



State of Louisiana

Louisiana Department of Health
Office of the Secretary

To: The Honorable John Bel Edwards, Governor, State of Louisiana (Via Email)
The Honorable Jeff Landry, Attorney General, Louisiana Department of Justice (apa.submission@ag.louisiana.gov)
The Honorable Patrick Page Cortez, President, Louisiana Senate (apa.senatepresident@legis.la.gov)
The Honorable Clay Schexnayder, Speaker, Louisiana House of Representatives (apa.housespeaker@legis.la.gov)
Catherine Brindley, Editor, *Louisiana Register* (reg.submission@la.gov)
Senate Health and Welfare Committee (apa.s-h&w@legis.la.gov)
House Health and Welfare Committee (apa.h-hw@legis.la.gov)

From: Dr. Courtney N. Phillips, Secretary, Louisiana Department of Health

Date: November 18, 2022

Re: Justification of Promulgation of Emergency Rule
Nursing Facilities – Licensing Standards (LAC 48:I.Chapter 97 and 9911)

MEMORANDUM

In accordance with the Administrative Procedure Act (La. R.S. 49:950 *et seq.*) as amended, the Louisiana Department of Health is submitting the following emergency rule that amends Nursing Facilities – Licensing Standards (LAC 48:I.Chapter 97 and 9911).

Should you have any questions or require additional information regarding this matter, please do not hesitate to contact Cynthia York at Cynthia.York@la.gov.

Attachments: Emergency Rule – Nursing Facilities – Licensing Standards (LAC 48:I.Chapter 97 and 9911)

Cc: Tasheka Dukes, LDH HSS Assistant Secretary
Tara A. LeBlanc, LDH Medicaid Director
Dr. Shannon Bibbins, LDH Deputy Medicaid Director
Veronica Dent, LDH Medicaid Program Manager
Bethany Blackson, LDH Legislative Liaison
Catherine Brindley, *Louisiana Register* Editor, Office of the State Register

DECLARATION OF EMERGENCY

Department of Health Bureau of Health Services Financing

Nursing Facilities Licensing Standards (LAC 48:I.Chapter 97 and 9911)

The Department of Health, Bureau of Health Services Financing amends LAC 48:I.Chapter 97 and §9911 as authorized by R.S. 36:254 and 40:2009.1-2009.44. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S.49:962, and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health, Bureau of Health Services Financing amends the provisions governing the licensing of nursing facilities in order to comply with the requirements of the following Acts of the 2022 Regular Session of the Louisiana Legislature: Act 253 requires the Department of Health to amend provisions governing the licensing of nursing facilities to provide requirements for generators or other department approved alternate electrical power sources; Act 461 requires the department to promulgate provisions concerning healthcare workplace violence; and Act 522 directs the department to promulgate requirements and standards for nursing home emergency preparedness plans.

This action is being taken to prevent imminent peril to the health, safety, and welfare of nursing facility residents and staff in the event of an emergency or disaster. It is anticipated that implementation of this Emergency Rule will increase expenditures in the Department of Health, Office of the Secretary by approximately \$397,594 for state fiscal year 2022-2023.

Effective November 18, 2022, the Department of Health, Bureau of Health Services Financing amends the provisions governing the licensing of nursing facilities in compliance with Acts 253, 461, and 522 of the 2022 Regular Session of the Louisiana Legislature.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 97. Nursing Facilities

Subchapter A. General Provisions

§9701. Definitions

Local Office of Emergency Preparedness (OEP)-a parish office of homeland security and emergency preparedness established pursuant to R.S. 29:727.

~~Nursing Facility—any private home, institution, building, residence or other place, serving two or more persons who are not related by blood or marriage to the operator, whether operated for profit or not, and including those places operated by a political subdivision of the state of Louisiana which undertakes, through its ownership or management, to provide maintenance, personal care, or nursing services for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves. The term does not include the following:~~

~~————— 1. — a home, institution or other place operated by the federal government or agency thereof, or by the State of Louisiana;~~

~~————— 2. — a hospital, sanitarium or other medical institution whose principal activity or business is the care and treatment of persons suffering from tuberculosis or from mental diseases;~~

~~————— 3. — a hospital, sanitarium or other medical institution whose principal activity or business is the diagnosis, care and treatment of human illness through the maintenance and operation of organized facilities;~~

~~————— 4. — any municipal, parish or private child welfare agency, maternity hospital or lying-in home required by law to be licensed by some department or agency;~~

~~5. any sanitarium or institution conducted by and for Christian Scientists who rely on the practice of Christian Science for treatment and healing;~~

~~6. any nonprofit congregate housing program which promotes independent living by providing assistance with daily living activities such as cooking, eating, dressing, getting out of bed and the like to persons living in a shared group environment who do not require the medical supervision and nursing assistance provided by nursing facilities. No congregate housing program, except those licensed or operated by the state of Louisiana, shall:~~

~~a. use the term "nursing facility" or any other term implying that it is a licensed health care facility; or~~

~~b. administer medications or otherwise provide any other nursing or medical service; or~~

~~7. any adult residential care facility.~~ Repealed.

Nursing Home and/or Nursing Facility-a nursing home or nursing facility as defined in R.S. 40:2009.2 that is licensed by the Department of Health (LDH) in accordance with the requirements of R.S. 40:2009.3.

Unlicensed Sheltering Site-any location within or outside the state of Louisiana that is not licensed as a nursing facility by the LDH in accordance with the R.S. 40:2009.3. This

includes nursing homes licensed or certified by other states or federal entities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2009.1-2009.44.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 42:1891 (November 2016), amended LR 46:1393 (October 2020), LR 48:

\$9727. Incident Reporting Requirements

A. A nursing facility shall have written procedures for the reporting and documentation of actual and suspected incidents of abuse, neglect, misappropriation of property/funds, and suspicious death. Major injuries of unknown origin (e.g., fractures, burns, suspicious contusions, head injuries, etc.) for which the nursing facility is unable to determine the cause and could possibly be the result of abuse or neglect shall also be reported. Such procedures shall ensure that:

1. ...

2. ~~immediate verbal reporting is made and a preliminary written report within all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown origin and misappropriation of resident property, are reported immediately, but not later than two hours after the allegation is made or discovered, to the~~

~~administrator of the facility and to other officials (including Health Standards Section (HSS) and law enforcement) where state law provides jurisdiction, if the events that caused the allegation involve abuse or result in a serious bodily injury; or not later than 24 hours of after the incident is submitted events that caused an allegation which does not involve abuse or result in serious bodily injury, to the administrator or his/her designee of the facility and to other officials;~~

3. ~~notification, as required by allegations of an event that do not involve abuse or result in serious bodily injury shall be reported to the administrator of the facility and HSS, is submitted to HSS within not later than 24 hours of after the occurrence of or discovery of the incident. The nursing facility shall utilize the LDH online tracking incident system (OTIS) or current LDH required department reporting database reporting system to provide notification;~~

NOTE: ~~The nursing facility is required to maintain internet access and to keep the department informed of an active e-mail address at all times.~~ Repealed.

4. - 5. ...

6. immediate attempts are made to notify other involved agencies and parties as appropriate; ~~and~~

7. immediate notification is made to the appropriate law enforcement authority whenever warranted; ~~and~~

8. the nursing facility is required to maintain internet access and to keep the department informed of its active and monitored electronic mail address at all times.

B. - C. ...

D. A final report with the results of all investigations shall be reported to HSS within five working days of the incident through ~~the~~ use of ~~OTIS or the~~ current ~~LDH required department reporting~~ database ~~reporting~~ system. The report shall include:

D.1. - F.8. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2009.1-2009.44.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 42:1900 (November 2016), amended LR 48:

§9761. Policies and Procedures

A. There shall be written policies and procedures that:

1. are available to staff, residents and legal representatives governing all areas of care and services provided by the nursing facility;

2. ~~ensuring~~ ensure that each resident receives the necessary care and services to promote the highest level of physical, ~~mental and~~ medical, psychosocial functioning, and well-being of each resident;

3. are developed with the advice of a group of professional personnel consisting of at least a currently licensed physician, the administrator, and the director of nursing services;

4. are revised as necessary, but reviewed by the professional personnel group referenced in Paragraph A.3 of this Section at least annually;

5. are available to admitting physicians;

6. ~~reflecting~~ reflect an awareness of, and ~~provision~~ provisions for, meeting the total physical, medical, and psychosocial needs of residents, including admission, transfer and discharge planning, and the range of services available to residents, including frequency of physician visits by each ~~category type~~ of residents similarly diagnosed resident admitted; and

7. are approved by the governing body.

B. The nursing facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

1. The nursing ~~facility~~ facility's personnel, visitors, and residents shall not use verbal, mental, sexual or physical abuse, corporal punishment, or involuntary seclusion.

2. The nursing facility shall develop and ~~operationalize~~ implement policies and procedures for screening and training employees, for protection of the residents, and for the ~~prevention, identification, investigation~~ preventing, identifying, investigating, and reporting of abuse, ~~neglect, mistreatment and misappropriation of property.~~

C. ~~The administrator or his designee is responsible, in writing, for the execution of such~~ nursing facility shall develop and implement policies and procedures to prevent, respond to, report, and mitigate instances of healthcare workplace violence.

D. The nursing facility is not required to admit registered sex offenders; however, if the nursing facility admits a registered sex offender, then the nursing facility shall develop policies and procedures to ensure that residents, their family members, and/or their responsible parties or guardians are notified upon admission of sex offenders living in the facilities. Such policies and procedures must include provisions for addressing the safety and well-being of other residents, staff, and visitors. The requirement of notification shall continue for as long as the information is considered a public record.

E. The administrator or his designee is responsible, in writing, for the execution of such policies.

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and 40:2009.1-2009.44.

HISTORICAL NOTE: Promulgated by the Department of
Health, Bureau of Health Services Financing, LR 42:1903
(November 2016), amended LR 48:

§9767. Emergency Preparedness

A. ~~The nursing facility shall have an emergency preparedness plan which conforms to the format and specifications of the Louisiana Model Nursing Home Emergency Plan and the licensing regulations promulgated herein. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that either have the potential to disrupt and/or actually disrupt the nursing facility's ability to provide care and treatment or threatens the lives or safety of the residents. The nursing facility shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.~~General Provisions

1. ~~All The nursing facilities located in the parishes named in R.S. 40:2009.25(A) facility shall submit their have an emergency preparedness information and documentation to the department for review. Upon request, all other nursing facilities shall forward their emergency preparedness information and documentation plan that conforms to the~~

~~Department of Health (LDH) for review~~ format and specifications
and the licensing regulations promulgated herein (see the
Louisiana Model Nursing Home Emergency Plan). The plan shall be
designed to manage the consequences of all hazards, declared
disasters, or other emergencies that either have the potential
to disrupt and/or actually disrupt the nursing facility's
ability to provide care and treatment, or threatens the health,
safety, and welfare of the residents. The nursing facility
shall follow and execute its emergency preparedness plan in the
event of a declared disaster or other emergency.

2. All nursing ~~facilities' emergency preparedness~~
~~information and documentation~~ facilities shall, at a minimum,
~~include:~~ submit their full, updated emergency preparedness plan
to the department for approval on its current emergency
preparedness webpage or electronic database. The emergency
preparedness plan shall be signed by the nursing home's owner or
owners, or any designee of such parties, and its administrator.

a. ~~a copy of the nursing facility's emergency~~
~~preparedness plan;~~

~~b. updates, amendments, modifications or~~
~~changes to the nursing facility's emergency preparedness plan;~~

~~c. the current census and number of licensed~~
~~beds; and~~

~~_____ d. the nursing facility location, physical street address with longitude and latitude, and current nursing facility contact information.~~
a. - d. Repealed.

3. ~~After reviewing the~~The nursing facility's emergency preparedness plan, if the department determines that the plan does not comply with the current minimum licensing requirements or does not promote the health, safety and welfare of the nursing facility's residents, the nursing facility shall, within 10 days of notification, respond with an acceptable plan of correction to amend its include a shelter in place plan and an evacuation plan, both of which shall be activated at least once annually, either in response to an emergency preparedness plan or in a planned drill.

4. The nursing facility's emergency preparedness plan shall be individualized, site specific, current, and correct, and it shall comport with all requirements in Subsections C and D of this Section below.

5. The nursing facility's plan shall follow all applicable laws, standards, rules, or regulations, including R.S. 40:2009.25.

B. ~~A nursing facility shall enter current nursing facility information into Mstat or into the current LDH emergency preparedness webpage or electronic database for reporting.~~
Emergency Preparedness Plan Approval Process

1. ~~The following information shall be entered or updated into Mstat or into the current LDH review and approval of nursing home emergency preparedness webpage or electronic database for reporting before the fifteenth plans by the department and each entity listed in Paragraph 3.a of this Subsection below shall be performed pursuant to each reviewing entities' respective areas of each month:~~ knowledge, expertise, or jurisdiction.

~~a. operational status;~~

~~b. census;~~

~~c. emergency contact and destination location information;~~

~~d. emergency evacuation transportation needs categorized by the following types:~~

~~i. red-high risk patients will need to be transported by advanced life support ambulance due to dependency on mechanical or electrical life sustaining devices or very critical medical condition;~~

~~ii. yellow residents who are not dependent on mechanical or electrical life sustaining devices, but cannot be transported using normal means (buses, vans, cars), may need to be transported by an ambulance. However, in the event of inaccessibility of medical transport, buses, vans or cars may be used as a last resort; or~~

~~iii. green residents who need no specialized transportation may be transported by car, van, bus or wheelchair accessible transportation.~~
a. - d.iii. Repealed.

2. ~~A nursing facility shall also enter or update the nursing facility's information upon request, or as described per notification of an emergency declared by the secretary.~~

~~Emergency events include, but are not limited~~ The departmental review and approval process required by this Subsection may include transmittal to hurricanes, floods, fires, chemical any other local, parish, regional, or biological hazards, power outages, tornados, tropical storms and severe weather other state agencies or entities for consultation as the department deems appropriate. Each such agency or entity shall cooperate and contribute to the department's review and approval process, as required by state statute.

3. ~~Effective immediately, upon notification of an emergency declared by the secretary, all nursing facilities shall file an electronic report with Mstat or into the current LDH emergency preparedness webpage or electronic database for reporting.~~ Departmental Review, Transmittal, and Approval of Emergency Preparedness Plan

a. ~~The electronic report department shall be filed, as prescribed by the LDH, throughout the duration of the~~ conduct a review and, if appropriate, approval of each nursing

home's emergency ~~declaration~~ preparedness plan submitted to it
via the current department emergency preparedness webpage or
other electronic database. The departmental review and approval
process required by this Subsection shall include transmittal of
each nursing home's emergency preparedness plan to all of the
following entities for review by those entities:

i. the Office of State Fire Marshal (OSFM);

ii. the Governor's Office of Homeland
Security and Emergency Preparedness;

iii. the Department of Transportation and
Development;

iv. the Louisiana Emergency Response
Network;

v. the local office of emergency
preparedness (OEP) of the parish in which the nursing home is
located; and

vi. the local OEP of any parish in which an
evacuation site, including any unlicensed sheltering site, as
identified in the nursing home's emergency preparedness plan, is
located.

b. ~~The electronic report shall include, but is~~
~~not limited to,~~ After review of a nursing home emergency
preparedness plan by the entities listed above, the
following department shall either issue final approval of the

emergency preparedness plan or require changes, amendments, or other revisions to the emergency preparedness plan. The department shall notify the nursing home that submitted the plan of the department's decision.

~~i. status of operation;~~
~~ii. availability of beds;~~
~~iii. generator status;~~
~~iv. evacuation status;~~
~~v. shelter in place status; and~~
~~vi. other information requested by the~~
department.i. - vi. Repealed.

NOTE: ~~The electronic report shall not be used to request resources or to report emergency events.~~Repealed.

4. Emergency Preparedness Plan Review by Other Entities

a. Each entity listed in Paragraph 3.a above of this Subsection shall review each nursing home emergency preparedness plan submitted to it, and shall submit one of the following documents to the department within 90 days of receipt of the emergency preparedness plan from the department:

i. a letter of preliminary approval of the nursing home's emergency preparedness plan; or

ii. a letter detailing what changes, amendments, or revisions to the emergency preparedness plan are necessary.

b. any entity listed in Paragraph 3.a of this Subsection that does not respond to the department concerning a nursing home emergency preparedness plan within 90 days of receipt of the plan shall be deemed to have been granted preliminary approval to the plan.

5. Revision and Resubmission of Emergency Preparedness Plan

a. Within 15 days of receipt by the nursing home of an electronic notification from the department that the nursing home's emergency preparedness plan requires changes, amendments, or revisions, the nursing home shall update and revise its emergency preparedness plan to incorporate the required changes, amendments, or revisions, and shall return a copy of the updated and revised emergency preparedness plan to the department.

b. After receipt of the nursing home's updated and revised emergency preparedness plan within the 15 day time period, the department may, at its discretion, schedule a conference call with the nursing home to get clarification, information, or edits from the nursing home;

such conference call may result in the nursing home submitting an additional updated or revised emergency preparedness plan.

c. The department shall review the nursing home's updated and revised emergency preparedness plan to confirm that all required changes, amendments, or revisions have been incorporated into the plan, and it shall approve the emergency preparedness plan and issue an approval letter to the nursing home. If the required changes, amendments, or revisions have not been incorporated, the department shall reject the emergency preparedness plan and issue a letter of rejection to the nursing home. The department shall not issue a license to or renew a license of a nursing home that has received a letter of rejection of its emergency preparedness plan.

