



## Health Standards Post-Event Assessment Form

Name of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Parish: \_\_\_\_\_ License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Did your facility sustain damage (Yes/No)?: \_\_\_\_\_

If yes, please describe the damage sustained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the facility lose water (Yes/No)? \_\_\_\_\_ If so, has water been restored (Yes/No)? \_\_\_\_\_

Do you currently have power in your facility (Yes/No)? \_\_\_\_\_ If so, are you on municipal power or generator power currently? \_\_\_\_\_

Did the facility utilize generator power (Yes/No)? \_\_\_\_\_ If so, for how many hours/days? \_\_\_\_\_

Anticipated Re-Opening Date: \_\_\_\_\_



## Health Standards Post-Event Assessment Form

### Appendix A for Nursing Home Facilities Only

HSS Nursing Home Re-occupy Form

Name of Facility: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Point of Contact #: \_\_\_\_\_

#### No Damage to Facility:

No power outage of HVAC for more than 48 hours:  Yes /  No

Comply with OPH rules?  Yes /  No

Comply with SFM rules?  Yes /  No

Clearance to return by local OEP?  Yes /  No

If you answered “Yes” to all the above questions, then please submit this form to HSS and you may re-occupy. You must notify HSS within 24 hours, of re-opening.

Please note if you answered “No” to one of the above questions, please continue to the next section.

#### For all other Evacuations, Temporary Relocations, or Temporary Cessation of Operations due to an emergency event:

Submit to Health Standards Section (HSS) a written request to reopen, prior to reopening at the licensed location. Please include this form with your written request. Your request must include the following:

- 1) damage report;
- 2) extent and duration of any power outages;
- 3) re-entry census; staffing availability;
- 4) access to emergency or hospital services;
- 5) availability and/or access to food, water, medications and supplies;
- 6) any concerns by the local OEP for facility re-opening

After review of all documentation, the department shall issue a notice of one of the following determinations:

- 1) approval of reopening without survey;

## **Health Standards Post-Event Assessment Form**

- 2) surveys will be required before approval to reopen will be granted. This may include surveys by the OPH, OSFM and HSS; or
- 3) denial of reopening.

\*Please note HSS may request additional information to determine approval to re-occupy and that prior to the determination to re-occupy, HSS, in coordination with state and parish OHSEP, will determine the nursing facility's access to the community service infrastructure, such as hospitals, transportation, physicians, professional services and necessary supplies.



## Health Standards Post-Event Assessment Form

### Appendix B for ARCP Facilities Only

ARCP Re-occupy Form

Name of Facility: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Point of Contact #: \_\_\_\_\_

#### No Damage to Facility:

No power outage for more than 48 hours:    Yes /  No

Comply with OPH rules?  Yes /  No

Comply with SFM rules?  Yes /  No

If you answered “Yes” to all the above questions, then please submit this form to HSS and you may re-occupy. You must notify HSS within 24 hours, of re-opening.

Please note: If you answered “No” to one of the above questions, please continue to the next section.

#### For all other Evacuations, Temporary Relocations, or Temporary Cessation of Operations due to an emergency event:

Submit to Health Standards Section (HSS) a written request to reopen, prior to reopening at the licensed location. Please include this form with your written request. Your request must include the following:

- 1) damage report;
- 2) extent and duration of any power outages;
- 3) re-entry census; staffing availability;
- 4) access to emergency or hospital services;
- 5) availability and/or access to food, water, medications and supplies;
- 6) any concerns by the local OEP for facility re-opening

After review of all documentation, the department shall issue a notice of one of the following determinations:

- 1) approval of reopening without survey;
- 2) surveys will be required before approval to reopen will be granted. This may include surveys by the OPH, OSFM and HSS; or
- 3) denial of reopening.



## **Health Standards Post-Event Assessment Form**

\*Please note HSS may request additional information to determine approval to re-occupy. Also, that prior to the determination to re-occupy, HSS, in coordination with state and parish OHSEP, will determine the nursing facility's access to the community service infrastructure, such as hospitals, transportation, physicians, professional services and necessary supplies.



## Health Standards Post-Event Assessment Form

### Appendix C for ADHC and HCBS Only

ADHC and HCBS (ADC & Respite Modules) Re-occupy Form

Name of Facility: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Point of Contact #: \_\_\_\_\_

#### No Damage to Facility:

Comply with OPH rules?  Yes /  No

Comply with SFM rules?  Yes /  No

If you answered “Yes” to all the above questions, then please submit this form to HSS and you may re-occupy. You must notify HSS within 24 hours, of re-opening.

Please note: If you answered “No” to one of the above questions, please continue to the next section.

#### For all other Evacuations, Temporary Relocations, or Temporary Cessation of Operations due to an emergency event:

Submit to Health Standards Section (HSS) a written request to reopen, prior to reopening at the licensed location. Please include this form with your written request and include the following:

- 1) damage report;
- 2) extent and duration of any power outages;
- 3) staffing availability;

After review of all documentation, the department shall issue a notice of one of the following determinations:

- 1) surveys that may be required before approval to reopen will be granted. This may include surveys by the OPH, OSFM and HSS; or
- 2) approval to re-open



## Health Standards Post-Event Assessment Form

### Appendix D for Hospitals Only

HSS Hospital Re-occupy Form

Name of Facility: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Point of Contact #: \_\_\_\_\_

#### No Damage to Facility:

No power outage of HVAC for more than 48 hours:  Yes /  No

Comply with OPH rules?  Yes /  No

Comply with SFM rules?  Yes /  No

Did the hospital completely evacuate (no one left behind)?  Yes /  No

#### For all other Evacuations, Temporary Relocations, or Temporary Cessation of Operations due to an emergency event:

Submit to Health Standards Section (HSS) a written request to reopen, prior to reopening at the licensed location. Please include this form with your written request. Your request must include the following:

- 1) damage report;
- 2) extent and duration of any power outages;
- 3) re-entry census; staffing availability;
- 4) availability and/or access to food, water, medications and supplies;
- 5) any concerns by the local OEP for facility re-opening

After review of all documentation, the department shall issue a notice of one of the following determinations:

- 1) approval of reopening without survey;
- 2) surveys will be required before approval to reopen will be granted. This may include surveys by the OPH, OSFM and HSS; or
- 3) denial of reopening.