

## 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 reoccupy. 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

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

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.

\*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 Intermediate Care Facilities for Individuals with Intellectual Disabilities HSS ICF/IID 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 reoccupy. 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:**

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- 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

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

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.

\*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.

**Appendix C for Adult Residential Care Providers Facilities Only****HSS ARCP 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 reoccupy. 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:

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- 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

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

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.

\*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 D for Adult Day Health Care and Home & Community Based Services Only  
HSS ADHC and HCBS Re-occupy Form (ADC & Respite Modules)

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 reoccupy. 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.

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- 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

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

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

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\*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.

**Appendix E 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**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 reoccupy. 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:**

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- 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

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- 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.

\*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.