	None
Life Expectancy less than 6 Months	3	1.5	Low
Receiving Hospice Care	2	1	Low

D.1. Cultural - Activities, Services, & Places

Spiritual/Religious Services

Catholic

Holiday Services

Christian holidays

Jewish Holidays

Accommodations for Worship

Time of day (e.g. sunrise, early AM, late afternoon, evening)

Noise (e.g. silence, quiet room)

Furniture (e.g. comfort for sitting, kneeling)

Media (e.g. books, videos, music)

Equipment (e.g. TV, CD player, etc.)

Places of Worship

Non-Christian spiritual setting

Transportation to community services

Spiritual Counseling

Non-denominational

Priest

Minister

End of life counseling/visitation

Spiritual Reading/Study

Other sacred texts

D.2. Cultural - Food & Nutrition

Diet

Vegetarian

Vegan

Caffeine-free

Dairy substitutes (e.g. soy)

Gluten-free

Protein preferences (e.g. beef, pork, fowl, fish, vegetarian)

Meal Time

Early (e.g. breakfast, coffee)

Mid-afternoon

Evening

Religious/Holiday Meals

Lent

Easter

D.3. Cultural - Daily Routine**Daily Routine Accommodations**

Clothing and cosmetics (e.g. religious garments, jewelry, makeup, oils)

Gender preferences (e.g. same gender personal care providers)

Outside visitors (family, friends, partners, significant relations)

Place and times for privacy

Access to outdoors

Waking time

Bed time

Other daily routine accommodations

D.4. Cultural - Care Requirements

1. Types of care required (including trauma and substance use disorders as applicable) Center serves individuals from a vast group of religious affiliations. provides a vast variety of care with higher prevalence in the age groups 65 to 94. The center does have customers in the younger and older age group as well. Our center community is predominantly white, but have provided service a diverse population. This includes the individual preferences of the resident- rise and bed time, when and what to eat, what to wear, how to spend their time, how they want to be addressed as well as other personal preferences. Our culinary team and recreation team collaborate to provide enriching experiences including multidominational services and activities. The dietician supports the team regarding religious and cultural needs being met through nutritional services.
2. Services required- through assessment process center is able to determine specific services required by those in our care. Spiritual services include catholic, Christian and nondenominational. The center works with the resident/customer to ascertain the spiritual connection they require and seek partnership with community partners. Resident council help drive the nature of service desired.
3. Staff/Personnel required- The recreation, dietary and social service team collaborate with the residents to identify what matters to them, they frequency and types of spiritual/religious services, food and cultural preferences. Local clergy and religious leaders, volunteers and community groups.
4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided. Including the importance of what matters to the resident.
5. Physical plant environment required – Space for worship, and spiritual services to accommodate large and small groups.
6. Medical and non-medical equipment required- center has a shared bus. PA system is available for use to project sound quality for all listeners. A podium is also available for those presenting.
7. Health information technology resources required – such as systems for electronically managing patient records and electronically sharing information with other organizations- PCC is the EMR for center where care team complete assessments and collect information specific to the resident and their spiritual/religious and cultural needs.

Supporting Documents

No records were found

II. Staffing, Training, Services & Personnel

A. Function, Mobility, & Physical Disabilities

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
	■ 0 ■ 0	■ 0 ■ 0	■ 0 ■ 0	Y-0 N-19
Activities of Daily Living (ADL)				
Daily Care (excluding Bathing)	Sufficient	Sufficient	Sufficient	No
Bed Mobility	Sufficient	Sufficient	Sufficient	No
Transfer	Sufficient	Sufficient	Sufficient	No
Walk in Room	Sufficient	Sufficient	Sufficient	No
Toilet Use	Sufficient	Sufficient	Sufficient	No
Eating	Sufficient	Sufficient	Sufficient	No
Bathing	Sufficient	Sufficient	Sufficient	No
Dressing	Sufficient	Sufficient	Sufficient	No
Hygiene/Grooming	Sufficient	Sufficient	Sufficient	No
Mobility				
Ambulation	Sufficient	Sufficient	Sufficient	No
In Chair All or Most of Time	Sufficient	Sufficient	Sufficient	No
With Contractures	Sufficient	Sufficient	Sufficient	No
Physically Restrained	Not Applicable	Not Applicable	Not Applicable	No
Rehabilitative Services (for those receiving therapy)				

Speech-Language Pathology and Audiology Services	Sufficient	Sufficient	Sufficient	No
Occupational Therapy	Sufficient	Sufficient	Sufficient	No
Physical Therapy	Sufficient	Sufficient	Sufficient	No
Respiratory Therapy	Sufficient	Sufficient	Sufficient	No
Psychological Therapy	Sufficient	Sufficient	Sufficient	No
Recreational Therapy	Sufficient	Sufficient	Sufficient	No

A.1. Function - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Daily discussions regarding staffing. The managers provide updates on resident needs. The scheduler will make staffing adjustments based on census and acuity. Scheduler and clinical team meet weekly for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing in the center. Additional service gaps with contracted service are also evaluated by the IDT to develop plan to ensure services are provided during the identified gaps. During outbreak status and closing of congregate activities/meals staffing is evaluated to determine adjustments that are required. Center has primary assignments with floaters that cover primary staff days off. In the event we have an outbreak of COVID 19 center will consult with regional support team to develop staffing plan based on current guidance for staff to return to work. Caregivers collaborate via hey team leader, huddles, staff meetings and 1:1 to determine changes to work loads, and assignments. All senior leaders with lic support direct care staff and partner to ensure adequate numbers for safety and quality.

2. Staff training and competency program- NPE spear heads the staff training and competence program. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff. Training is conducted through a variety of modalities. These include vital learn programs through online programming, education boards, and live education. Nursing staff competencies are conducted on hire and annually.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments.- Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions for process changes or creation to impact overall quality of care and efficiency of process.

A.2. Function - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data (data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards etc., evaluate critical element pathways which provide a consistent review of system and process guiding the teams identification of Opportunities for Improvement and development of PIPS/IA.

3. Corrective actions- QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet the gaps in performance. In 2023 the process of PIP and IA process will be transitioned into PCC Insights. The Hey Team Leader program provides a vehicle for feedback and efficient process to implement corrective action.

B. Acuity-Diseases, Conditions, & Treatments

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
	■ 1 □ 0	■ 2 □ 0	■ 1 □ 0	Y-3 N-36
Cancer	Sufficient	Sufficient	Sufficient	No
Heart/Circulation	Sufficient	Sufficient	Sufficient	No
Gastrointestinal	Sufficient	Sufficient	Sufficient	No
Genitourinary	Sufficient	Sufficient	Sufficient	No
Infections	Sufficient	Sufficient	Sufficient	No
Metabolic	Sufficient	Sufficient	Sufficient	No
Musculoskeletal	Sufficient	Sufficient	Sufficient	No
Neurological	Sufficient	Sufficient	Sufficient	No
Nutritional	Sufficient	Sufficient	Sufficient	No
Psychiatric/Mood/Behavioral Health (including Trauma/SUD as applicable)	Sufficient	■ Insufficient	Sufficient	Yes
Pulmonary	Sufficient	Sufficient	Sufficient	No
Cataracts, Glaucoma, or Macular Degeneration	Sufficient	Sufficient	Sufficient	No
Conditions	Sufficient	Sufficient	Sufficient	No
Treatments				
Chemotherapy	Sufficient	Sufficient	Sufficient	No
Radiation	Sufficient	Sufficient	Sufficient	No

Oxygen	Sufficient	Sufficient	Sufficient	No
Suctioning	Sufficient	Sufficient	Sufficient	No
Tracheostomy	Sufficient	■ Insufficient	■ Insufficient	Yes
Invasive Mechanical Ventilator (ventilator or respirator)	Not Applicable	Not Applicable	Not Applicable	No
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	Sufficient	Sufficient	Sufficient	No
IV Medications	Sufficient	Sufficient	Sufficient	No
Transfusions	Not Applicable	Not Applicable	Not Applicable	No
Dialysis	Not Applicable	Not Applicable	Not Applicable	No
Isolation	Sufficient	Sufficient	Sufficient	No
Parenteral/IV Feeding	■ Insufficient	Sufficient	Sufficient	Yes
Feeding Tube	Sufficient	Sufficient	Sufficient	No
Mechanically Altered Diet	Sufficient	Sufficient	Sufficient	No
Catheterization	Sufficient	Sufficient	Sufficient	No
Ostomy (urostomy, ileostomy, colostomy)	Sufficient	Sufficient	Sufficient	No
Toileting Program	Sufficient	Sufficient	Sufficient	No
Injections	Sufficient	Sufficient	Sufficient	No
Immunizations	Sufficient	Sufficient	Sufficient	No

Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	Sufficient	Sufficient	Sufficient	No
Bariatrics	Sufficient	Sufficient	Sufficient	No
Medications				
Insulin	Sufficient	Sufficient	Sufficient	No
Psychoactive Medications	Sufficient	Sufficient	Sufficient	No
Anticoagulant	Sufficient	Sufficient	Sufficient	No
Antibiotics	Sufficient	Sufficient	Sufficient	No
Diuretic	Sufficient	Sufficient	Sufficient	No

B.1. Acuity - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Our strategic business plan includes current clinical capabilities as well as identified opportunities in the market. The labor team evaluate the capacity and competence of staff and needed training/competencies needed to provide the service. Scheduler and clinical team meet for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing and the acuity in the center.

2. Staff training and competency program- NPE spear heads the staff training and competence program. Through collaboration with IDT program is modified to meet the current needs/acuity trend. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments. Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions for process changes or creation to impact overall quality of care and efficiency of process. When new service opportunities present through market analysis and collaboration with community partners staffing patterns/sufficiency is evaluated from the perspective of the proposed new service.

B.2. Acuity - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. As part of the SBP and the QAPI service gaps are identified and PIP/IA are developed.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business- SBP/market analysis and Safety Excellence Improvement activities and PIPs are identified.

3. Corrective actions- QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet the gaps in performance.

C. Cognitive, Mental, & Behavioral Status

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
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Cognitive Impairment (Memory, Understanding, etc.)	Sufficient	Sufficient	Sufficient	No
Intellectual and/or Developmental Disabilities	Sufficient	Sufficient	Sufficient	No
Signs & Symptoms of Depression	Sufficient	Sufficient	Sufficient	No
Dementia: Non-Alzheimer's or Alzheimer's Disease	Sufficient	Sufficient	Sufficient	No
Wandering & Elopement	Sufficient	Sufficient	Sufficient	No
Psychotic Symptoms	Sufficient	Sufficient	Sufficient	No
With Behavioral Health Care Needs	Sufficient	Sufficient	Sufficient	No
Resident Behavior Impacting Care and/or Others	Sufficient	Sufficient	Sufficient	No
Potential For Self Harm	Sufficient	Sufficient	Sufficient	No
Hearing, Speech, Vision Impairment	Sufficient	Sufficient	Sufficient	No
Comatose	Not Applicable	Not Applicable	Not Applicable	No

C.1. Cognitive - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Scheduler and clinical team meet for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing in the center. Additional service gaps with contracted service are also evaluated by the IDT to develop plan to ensure services are provided during the identified gaps.

2. Staff training and competency program- NPE spear heads the staff training and competence program. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments.- Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions for process changes or creation to impact overall quality of care and efficiency of process.

C.2. Cognitive - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data (data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards etc., evaluate critical element pathways which provide a consistent review of system and process guiding the teams identification of Opportunities for Improvement.

3. Corrective actions- QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet the gaps in performance. The Hey Team Leader program provides a vehicle for feedback and efficient process to implement corrective action. Competency of staff while "in progress" a dedicated action plan may or may not be developed.

D. Cultural, Ethnic, & Religious Factors

Sufficiency Analysis Categories	Overall Staffing	Staff Competencies	Services	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-11
Age	Sufficient	Sufficient	Sufficient	No
Race/Ethnicity	Sufficient	Sufficient	Sufficient	No
Serious mental illness and/or intellectual disability or related condition	Sufficient	Sufficient	Sufficient	No
Gender	Sufficient	Sufficient	Sufficient	No
Marital Status	Sufficient	Sufficient	Sufficient	No
Need for interpreter(s)	Sufficient	Sufficient	Sufficient	No
Life Expectancy less than 6 Months	Sufficient	Sufficient	Sufficient	No
Receiving Hospice Care	Sufficient	Sufficient	Sufficient	No

D. Cultural, Ethnic, & Religious Factors

Activities	Sufficient	Sufficient	Sufficient	No
Food & Nutrition	Sufficient	Sufficient	Sufficient	No
Other	Sufficient	Sufficient	Sufficient	No

D.1. Cultural - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Understanding the unique needs of each resident and their preference provides the guide for determining capacity and competence of staff. This includes seeking support service which include but not limited to clergy, religious groups, LGBT/inclusion groups.