6. Each nursing home shall transmit, if available, a copy of its final, approved emergency preparedness plan and a copy of the approval letter from the department to the OSFM and the applicable local office or OEP. If the nursing home received a letter of rejection from the department, the nursing home shall transmit a copy of that letter to the OSFM and the applicable local office or OEP.

7. Emergency Preparedness Plan Submission

Deadlines for Nursing Facilities Located in Coastal
Parishes

a. The following deadlines shall apply to
each nursing home located in the parishes of Acadia,
Ascension, Assumption, Calcasieu, Cameron, Iberia,
Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans,
Plaquemines, Saint Bernard, Saint Charles, Saint James,
Saint John the Baptist, Saint Martin, Saint Mary, Saint
Tammany, Tangipahoa, Terrebonne, and Vermilion.

b. Each nursing home located in a parish
listed in this Paragraph shall develop its emergency
preparedness plan on or before August 30, 2022, pursuant to
Act 522 of the 2022 Regular Session of the Louisiana
Legislature.

c. Each nursing home located in a parish
listed in this Paragraph shall submit copies of its
emergency preparedness plan to the department on or before
September 1, 2022, pursuant to Act 522 of the 2022 Regular
Session of the Louisiana Legislature.

d. The department shall transmit its
notification letter approving or rejecting the emergency
preparedness plan to all nursing homes located in a parish
listed in this Paragraph on or before March 1, 2023.

e. The department shall either approve or reject all resubmitted emergency preparedness plans and transmit to the nursing homes located in a parish listed in this Paragraph an approval or rejection letter on or before May 15, 2023.

f. Each nursing home located in a parish listed in this Paragraph shall transmit a copy of its final, approved emergency preparedness plan and the approval letter from the department, or alternatively it shall transmit the rejection letter it received from the department, to the OSFM and the applicable local office or OEP on or before May 31, 2023.

8. Emergency Preparedness Plan Submission
Deadlines for Nursing Facilities Located in Non-Coastal
Parishes

a. The following deadlines shall apply to each nursing home located in the parishes of Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Caldwell, Catahoula, Claiborne, Concordia, DeSoto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberville, Jackson, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Ouachita, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Helena, Saint Landry,

Tensas, Union, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, and Winn.

b. Each nursing home located in a parish listed in this Paragraph shall develop its emergency preparedness plan on or before August 30, 2023.

c. Each nursing home located in a parish listed in this Paragraph shall submit copies of its emergency preparedness plan to the department on or before September 1, 2023.

d. The department shall transmit its notification letter approving or rejecting the emergency preparedness plan to all nursing homes located in a parish listed in this Paragraph on or before March 1, 2024.

e. The department shall either approve or reject all resubmitted emergency preparedness plans and transmit to nursing homes located in a parish listed in this Paragraph an approval or rejection letter on or before May 15, 2024.

f. Each nursing home located in a parish listed in this Paragraph shall transmit a copy of its final, approved emergency preparedness plan and the approval letter from the department, or alternatively it shall transmit the rejection letter it received from the

department, to the OSFM and the applicable local office or OEP on or before May 31, 2024.

9. Annual Review of Emergency Preparedness Plan

a. On or before October 31, 2023, and annually thereafter each nursing home located in the parishes listed in Subsection B.7 above shall review its emergency preparedness plan.

b. On or before October 31, 2024, and annually thereafter, each nursing home located in the parishes listed in Subsection B.8 above shall review its emergency preparedness plan.

c. In conducting the annual review required by this Paragraph, a nursing home shall review any changes in the state licensing rules and regulations and any changes in federal rules and regulations for nursing homes that have been adopted since the date of its last review of its emergency preparedness plan.

d. If a nursing home conducts a review and determines that no changes, modifications, or amendments to its emergency preparedness plan are necessary, then the nursing home shall notify all of the following entities of this determination on or before November 1 of the current review period:

i. the local OEP of the parish in which the nursing home is located;

ii. the local OEP of any parish in which a sheltering site, alternative sheltering site, or evacuation site, as identified in the nursing home's emergency preparedness plan, is located;

iii. the OSFM; and

iv. the department.

e. Each notification required by Subparagraph 9.d above shall be in the form of a written attestation signed by the owner or owners, or any designee of such parties, and the administrator of the nursing home submitting the notification. A nursing home may submit an attestation provided for in this Subparagraph for no more than four consecutive years.

f. If the nursing home conducting the annual review determines that any changes, modifications, or amendments are necessary, or if the nursing home has previously submitted an attestation, as provided for in Subparagraph 9.e above, for four consecutive years, then the nursing home shall furnish a full emergency preparedness plan, prepared in accordance with the requirements and procedures provided in Subsections A

through D of Section 9767, to the department on or before November 1 of the current review period.

i. Following review of the full emergency preparedness plan submitted in accordance with Subparagraph 9.f above, the department shall notify the nursing home of its decision to either approve the plan or to require changes, amendments, or revisions to the plan on or before March 1 of the current review period.

ii. In the event that the department requires changes, amendments, or revisions to the nursing home's emergency preparedness plan, the nursing home shall update and revise the plan to incorporate the required changes, amendments, or revisions, and it shall resubmit the plan to the department within 15 days of its receipt of the electronic notification from the department that changes, amendments, or revisions are required.

iii. After receipt of the nursing home's amended plan within the 15 day time period, the department may, at its discretion, schedule a conference call with the nursing home to get clarification, information, or edits from the nursing home; such conference call may result in the nursing home submitting an additional updated or revised emergency preparedness plan.

iv. The department shall review the nursing home's updated and revised emergency preparedness plan to confirm that the required changes have been incorporated into the updated plan and it shall issue an approval or rejection letter to the nursing home on or before May 15 of the current review period.

(a). The department shall not issue a license to or renew a license of a nursing home that has received a letter of rejection of its emergency preparedness plan.

v. The nursing home shall transmit a copy of its final, approved emergency preparedness plan and a copy of the approval letter, or in the alternative, a copy of the rejection letter it received from the department, to the OSFM and the applicable local office or OEP on or before May 31 of the current review period.

