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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02665 (05/2020) | | | | **STATE OF WISCONSIN**  Page 1 of 2 | | | | |
| **COVID-19 – ASSISTED LIVING CHANGE WORKSHEET** | | | | | | | | |
| This worksheet is designed to assist assisted living facilities in planning for COVID-19 surge capacity. The Division of Quality Assurance (DQA) will utilize the information shared to determine whether assisted living facilities will be able to safely provide cares to residents under their plans, and work with the providers if concerns arise during review of the plans.  The information collected on this form will be used by DQA to evaluate the provider’s plan to temporarily expand or transfer residents during the COVID-19 public health emergency. Complete this form and submit an electronic version of the completed form and any attachments to both:   * Judy Jordan at [Judy.Jordan@dhs.wisconsin.gov](mailto:Judy.Jordan@dhs.wisconsin.gov) and * William Gardner at [WilliamR.Gardner@dhs.wisconsin.gov](mailto:WilliamR.Gardner@dhs.wisconsin.gov).   DQA will review the form for completeness. If any sections are incomplete or need clarification, DQA will contact the provider.  **References**   * Wis. Stat. Chapter 50: <http://docs.legis.wisconsin.gov/statutes/statutes/50> * Wis. Admin. Code Ch. DHS 83: <https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83> * Wis. Admin. Code Ch. DHS 88: <https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88> * Wis. Admin. Code Ch. DHS 89: <http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89/Title> | | | | | | | | |
| Name – Facility | | | | | | Facility Type  AFH  CBRF  RCAC | | License No. |
| Name – Administrator/Contact Person | | | Telephone No. | | Email Address | | | |
| **Emergency Preparedness Plan** | | | | | | | | |
| Yes  No | Do you have a written emergency preparedness plan? *If “No,” submit an emergency preparedness plan that includes potential COVID-19 concerns, including staffing and PPE*. | | | | | | | |
| Yes  No | Do you have a plan for resident isolation? | | | | | | | |
| Yes  No | Will this plan involve moving residents? *If “Yes,” internal or external?*  Internal  External | | | | | | | |
| **Staffing** | | | | | | | | |
| Yes  No | Does the facility currently have sufficient staff to care for the residents, including additional COVID-19 positive residents? | | | | | | | |
| Yes  No | Do you have a plan for acquiring more staff? *If “Yes,” describe below.* | | | | | | | |
|  |  | | | | | | | |
| Yes  No | Do you have an emergency staffing plan if/when staff start to contract the virus? *If “Yes,”* d*escribe below.* | | | | | | | |
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| **Personal Protective Equipment (PPE)** | | | | | | | | |
|  | Describe below how much PPE you have? | | | | | | | |
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| Yes  No | Do you have plans for acquiring more PPE? *If “Yes,”* d*escribe below.* | | | | | | | |
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| Yes  No | Have you calculated a PPE burn rate that includes a census of COVID-19 positive residents? (See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>) | | | | | | | |
| **Beds** | | | | | | | | |
| Yes  No | Do you plan to increase/decrease the number of beds? | | | | | | | |
|  |  | What is the number of private beds? | | | | | | |
|  |  | What is the number of non-private beds? | | | | | | |
|  |  | What is the total number of beds? | | | | | | |
|  |  |  | | | | | | |
| Yes  No | Are these additional beds for COVID-19 positive residents? | | | | | | | |
|  | If “No,” why are you adding the beds? *Explain below.* | | | | | | | |
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|  | If “No,” where did/will the beds come from? *Explain below.* | | | | | | | |
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| Yes  No | Would these changes occur prior to COVID-19 positive residents entering the building or once they are infected? | | | | | | | |
| **Environmental Controls** | | | | | | | | |
| Yes  No | Does your plan involve any temporary or permanent building alterations (e.g., fire doors or addition of temporary barriers)? | | | | | | | |
| Yes  No | Do occupied COVID-19 room doors stay closed per facility policy? | | | | | | | |
| Yes  No | Is ventilation air from the COVID-19 area recirculated back to the remainder of the facility? | | | | | | | |
| Yes  No | Are high efficiency (HEPA) filters being used? *If “Yes,” indicate where.* | | | | | | | |
|  | Resident rooms  Corridors  Central air handling unit  Other: | | | | | |  | |
|  |  | | | | | |  | |
| **Include a diagrammatic floor plan in your submission to the department that denotes the COVID-19 area.** | | | | | | | | |