2. Staff training and competency program- NPE spear heads the staff training and competence program. Programs such as Trauma informed care.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments.- Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions for process changes or creation to impact overall quality of care and efficiency of process. Being sensitive to what matters to the customer- for example no male caregivers, doesn't take showers, or is a night owl.

D.2. Cultural - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data (data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards etc., evaluate critical element pathways which provide a consistent review of system and process guiding the teams identification of Opportunities for Improvement.

3. Corrective actions- QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet the gaps in performance. The Hey Team Leader program provides a vehicle for feedback and efficient process to implement corrective action.

Supporting Documents

No records were found

III. Physical Environment, Technology, & Equipment

A. Function, Mobility, & Physical Disabilities

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-19
Activities of Daily Living (ADL)				
Daily Care (excluding Bathing)	Sufficient	Sufficient	Sufficient	No
Bed Mobility	Sufficient	Sufficient	Sufficient	No
Transfer	Sufficient	Sufficient	Sufficient	No
Walk in Room	Sufficient	Sufficient	Sufficient	No
Toilet Use	Sufficient	Sufficient	Sufficient	No

Eating	Sufficient	Sufficient	Sufficient	No
Bathing	Sufficient	Sufficient	Sufficient	No
Dressing	Sufficient	Sufficient	Sufficient	No
Hygiene/Grooming	Sufficient	Sufficient	Sufficient	No
Mobility				
Ambulation	Sufficient	Sufficient	Sufficient	No
In Chair All or Most of Time	Sufficient	Sufficient	Sufficient	No
With Contractures	Sufficient	Sufficient	Sufficient	No
Physically Restrained	Sufficient	Sufficient	Sufficient	No
Rehabilitative Services (for those receiving therapy)				
Speech-Language Pathology and Audiology Services	Sufficient	Sufficient	Sufficient	No
Occupational Therapy	Sufficient	Sufficient	Sufficient	No
Physical Therapy	Sufficient	Sufficient	Sufficient	No
Respiratory Therapy	Sufficient	Sufficient	Sufficient	No
Psychological Therapy	Sufficient	Sufficient	Sufficient	No
Recreational Therapy	Sufficient	Sufficient	Sufficient	No

A.1. Function - Sufficiency Analysis Summary

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and customers being served drives the type/quantity of equipment and supply. Our Central Supply coordinator collaborates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Point of care charting for direct care, PCC for EMR. This also includes migration of supporting electronic systems that include but not limited to risk management, PIP process through Insight, Abaqis for the Center Facility Assessment. The electronic screening process at the front door provides format for the requirement our infection control program.

2. Maintenance and activity logs- Maint utilizes TELS system for logging center upkeep, repairs and routine maint. Safety committee collaborates for center opportunities. Specific assessments/evaluation like the Legionella water plan and NFP risk assessment are completed

annually. Report is generated monthly to reflect completed and outstanding activities.

A.2. Function - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI team meets monthly. changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.

2. Performance Improvement projects- Center has Customer Excellence, safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Additionally, our key team leader program is designed so that 100% of all staff across all shifts and departments are able to communicate Opportunities for Improvement. OFI are brought to the QAPI committee for Review. For example phone system functionality or the aging whirlpool tubs, aging generator

3. Corrective actions- The maint. Department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Addition tasks for maint. are also entered into the system for completion/tracking. Once an OPI has been identified corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be through center budget or capital request.

B. Acuity-Diseases, Conditions, & Treatments

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-39
Cancer	Sufficient	Sufficient	Sufficient	No
Heart/Circulation	Sufficient	Sufficient	Sufficient	No
Gastrointestinal	Sufficient	Sufficient	Sufficient	No
Genitourinary	Sufficient	Sufficient	Sufficient	No
Infections	Sufficient	Sufficient	Sufficient	No
Metabolic	Sufficient	Sufficient	Sufficient	No
Musculoskeletal	Sufficient	Sufficient	Sufficient	No
Neurological	Sufficient	Sufficient	Sufficient	No
Nutritional	Sufficient	Sufficient	Sufficient	No
Psychiatric/Mood/Behavioral Health (including Trauma/SUD as applicable)	Sufficient	Sufficient	Sufficient	No

Pulmonary	Sufficient	Sufficient	Sufficient	No
Vision	Sufficient	Sufficient	Sufficient	No
Conditions	Sufficient	Sufficient	Sufficient	No
Treatments				
Chemotherapy	Sufficient	Sufficient	--	No
Radiation	Sufficient	Sufficient	Sufficient	No
Oxygen	Sufficient	Sufficient	Sufficient	No
Suctioning	Sufficient	Sufficient	Sufficient	No
Tracheostomy	Sufficient	Sufficient	Sufficient	No
Invasive Mechanical Ventilator (ventilator or respirator)	Sufficient	Sufficient	Sufficient	No
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	Sufficient	Sufficient	Sufficient	No
IV Medications	Sufficient	Sufficient	Sufficient	No
Transfusions	Sufficient	Sufficient	Sufficient	No
Dialysis	Sufficient	Sufficient	Sufficient	No
Isolation	Sufficient	Sufficient	Sufficient	No
Parenteral/IV Feeding	Sufficient	Sufficient	Sufficient	No
Feeding Tube	Sufficient	Sufficient	Sufficient	No
Mechanically Altered Diet	Sufficient	Sufficient	Sufficient	No

Catheterization	Sufficient	Sufficient	Sufficient	No
Ostomy (urostomy, ileostomy, colostomy)	Sufficient	Sufficient	Sufficient	No
Toileting Program	Sufficient	Sufficient	Sufficient	No
Injections	Sufficient	Sufficient	Sufficient	No
Immunizations	Sufficient	Sufficient	Sufficient	No
Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	Sufficient	Sufficient	Sufficient	No
Bariatrics	Sufficient	Sufficient	Sufficient	No
Medications				
Insulin	Sufficient	Sufficient	Sufficient	No
Psychoactive Medications	Sufficient	Sufficient	Sufficient	No
Anticoagulant	Sufficient	Sufficient	Sufficient	No
Antibiotics	Sufficient	Sufficient	Sufficient	No
Diuretic	Sufficient	Sufficient	Sufficient	No

B.1. Acuity - Sufficiency Analysis Summary

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and customers being served drives the type/quantity of equipment and supply. Medical Director/NP/PCP collaborate with the IDT to determine if equipment needs are necessary to treat/care for specific population of customers.

2. Maintenance and activity logs- in addition to the TELS system for logging center upkeep, repairs and routine compliance, the center utilizes a weekend manager program to ensure specific tasks are validated daily- like door checks for locking to ensure resident and staff safety. This supports the acuity of wandering and cognitively impaired folks.

B.2. Acuity - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI team meets monthly. changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.

2. Performance Improvement projects- Center has Customer Excellence, safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Once and OFI is identified is brought to the QAPI committee for Review. For example the training of a staff member to train and teach CPR to keep to staff to ensure ongoing competence.

3. Corrective actions- Once an OPI has been identified corrective action can be developed including identifying resources needed to

replace/upgrade the system. This could be through center budget or capital request. the procurement of the bladder scanner was through an identified need and capital requisition.

C. Cognitive, Mental, & Behavioral Status

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-11
Cognitive Impairment (Memory, Understanding, etc.)	Sufficient	Sufficient	Sufficient	No
Intellectual and/or Developmental Disabilities	Sufficient	Sufficient	Sufficient	No
Signs & Symptoms of Depression	Sufficient	Sufficient	Sufficient	No
Dementia: Non-Alzheimer's or Alzheimer's Disease	Sufficient	Sufficient	Sufficient	No
Wandering & Elopement	Sufficient	Sufficient	Sufficient	No
Psychotic Symptoms	Sufficient	Sufficient	Sufficient	No
With Behavioral Health Care Needs	Sufficient	Sufficient	Sufficient	No
Resident Behavior Impacting Care and/or Others	Sufficient	Sufficient	Sufficient	No
Potential For Self Harm	Sufficient	Sufficient	Sufficient	No
Hearing, Speech, Vision Impairment	Sufficient	Sufficient	Sufficient	No
Comatose	Sufficient	Sufficient	Sufficient	No

C.1. Cognitive - Sufficiency Analysis Summary

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and customers being served drives the type/quantity of equipment and supply. Our Central Supply coordinator collaborates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Meditelicare, telehealth visits, third eye all utilize the computer and internet to connect the provider with the residents. The access to internet, and the ability to facetime, zoom meetings etc has supported the residents in staying connected and for the cognitive folks to be able to "see" their loved ones or provider on the screen provides a stronger experience.

2. Maintenance and activity logs- Maint. collaborates with the vendors providing the service to our center. This includes installation and ongoing upkeep.

C.2. Cognitive - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI team meets monthly. changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.

2. Performance Improvement projects- Center has Customer Excellence, safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. OFI are brought to the QAPI committee for Review. For example Accessing specialty services such as meditelcare for mental health partnering and Third eye after hours coverage by physician were created as a result of gaps in services. These gaps were identified and a plan developed to remedy the gap.

3. Corrective actions- The maint. Department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Addition tasks for maint. are also entered into the system for completion/tracking. Once an OPI has been identified corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be through center budget or capital request. Upgrade of our internet router was completed in 2022 as a result of outdated technology being identified.

D. Cultural, Ethnic, & Religious Factors

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment	Action/Plan in Place
	■ 0 □ 0	■ 0 □ 0	■ 0 □ 0	Y-0 N-11
Age	Sufficient	Sufficient	Sufficient	No
Race/Ethnicity	Sufficient	Sufficient	Sufficient	No
Serious mental illness and/or intellectual disability or related condition	Sufficient	Sufficient	Sufficient	No
Gender	Sufficient	Sufficient	Sufficient	No
Marital Status	Sufficient	Sufficient	Sufficient	No
Need for interpreter(s)	Sufficient	Sufficient	Sufficient	No
Life Expectancy less than 6 Months	Sufficient	Sufficient	Sufficient	No
Receiving Hospice Care	Sufficient	Sufficient	Sufficient	No
D. Cultural, Ethnic, & Religious Factors				
Activities	Sufficient	Sufficient	Sufficient	No
Food & Nutrition	Sufficient	Sufficient	Sufficient	No
Other	Sufficient	Sufficient	Sufficient	No

D.1. Cultural - Sufficiency Analysis Summary

1. Equipment and Supply inventory- having laptops and wifi internet available keeps residents connected with the loved ones, religious groups and any other organization that has on line connection. Center provides a guest internet connection for residents and guests to use while in the center. Center provides local telephone services and the long term care residents provide their own phones. Center provides in room TV programming for them to use on their devises they provide. Our short term stay customers are provided with phone, and TV to use during their stay. Streaming movies and programs on smart tv.

2. Maintenance and activity logs- Interruptions in service are addressed by the maint. department for the coordination of restoring service. Excellence committees discuss ongoing issues that impact the quality of resident experience as it pertains to the environment, technology and equipment.

D.2. Cultural - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI team meets monthly. Changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.

2. Performance Improvement projects- Center has Customer Excellence, safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Satisfaction surveys conducted annually provide additional feedback on the above cited areas. Additionally, resident council meeting, care plan meeting and 72 hour meetings provide a forum for feedback.

3. Corrective actions- PIP/IA that are identified through formal and informal means are addressed through QAPI process. For example- food and nutrition action plan to improve the quality of dining and food quality. Specific interventions may include a new electronic meal ticket process, training, auditing tray accuracy and satisfaction validated through resident food council and 1:1 interviews.

Supporting Documents

No records were found

IV. All Hazards Risk Assessment

No records were found

Supporting Documents

Name	Date Uploaded
2022 Hazard Assessment.pdf	Dec 2, 2022

V. Assessment Contributors

Medical Director/Designee

Michael Kasschau

Director of Nursing Services

David Moran

Administrator/Executive Director

Michael Johnson

Representative from the Governing Body

Jennifer Dufault

Name	Title/Role
Lisa KinnareKopcha (Lisa.KinnareKopcha@genesishcc.com)	Director of Nursing
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Supporting Documents

No records were found

Additional Supporting Documents

No records were found

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Langdon Place of Keene Neighborhood Relations Plan

Langdon Place of Keene maintains active and friendly relationships with our neighbors and customers both abutting the property and in the community. Langdon Place of Keene is an active participant with Monadnock Women's Crisis Center through volunteering and donations. Langdon Place of Keene provides a school for Licensed Nurse Assistants to earn their certificates through training at a sister center. Langdon Place of Keene does require emergency medical vehicles to conduct business on the property, and no sirens and or disruptions have been reported from neighbors.