(a). The nursing home shall submit the final, approved emergency preparedness plan to the above recipients in electronic format, if available.

C. ~~The emergency preparedness plan shall be individualized and site specific. All information included in the plan or submitted with the plan shall be current and correct. At a minimum, the nursing facility shall have a written~~

~~emergency plan that addresses:~~Contents of Emergency Preparedness Plan

1. ~~the procedures and criteria used for determining when the~~Each nursing facility will evacuate, including a listing of specific home's written emergency preparedness plan shall identify, at a minimum, a primary evacuation site location and a secondary evacuation determinations for those procedures and criteria;site location for emergencies or disasters. Such evacuation site locations may include the premises of other nursing homes, unlicensed sheltering sites, or both. Each such plan shall include and identify, at a minimum, all of the following:

a. the procedures and criteria used for determining when the nursing facility will evacuate, including a listing of specific evacuation determinations for those procedures and criteria;

b. the procedures and criteria used for determining when the nursing facility will shelter in place, including a listing of specific sheltering in place determinations for those procedures and criteria;

c. a primary evacuation site and a secondary evacuation site, as well as any other alternative evacuation sites that the nursing home may have;

i. these evacuation sites shall be evidenced by written agreements or contracts that have been signed and dated by all parties; and

ii. a nursing facility shall accept only the number of residents for which it is licensed unless prior written approval has been secured from the department or if the nursing facility is acting as an evacuation site during a declared or non-declared emergency;

d. the policies and procedures for mandatory evacuations, which shall provide that if the state, parish, or local office of emergency preparedness (OEP) orders a mandatory evacuation of the parish or area in which the nursing facility is located, the nursing facility shall evacuate unless the nursing facility receives a written exemption from the ordering authority prior to the mandated evacuation;

e. a plan for monitoring emergency alerts or notifications, including weather warnings and watches, as well as evacuation orders from local and state emergency preparedness officials;

i. this monitoring plan shall identify the staff position who will perform the monitoring, what equipment will be used for monitoring, and who should be contacted if needed; and

ii. the nursing facility shall have plans for monitoring during normal daily operations and when sheltering in place or during evacuations;

f. the policies and procedures for the delivery of essential care and services to residents, whether the residents are housed in the nursing facility, at an off-site location, or when additional residents are housed in the nursing facility during an emergency;

g. the policies and procedures for inspection by the nursing facility, for any damage to its entire facility during and post-event;

h. the provisions for the management of staff, including sufficient and competent staffing, and the distribution and assignment of staff responsibilities and functions, either within the nursing facility or at another location;

i. an executable plan for coordinating transportation services that are sufficient to accommodate the resident census and staff. The vehicles required for evacuating residents to another location shall be equipped with temperature controls. The plan shall include the following information:

i. a system to identify residents who require specialized transportation and medical needs, including the number of residents who will be classified as:

(a). red-high risk residents who will need to be transported by advanced life support ambulance due to dependency on mechanical or electrical life sustaining devices or very critical medical condition;

(b). yellow-residents who are not dependent on mechanical or electrical life sustaining devices, but cannot be transported using normal means (buses, vans, cars), and may need to be transported by a BLS ambulance. However, in the event of inaccessibility of medical transport, buses, vans, or cars may be used as a last resort; or

(c). green-residents who need no specialized transportation and may be transported by car, van, bus, or wheelchair accessible transportation;

j. a copy of the primary and secondary written transportation agreements for the evacuation of residents and staff that is signed and dated by all parties. Vehicles that are owned by, or are at the disposal of the nursing facility, shall have written usage agreements that are signed, dated and shall include verification of ownership, which shall include a copy of the vehicle's title or registration and the following information:

i. the number and type of vehicles;

ii. the capacity of each vehicle;

iii. a statement that each vehicle is equipped with temperature controls; and

iv. a statement that each vehicle is in good working condition;

k. policies and procedures outlining how the facility will prevent and treat heat-related medical illnesses due to the failure of temperature controls or due to other circumstances during transport;

l. the nursing facility's procedures for notifying the evacuation host site(s) local OEP, and the resident's family, legal representative or designated contact, and the department when the facility initiates its evacuation plan. The nursing facility shall have a staff position designated who is responsible for generating and documenting all attempts of notifications to the local OEPs, resident's family or responsible representative, and the department.

m. policies and procedures to ensure that an identification is directly attached to the nursing facility resident. The nursing facility shall designate a staff position to be responsible for this procedure and documentation. This identification shall remain directly attached to the resident during all phases of an evacuation and shall include, but not be limited to, the following information:

i. current and active diagnosis;

ii. medications, including dosage and times administered;

iii. allergies;

iv. special dietary needs or restrictions;

v. advanced directive, if applicable; and

vi. next of kin or responsible party, including contact information and relationship to resident;

n. policies and procedures, as well as a designated staff position who is responsible for ensuring, documenting, and certifying that a sufficient supply of the following items accompanies residents on buses or other transportation during all phases of an evacuation:

i. water;

ii. food;

iii. nutritional supplies and supplements;

iv. medication(s); and

v. other necessary supplies;

o. staffing patterns for evacuation and the procedures for ensuring that all residents have access to licensed nursing staff and that appropriate nursing services are being provided during all phases of the evacuation, including transport of residents. For buses or vehicles transporting 15 or more residents, licensed nursing staff shall accompany the residents on the bus or vehicle. A licensed therapist who is

BLS certified, or paramedic, may substitute for licensed nursing staff;

p. a plan for sheltering in place if the nursing facility determines that sheltering in place is appropriate, which shall include:

i. policies and procedures to ensure that seven days of necessary supplies are on hand for the duration of the shelter in place, or including any written agreements, with timelines, for how supplies will be delivered prior to the emergency event. The plan shall include a staff position responsible for ensuring and documenting that the necessary supplies are available. Supplies shall include, but are not limited to:

