

Office Updates

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ALF Disaster Preparedness

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4-006.13F Disaster Preparedness and Management:

The facility must establish and implement disaster preparedness plans and procedures

- How the facility will maintain the proper identification of each resident to ensure that care coincides with the resident's needs;
- How the facility will move residents to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster;
- How the facility will protect residents during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials;
- How the facility will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and
- How the facility will provide for the comfort, safety, and well-being of residents in the event of 24 or more consecutive hours of:
 - Electrical or gas outage;
 - Heating, cooling, or sewer system failure; or
 - Loss or contamination of water supply.

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ALF Notification Requirements

4-004.07 Notifications 8-9:

- ▶ 8. Within 24 hours of any facility fire requiring fire department response; or
- ▶ 9. Within 24 hours of an accident or natural disaster resulting in damage to the physical plant and having a direct or immediate adverse effect on the health, safety, and security of residents. This must include a description of the well-being of the facility's residents and the steps being taken to assure resident safety, well-being, and continuity of care and treatment. The notification may be made by telephone if the accident or natural disaster has affected the facility's capacity to communicate.

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LTC Disaster Preparedness

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State and Federal Disaster Preparedness Requirements for Healthcare Facilities:

State Regulation: 175NAC Chapter 1 005.07 DISASTER PREPAREDNESS AND MANAGEMENT.

- ▶ The licensee must have a disaster preparedness program to ensure the safety, well-being and continuity of care and treatment for the consumer, visitors, and staff during natural or other disasters, disease outbreaks, or other similar situations.
- ▶ **CMS SOM Appendix Z Disaster Preparedness**
- ▶ **Communications Planning**

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Health Care Facilities Are Required to Notify Licensure

- ▶ State Regulation Title 175 NAC Chapter 1 Health Care Facilities and Services
- ▶ 005.01 G(iv)(v) Notifications: An applicant or licensee must notify the Department electronically, in writing, or via facsimile of the following:
 - A fire in the facility or service; or
 - Any natural disaster or accident resulting in damage to the physical plant which has a direct or immediate effect on a consumer in the facility or service. Notification must include the steps included to assure the consumer's safety.

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Citations Trend most for EP

- ▶ 0026 Roles under a Waiver Declared by Secretary
- ▶ 0031 Emergency Officials Contact information
- ▶ 0039 Testing Requirements

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0026 Roles under a Waiver Declared by Secretary

The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan

- ▶ The facility's emergency preparedness program must include policies and procedures which outline the facility's role in the provision of care and treatment under section 1135 waivers.
- ▶ ACS is a broad term for any building or structure that is temporarily converted for healthcare use.
- ▶ The requirement under the emergency program is that facilities must develop and implement policies and procedures which describe the facility's role in providing care at an ACS during emergencies.

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0026 Roles under a Waiver Declared by Secretary

1135 Emergency Waiver

- ▶ Policies and procedures must specifically address the facility's role in emergencies where the Secretary waives or modifies certain statutory and regulatory requirements for healthcare facilities.
- ▶ Facilities' policies and procedures should address what coordination efforts are required during a declared emergency in which a waiver of federal requirements under section 1135 of the Act has been issued by the Secretary related to alternate care sites.

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0026 Roles under a Waiver Declared by Secretary

1135 Emergency Waiver

- ▶ Facilities should also have in place policies and procedures which address emergency situations in which a declaration was **not made** and where an 1135 waiver may **not** be applicable.
- ▶ Policies and procedures should address potential transfers of patients; timelines of patients at alternate facilities, etc. We would expect that state or local emergency management officials might designate such alternate sites, and would plan jointly with local facilities on issues related to staffing, equipment and supplies.

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0031 Emergency Officials Contact information

A facility must have the contact information for those individuals and entities outlined

- ▶ Contact information for LTC Facilities of the following:
 - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
 - (ii) The State Licensing and Certification Agency.
 - (iii) The Office of the State Long-Term Care Ombudsman.
 - (iv) Other sources of assistance.
- ▶ It should be readily available and accessible to leadership during an emergency event.
- ▶ Information must be reviewed and updated at least annually.

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0039 Testing Requirements

The LTC facility must conduct exercises to test the emergency plan at least twice per year

- Participate in an annual full-scale exercise that is community-based; or
- When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.
- If the [LTC facility] facility experiences an actual natural or manmade emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.
- (ii) Conduct an additional annual exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is community-based or an individual, facility based functional exercise; or
 - A mock disaster drill; or
 - A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.

