



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: _____



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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 re-occupy. 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

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

- 1) approval of reopening without survey;



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- 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.



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Appendix B for ARCP Facilities Only

ARCP Re-occupy Form

Name of Facility: _____

Point of Contact: _____

Point of Contact #: _____

No Damage to Facility:

No power outage for more than 48 hours: Yes / ☐ No ☐

Comply with OPH rules? ☐ Yes / ☐ No

Comply with SFM rules? ☐ Yes / ☐ No

If you answered “Yes” to all the above questions, then please submit this form to HSS and you may re-occupy. 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

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.



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*Please note HSS may request additional information to determine approval to re-occupy. Also, 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.



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Appendix C for ADHC and HCBS Only

ADHC and HCBS (ADC & Respite Modules) Re-occupy Form

Name of Facility: _____

Point of Contact: _____

Title: _____

Point of Contact #: _____

No Damage to Facility:

Comply with OPH rules? ☐ Yes / ☐ No

Comply with SFM rules? ☐ Yes / ☐ No

If you answered “Yes” to all the above questions, then please submit this form to HSS and you may re-occupy. 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 and include the following:

- 1) damage report;
- 2) extent and duration of any power outages;
- 3) staffing availability;

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

- 1) surveys that may be required before approval to reopen will be granted. This may include surveys by the OPH, OSFM and HSS; or
- 2) approval to re-open



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Appendix D 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

Did the hospital completely evacuate (no one left behind)? ☐ Yes / ☐ No

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) availability and/or access to food, water, medications and supplies;
- 5) any concerns by the local OEP for facility re-opening

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.