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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-02669 (05/2020) | **STATE OF WISCONISN** |
| **COVID-19 – PROVIDER SELF-ASSESSMENT WORKSHEET** **Nursing Homes and Assisted Living Facilities**  |
| Name – Provider      | License / Certification No.      |
| Licensed Beds / Certified Apartments: |       | Current Census: |       |
| **Completed** | **In Progress** | **Not Started** |  |
|       |       |       | COVID-19 preparedness (including staffing) has been incorporated into emergency plan for facility. |
|       |       |       | There is a designated staff person to coordinate preparedness planning and integrate local DPH, DHS, and CDC guidance. |
|       |       |       | Limiting visitors |
|       |       |       | Signs have been posted at facility entrance with visitor policy (limit to essential visits only; limited visitation hours; exceptions allowed for hospice). |
|       |       |       | One central entry point has been designated for universal entry screening. |
|       |       |       | Routine symptom screening (+/- temperature check) has been initiated at entry for all staff, residents, and essential visitors |
|       |       |       | Handwashing on entry is requested for all staff, residents, and visitors. |
|       |       |       | Residents have been notified about your COVID-19 policies. |
|       |       |       | Facility has conducted staff training on COVID-19 prevention, symptoms, transmission. |
|       |       |       | Facility has conducted staff training on sick leave policies. |
|       |       |       | Daily symptom screening (+/- temperature check) has been initiated for all residents. |
|       |       |       | Facilities have developed policies that enable residents to leave facility for essential medical care. |
|       |       |       | Free telephone has been implemented to allow residents to keep in touch with family, medical providers, etc. |
|       |       |       | All residents have at least a 30-day supply of medications. |
|       |       |       | All emergency contact information for all residents have been updated. |
|       |       |       | Facility has a specific plan for managing residents with symptoms of acute respiratory illness and/or COVID-19 exposure. |
|       |       |       | Facility is able to designate a single bathroom for isolation of symptomatic and/or asymptomatic exposed residents. |
|       |       |       | Appropriate PPE (face masks, gowns, gloves, eye protection) is available outside of isolation room. |
|       |       |       | Plan has been developed to immediately notify residents' medical provider if symptoms develop or if COVID-19 exposure occurs. |
|       |       |       | Plan has been developed to accept back residents following discharge from hospital for acute respiratory illness. |
|       |       |       | Facility is able to serve all meals and deliver medications to residents in isolation. |
|       |       |       | Commonly touched surfaces are cleaned and disinfected at least once a day. |
|       |       |       | Signs are posted throughout the facility to encourage residents to report acute respiratory illness to staff. |
|       |       |       | Hand washing stations or alcohol-based hand sanitizer are available in every resident room. |
|       |       |       | A plan has been created to audit and address supply shortages. |
| **Completed** | **In Progress** | **Not Started** |  |
|       |       |       | If *not started*, how many days’ worth of hygiene supplies does the facility have? |
|  |        | Hand hygiene supplies |
|       | Other – *Specify:* |       |
|       | Other – *Specify:* |       |
|       | Other – *Specify:* |       |
|       |       |       | If *not started*, how many days’ worth of PPE supplies does the facility have? |
|  |       | Face shields |
|       | Disposable gloves |
|       | N95 respirators |
|       | Other – *Specify:* |       |
|       | Other – *Specify:* |       |
|       | Other – *Specify:* |       |
|       |       |       | Other Supplies – *List below:* |
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