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Nursing Facility Fire Watch

- A Facility is on Fire Watch for a portion of the North Unit, specifically from the nurse's station to Room 50. This Fire Watch began on date at 8:00 PM.
- We are contacting Maintenance Company today to request corrective service due to humidity issues. All smoke detectors in this area were replaced last year.
- I will keep you updated when we are able to discontinue Fire Watch.
- Please let me know if you need any additional information.
- 12:06pm- Off of Fire Watch on date
- Facility is back on Firewatch as of 3pm date same hall. Company did come and replace 3 smoke detectors and 1 fire pull last week. They will continue to work on the issue tomorrow. I will let you know when we come back off.

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Power Outage

- ▶ The town of David City had a power outage that has affected Facility Names around 11:43am. We are monitoring temperatures for both facilities. We have geothermal well that is connected to our generator that powers our common areas and emergency outlets and provides air conditioning in the dining area which is offered to residents in both facilities if they are uncomfortable with their temperatures in their rooms. We are offering cold fluids as needed for the residents. They identified the source of the problem around 3:00pm. We have been in the contact with the city, and they have been replacing the transformer since 3:26pm. All families have been notified. Projection for replacement is between 5-6 hours.
- ▶ The facility notified DHHS when power was restored.

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South Fork Fire Impacted Sioux and Dawes Counties

- 39,057 acres burned
- The town of Crawford and Fort Robinson were directly impacted.
- Highway 20 was closed from Harrison to Crawford.
- Evacuation orders were issued for Crawford. 101 residents were evacuated to Chadron State College
- Evening of June 10th-Nursing home and Assisted Living in Crawford chose to evacuate to another Nursing Home. They have the same management company, and it moved them further away from the fire zone so they would only have to move the residents once.

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View from Facility Dining Room Window



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South Fork Fire – Facility Evacuation

Good morning!

We have had quite the eventful experience over the past 24 hours preparing for evacuation and being able to execute a safe evacuation for our residents to Nursing Home Name as it was the closest facility that would be out of the line that the fire is headed (we did not evacuate to Chadron due to the fire heading north east and we did not want to displace residents twice)

We had three residents from our skilled side go home with family last night, two residents from our assisted living go home with family last night, and when we evacuated we had two residents admitted to the hospital prior to our evacuation. We transferred 1 from the ALF to Facility Name and 24 from our SNF to Facility Name.

We also had a very seem less transition for meds and treatments being transferred over as our management team also owns Hemingford and we were able to have their EHRs easily accessible to ensure for a continuity of care in the current crisis we are in.

All of our staff is currently working their shifts at Facility Name as well to ensure we have appropriate staffing throughout the building.

We were able to notify families last night, faxed providers, reached out to aging office, the ombudsman and hospice services, and I will be getting our facilities phone number hopefully rolled over to my cell phone to connect with families.

The support from both communities was amazing. All of our staff came in to help and stayed late to help transport, ensure our residents felt safe and comforted them.

As this is my first evacuation and emergency placement scenario, all of our residents are safe and being cared for, but I am eager to grow and I welcome any suggestions and guidance in our current state.

Please see our resident log attached.

I will be reaching out to the Incident commander for updates on when it will be safe to return our people home. They also have my cell phone number to communicate as well.

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Facility was cleared to return 6 days later

- Hello,
- I wanted to share with you that we were given the clearance to return our residents home. They will be returning to the Facility tomorrow.
- Today we are deep cleaning the facility, changing out hvac filters, returning as much supplies and items and possible to the facility as well as setting resident rooms back up to feel homelike and welcoming upon their return.
- We have arranged for transportation of our residents and the remaining items tomorrow.
- We are so thankful for the hospitality at Facility Name and the willingness of the staff to help ensure for the continuity of care for all the residents.
- Thank you for the support! We are happy to share everyone is home aside from a few that were home with family that will be returning this afternoon and tomorrow, and two that were in the hospital. One will be back today and hopefully the second one tomorrow.
- As our nurses began assessing residents as they returned, we were blessed with music from our local pastor that offers services every Tuesday as the residents returned which they found very pleasant as we get back into the swing of things.

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Why is EP Important?

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Questions?

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