|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES** Division of Quality Assurance  F-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:* | | | | | |
|  | | | |  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |