



AGENCY FOR
HEALTH CARE
ADMINISTRATION

Suspected or Confirmed COVID-19 Cases in Long-Term Care Facilities

AHCA Staff Information

Date and Time of Visit: _____

AHCA Staff Name: _____

AHCA Staff Phone Number: _____

Facility Information

Facility Name: _____

Address: _____
Street Address City County ZIP Code

Contact Name _____ Email _____

****For NH visit refer to QSO-20-29-NH***

Facility Type: Nursing Facility Assisted Living Facility Adult Family Care Home
ICF/IID Other

Suspected COVID-19 Case Information

Resident Name _____ Age _____ Date of Suspected Infection _____

Has the resident(s) been tested for COVID-19? Yes No

If yes, what date was the resident tested? _____

Name of COVID-19 Testing Laboratory _____ In-state Out-of-state

Does the resident have a roommate? Yes No Has the roommate been tested? Yes No

Are there other residents at the facility whom you suspect has contracted COVID-19? Yes No

Have they been tested? Yes No

If yes, name of Laboratory doing the COVID-19 Testing _____ In-state Out-of-state

If yes, what do you think was the means of transmission? Explain:

Who at your facility is in contact with the Department of Health (DOH)?

What area of DOH has your facility been in contact with (epidemiology, CHDs, etc.) _____

Name and phone number of DOH Contact _____

Confirmed COVID-19 Case Information

Resident Name _____ Age _____ Date of Confirmation _____

Where is the Resident? Hospital Other LTC Facility Local/State Facility Has not left facility

If resident has not left your facility, please explain the reason why:

Name of Facility (if resident has left your facility) _____ Location of Facility _____

If resident has left your facility, what date was the resident discharged? _____

Does the resident have a roommate? Yes No Has the roommate been tested? Yes No

Are there other residents at the facility whom you have confirmed have contracted COVID-19? Yes No

Have they been discharged to another facility? Yes No

Name of facility _____ Location of Facility _____

Type of Facility? Hospital Other LTC Facility Local/State Facility Has not left facility

If residents have not left your facility, please explain the reason why:

Actions Taken to Stop the Transmission of COVID-19

What actions has your facility taken to mitigate the transmission of COVID-19 to other residents, healthcare personnel and staff? Check all that apply.

Restricted ALL Visitation

Posted signage at entrance advising no visitors

Restricted all non-essential personnel

Screen all HCP at beginning of shift for fever or respiratory symptoms

Implemented CDC recommendation for hand hygiene:

Alcohol-based hand sanitizer or rub

Sinks are stocked with soap and paper towels

Cleaning and disinfecting frequently touched surfaces and shared resident care equipment

Actively monitor all residents for fever and respiratory symptoms

Universal facemasks for HCP while in the facility

Practice social distancing

HCP wear PPE when appropriate

HCP dispose of PPE appropriately, including hand hygiene after disposal

HCP wear PPE when appropriate with a resident suspected or confirmed with COVID-19

HCP dispose of PPE appropriately, including hand hygiene after disposal with a resident suspected or confirmed with COVID-19

Facemask used on resident with suspected or confirmed with COVID-19

Created a plan for co-horting residents suspected or confirmed with COVID-19

Designated staff to work with residents suspected or confirmed with COVID-19

Implemented precautions for roommates of residents suspected or confirmed with COVID-19

Communal Dining Cancelled

Group Activities and field trips cancelled

Encourage residents to stay in their room

If resident leaves room: have them wear a facemask Perform good hygiene Limit resident movement

How many days supply of PPE do you have?

When do you anticipate your next PPE delivery?

If you have concerns regarding your PPE supply, have you contacted your local health department? Yes No

Yes If yes, what was the response from the health department?

Does your facility have everything it needs to mitigate the transmission of COVID-19 within your facility? Yes No

If no, please tell us everything that your facility needs:

Hurricane Preparedness Planning During Pandemic

Have you confirmed agreements with your receiving facility (evacuation destination) since May 1, 2020, to verify the agreements remain viable?
 Yes No If No, for Nursing Homes, refer the facility to QSO-20-29-NH.

Will the destination you have planned allow isolation (private rooms) and/or cohorting of any positive cases you may have at the time of evacuation with dedicated staff? Yes No

Have you confirmed transportation since May 1, 2020, including arrangements for confirmed or suspected COVID-19 residents with the transportation provider? Yes No

If you are a receiving facility, are you able to cohort confirmed or suspected COVID-19 positive residents from others and provide proper space for social distancing? Yes No N/A (if not a receiving facility)

Can you maintain isolation and distancing requirements with your emergency power plans, including if your facility or receiving facility does not have a fully operational HVAC with generator? Yes No

Do you have sufficient and appropriate PPE supplies to take in an evacuation to include all PPE needed for Standard Precautions and residents on any Transmission-based precautions (contact, droplet)? Yes No How many days' supply do you have?

Have you verified current facility contacts and phone numbers/emails, including mobile numbers and current administrator are up to date in Emergency Status System (ESS)? Yes No

Have you verified the emergency generator information including contact information for appropriate plant management staff is up to date in ESS? Yes No

Staff Testing for COVID-19 (Nursing Homes, Assisted Living Facilities and ICF's Only)

What is the staff census? Employee _____ and Contractors _____

Was the staff roster and visitor log requested and documentation of staff testing confirmed? Yes No Explain:

What is your process for ensuring staff are being tested every two weeks for COVID-19?

How are you verifying non-facility staff and contracted staff have been tested?

Is there documentation of staff permitting the facility to see their test results for COVID-19? Yes No
(Request documentation for review) Explain what was reviewed below:

Are you aware of how to obtain test results? What is that process?

Have any staff tested positive? If so, what actions were taken?

Have positive test results been reported to the County Health Department? What is your process for reporting?

Have you experienced any staffing issues as a result of staff exposures? If so, how have you addressed these? If you have been unable to address staffing concerns, have you contacted the local Emergency Operations Center to request assistance?

AHCA Response Team

*****All AHCA Staff are to Wear PPE While Visiting Sites*****

AHCA Staff Name _____ Date Visited Facility _____

Additional Information:

For NH's and ALF's who have not completed any staff testing, request documentation showing when test kits were received and/or any efforts to receive them. Document what was reviewed here.