(a). drinking water or fluids, a minimum of one gallon per day, per person;

(b). water for sanitation, a minimum of three gallons per day, per person;

(c). non-perishable food, including special diets;

(d). medications;

(e). medical supplies;

(f). personal hygiene supplies; and

(g). sanitary supplies;

ii. policies and procedures for maintaining and posting a communications plan for contacting emergency services. The nursing facility shall designate a staff position to be responsible for documenting and contacting emergency services. The communication plan shall include:

(a). the type of equipment to be used;

(b). back-up equipment to be used if available;

(c). the equipment's testing schedule; and

(d). the power supply for the equipment being used;

iii. policies and procedures addressing the supply of emergency electrical power, including but not limited to a generator, in instances when primary electrical power in the nursing home is lost, but evacuation from the nursing home is not required. The plan shall include the type(s), size(s) and location(s) of the generator(s), if applicable. Such plan shall also include a statement indicating whether the nursing facility has a generator for sheltering in place. If the nursing facility has such a generator, the plan shall provide for fuel, either on hand or delivered prior to the emergency event. Such nursing facilities shall have fuel delivery agreements in place that will extend the uninterrupted operation

of the generator or alternative electrical power source under full load to a total period of 168 hours for a single emergent event. Nursing facilities may interrupt operation of the generator or alternative electrical power source to conduct routine maintenance as recommended by manufacturer's specifications. If the nursing facility has such a generator, the plan shall also provide a list of the generator's capabilities including:

(a). its ability to provide cooling or heating for all or designated areas in the nursing facility;

(b). its ability to power an Office of Public Health (OPH)-approved sewerage system;

(c). its ability to power an OPH-approved water system;

(d). its ability to power medical equipment;

(e). its ability to power refrigeration;

(f). its ability to power lights; and

(g). its ability to power communications;

iv. an assessment of the nursing facility's building to include, but not be limited to:

_____ (a). wind load or ability to withstand
wind;

_____ (b). flood zone and flood plain
information;

_____ (c). possible causes and probability of
power failure;

_____ (d). age of building and type of
construction; and

_____ (e). determinations of, and locations
of interior safe zones;

_____ v. policies and procedures for preventing
and treating heat related medical illnesses due to the failure
of or the lack of air conditioning, or due to other
circumstances, while sheltering in place;

_____ vi. staffing patterns for sheltering in
place and for evacuation;

_____ q. the nursing facility's location, physical
street address with longitude and latitude, and current nursing
facility contact information;

_____ r. a risk assessment to determine the nursing
facility's physical integrity. The physical integrity of the
nursing facility and all relevant and available information
shall be used in determining whether sheltering in place is
appropriate. All elevations shall be given in reference to sea

level or adjacent grade, as appropriate. If the facility has an
unlicensed sheltering site(s) as an evacuation location, it
shall also perform a risk assessment of each unlicensed
sheltering site. The assessment(s) shall be reviewed annually
and updated as necessary. The risk assessment shall include the
nursing facility's determinations and the following information:

i. the nursing facility's latitude and
longitude as well as the latitude and longitude for any
unlicensed sheltering site;

ii. the flood zone determination for the
nursing facility and any unlicensed sheltering site and base
flood elevation for each, and the nursing facility shall
evaluate how these factors will affect the building(s);

iii. the elevations of the building(s),
heating ventilation and air conditioning (HVAC) system(s),
generator(s), fuel storage, electrical service, water system and
sewer motor. If applicable, the nursing facility shall evaluate
how these factors will affect the viability of a site
considering projected flood and surge water depths;

iv. an evaluation of the building to
determine its ability to withstand wind and flood hazards to
include:

(a). the construction type and age;

(b). the roof type and wind load;

(c). the windows, shutters, and wind load;

(d). the wind load of shelter building;
and

(e). the location of interior safe zones;

v. an evaluation of each generator's fuel source(s), including refueling plans, fuel consumption rate and a statement that the output of the generator(s) will meet the electrical load or demand of the required (or designated) emergency equipment;

vi. the determinations based upon an evaluation of surroundings, including lay-down hazards or objects that could fall on the building and hazardous materials, such as:

(a). trees;

(b). towers;

(c). storage tanks;

(d). other buildings;

(e). pipe lines;

(f). chemical and biological hazards;

and

(g). fuels;

vii. the sea, lake and overland surge from hurricanes (SLOSH) modeling using the maximum's of the maximum envelope of waters (MOM) for the nursing facility's specific location and the findings for all categories of hurricanes. The nursing facility's plan shall include an evaluation of how this will or will not affect the nursing facility;

s. the nursing facility's plan shall provide for an evaluation of security risks and corresponding security precautions that will be taken for protecting residents, staff and supplies during and after an emergency event;

t. the nursing facility's plan shall include clearly labeled and legible floor plan(s) of the nursing facility's building(s). The nursing facility's plan shall include the following:

i. the areas being used as shelter or safe zones;

ii. the supply and emergency supply storage areas;

iii. the emergency power outlets;

iv. the communications center;

v. the location of the posted emergency floor plan, which shall be easily accessible to staff; and

vi. a pre-designated command post.

~~2. the procedures and criteria used for determining when the nursing facility will shelter in place, including a listing of specific sheltering in place determinations for those procedures and criteria;~~

~~3. a primary sheltering host site(s) and alternative sheltering host site(s) outside the area of risk;~~

~~a. these host sites shall be verified by written agreements or contracts that have been signed and dated by all parties;~~

~~b. these agreements or contracts shall be verified in writing annually; and~~

~~c. the nursing facility shall accept only that number of residents for which it is licensed unless prior written approval has been secured from the department or if the nursing facility is acting as a host site during a declared emergency;~~

~~4. the policies and procedures for mandatory evacuations shall provide that if the state, parish, or local Office of Homeland Security and Emergency Preparedness (OHSEP) orders a mandatory evacuation of the parish or area in which the nursing facility is located, the nursing facility shall evacuate unless the nursing facility receives a written exemption from the ordering authority prior to the mandated evacuation;~~

~~5. the monitoring of emergency alerts or notifications including weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials;~~

~~a. this monitoring plan shall identify who will perform the monitoring, what equipment will be used for monitoring, and who should be contacted if needed; and~~

~~b. the nursing facility shall have plans for monitoring during normal daily operations, when sheltering in place or during evacuations;~~

~~6. the delivery of essential care and services to residents, whether the residents are housed in the nursing facility, at an off-site location, or when additional residents are housed in the nursing facility during an emergency;~~

~~7. the provisions for the management of staff, including provisions for sufficient qualified staff as well as for distribution and assignment of responsibilities and functions, either within the nursing facility or at another location;~~

~~8. an executable plan for coordinating transportation services that are sufficient for the resident census and staff. The vehicles required for evacuating residents to another location that are equipped with temperature controls~~

~~shall be used when available. The plan shall include the following information:~~

~~————— a. — a triage system to identify residents who require specialized transportation and medical needs including the number of residents who need;~~

~~————— i. red-high risk patients will need to be transported by advanced life support ambulance due to dependency on mechanical or electrical life sustaining devices or very critical medical condition;~~

~~————— ii. yellow residents who are not dependent on mechanical or electrical life sustaining devices, but cannot be transported using normal means (buses, vans, cars), may need to be transported by an ambulance. However, in the event of inaccessibility of medical transport, buses, vans or cars may be used as a last resort; or~~

~~————— iii. green residents who need no specialized transportation may be transported by car, van, bus or wheelchair accessible transportation;~~

~~————— b. — a written transportation contract(s) for the evacuation of residents and staff to a safe location outside the area of risk that is signed and dated by all parties. Vehicles that are owned by, or are at the disposal of the nursing facility, shall have written usage agreements that are signed, dated and shall include verification of ownership; and~~

- ~~i. the number and type of vehicles;~~
- ~~ii. the capacity of each vehicle;~~
- ~~iii. a statement of whether each vehicle is equipped with temperature controls; and~~
- ~~c. plans to prevent and treat heat-related medical illnesses due to the failure of, or the lack of, temperature controls during transport.~~

~~NOTE: A copy of a vehicle's title or registration will be sufficient for verification of ownership.~~

~~9. the procedures to notify the resident's family or responsible representative of the nursing facility's intent to either shelter in place or evacuate. The nursing facility shall have a designee(s) who is responsible for this notification. If the nursing facility evacuates, notification shall include:~~

- ~~a. the date and approximate time that the nursing facility is evacuating;~~
- ~~b. the place or location to which the nursing facility is evacuating, including the:~~
 - ~~i. name;~~
 - ~~ii. address; and~~
 - ~~iii. telephone number;~~
- ~~c. a telephone number that the family or responsible representative may call for information regarding the nursing facility's evacuation; and~~

~~_____ d. notification to the resident's family, legal representative, or designated contact shall be made as far in advance as possible, but at least within 24 hours of the determination to shelter in place or after evacuation when communication is available;~~

~~_____ 10. the procedures or methods that will be used to directly attach identification to the nursing facility resident. The nursing facility shall designate a staff person to be responsible for this identification procedure. This identification shall remain directly attached to the resident during all phases of an evacuation and shall include the following minimum information, including but not limited to:~~

~~_____ a. current and active diagnosis;~~

~~_____ b. medications, including dosage and times administered;~~

~~_____ c. allergies;~~

~~_____ d. special dietary needs or restrictions; and~~

~~_____ e. next of kin, including contact information;~~

~~_____ 11. the nursing facility shall designate a staff person who is responsible for ensuring that a sufficient supply of the following items accompanies residents on buses or other transportation during all phases of evacuation:~~

~~_____ a. water;~~

~~_____ b. food;~~

~~_____ c. nutritional supplies and supplements;~~

~~_____ d. medication(s); and~~

~~_____ e. other necessary supplies;~~

~~_____ 12. the procedures for ensuring that all residents have access to licensed nursing staff and that appropriate nursing services are provided during all phases of the evacuation, including transport of residents;~~

~~_____ a. for buses or vehicles transporting 15 or more residents, licensed nursing staff shall accompany the residents on the bus or vehicle;~~

~~_____ b. a licensed therapist(s) or paramedic may substitute for licensed nursing staff;~~

~~_____ 13. staffing patterns for sheltering in place and for evacuation, including contact information for such staff;~~

~~_____ 14. a plan for sheltering in place if the nursing facility determines that sheltering in place is appropriate;~~

~~_____ a. if the nursing facility shelters in place, the nursing facility's plan shall ensure that seven days of necessary supplies are on hand or have written agreements, including timelines, to have supplies delivered prior to the emergency event. Supplies should include, but are not limited to:~~

~~_____ i. drinking water or fluids, a minimum of 1 gallon per day per person sheltering at the nursing facility;~~

~~ii. water for sanitation;~~
~~iii. non-perishable food, including special diets;~~

~~iv. medications;~~
~~v. medical supplies;~~

~~vi. personal hygiene supplies; and~~
~~vii. sanitary supplies;~~

~~b. if the nursing facility shelters in place, the nursing facility's plan shall provide for a posted communications plan for contacting emergency services and monitoring emergency broadcasts. The nursing facility shall designate a staff person to be responsible for this function. The communication plan shall include:~~

~~i. the type of equipment to be used;~~
~~ii. back-up equipment to be used if available;~~
~~iii. the equipment's testing schedule; and~~
~~iv. the power supply for the equipment being used;~~

~~c. the nursing facility's plan shall include a statement indicating whether the nursing facility has a generator for sheltering in place. If the nursing facility has such a generator, the plan shall provide for a seven day supply of fuel, either on hand or delivered prior to the emergency~~

~~event. If the nursing facility has such a generator, the plan shall provide a list of the generator's capabilities including:~~

~~_____ i. its ability to provide cooling or heating for all or designated areas in the nursing facility;~~

~~_____ ii. the ability to power an OPH approved sewerage system;~~

~~_____ iii. the ability to power an OPH approved water system;~~

~~_____ iv. the ability to power medical equipment;~~

~~_____ v. the ability to power refrigeration;~~

~~_____ vi. the ability to power lights; and~~

~~_____ vii. the ability to power communications;~~

~~_____ d. an assessment of the integrity of the nursing facility's building to include, but not be limited to:~~

~~_____ i. wind load or ability to withstand wind;~~

~~_____ ii. flood zone and flood plain information;~~

~~_____ iii. power failure;~~

~~_____ iv. age of building and type of construction; and~~

~~_____ v. determinations of, and locations of interior safe zones;~~

~~_____ e. plans for preventing and treating heat related medical illnesses due to the failure of or the lack of air conditioning while sheltering in place;~~

~~f. the nursing facility's plan shall include instructions to notify OHSEP and LDH of the nursing facility's plan to shelter in place; and~~

~~g. the nursing facility shall provide to LDH a list of residents sheltering in place;~~

~~15. those nursing facilities that are subject to the provisions of R.S. 40:2009.25(A) shall perform a risk assessment to determine the nursing facility's integrity. The integrity of the nursing facility and all relevant and available information shall be used in determining whether sheltering in place is appropriate. All elevations shall be given in reference to sea level or adjacent grade as appropriate. The assessment shall be reviewed and updated annually. The risk assessment shall include the nursing facility's determinations and the following documentation:~~

~~a. the nursing facility's latitude and longitude;~~

~~b. flood zone determination for the nursing facility and base flood elevation, if available;~~

~~i. the nursing facility shall evaluate how these factors will affect the building;~~

~~c. elevations of the building(s), heating ventilation and air conditioning (HVAC) system(s), generator(s),~~

~~fuel storage, electrical service, water system and sewer motor,
if applicable;~~

~~_____ i. the nursing facility shall evaluate how
these factors will affect the nursing facility considering
projected flood and surge water depths;~~

~~_____ d. an evaluation of the building to determine
its ability to withstand wind and flood hazards to include:~~

~~_____ i. the construction type and age;~~

~~_____ ii. roof type and wind load;~~

~~_____ iii. windows, shutters and wind load;~~

~~_____ iv. wind load of shelter building; and~~

~~_____ v. location of interior safe zones;~~

~~_____ e. an evaluation of each generator's fuel
source(s), including refueling plans, fuel consumption rate and
a statement that the output of the generator(s) will meet the
electrical load or demand of the required (or designated)
emergency equipment;~~

~~_____ f. the determinations of an evaluation of
surroundings, including lay-down hazards or objects that could
fall on the building and hazardous materials, such as:~~

~~_____ i. trees;~~

~~_____ ii. towers;~~

~~_____ iii. storage tanks;~~

~~_____ iv. other buildings;~~

~~v. pipe lines;~~
~~vi. chemical and biological hazards; and~~
~~vii. fuels;~~
~~g. sea, lake and overland surge from hurricanes (SLOSH) modeling using the maximum's of the maximum envelope of waters (MOM) for the nursing facility's specific location and the findings for all categories of hurricanes. The nursing facility's plan shall include an evaluation of how this will or will not affect the nursing facility;~~

~~16. the nursing facility's plan shall provide for an evaluation of security risks and corresponding security precautions that will be taken for protecting residents, staff and supplies during and after an emergency event;~~

~~17. the nursing facility's plan shall include clearly labeled and legible floor plan(s) of the nursing facility's building(s). The nursing facility's plan shall include the following:~~

~~a. the areas being used as shelter or safe zones;~~

~~b. the supply and emergency supply storage areas;~~

~~c. the emergency power outlets;~~

~~d. the communications center;~~

~~e. the location of the posted emergency plan;~~

~~_____ i. the posted location shall be easily
accessible to staff; and~~

~~_____ f. a pre-designated command post.2. - 17.f.~~

Repealed.

D. ~~Emergency Plan Activation, Review and~~
~~Summary~~Unlicensed Sheltering Sites

1. ~~The nursing facility's shelter in place plan and
evacuation~~ Additional plan requirements for unlicensed
sheltering sites shall each be activated at least annually,
either in response to an emergency or in a planned drill. The
nursing facility's performance during the activation include
documentation of the plan shall be evaluated and documented. The
plan shall be revised if a need is indicated by the nursing
facility's performance during the emergency event or the planned
drill. following for review and approval:

~~_____ a. a detailed floor plan of the sheltering
site, which shall include the bed layout of the sleeping area,
and copies of any contracts or documentation related to the
unlicensed shelters;~~

~~_____ b. required approvals from the OSFM and the OPH
as a shelter site;~~

~~_____ c. a covered area at the entrance of the
building to afford protection from the weather;~~

d. adequate parking area for transportation needs;

e. adequate driveway(s) to allow for easy ingress and egress of transportation;

f. that building and equipment are maintained in good repair and free of hazards;

g. the accessibility for all occupants, including those in wheelchairs or on crutches in accordance with the Americans with Disabilities Act;

h. the installment of, or a contract to provide, an alternate power source onsite which shall be sufficient to power HVAC, lighting, refrigeration, and adequate power outlets with a minimum fuel supply for 72 hours;

i. contract(s) for fuel supply deliveries;

j. a designated area for isolation;

k. an operational HVAC that maintains a comfortable temperature;

l. adequate ventilation, i.e., facility well ventilated and free of air hazards (e.g., smoke, fumes, etc.);

m. adequate space per person in sleeping area, a minimum of 60 square feet per person;

n. a kitchen area that meets OPH requirements for meal preparation or a food service contract to provide at least three meals daily per person onsite;

o. contract(s) for waste removal, including but not limited to bio-hazard;

p. adequate onsite or contracted laundry services that shall have separate areas for soiled and clean laundry;

q. adequate onsite or contracted number of working hand-washing stations, minimum one per 15 persons;

r. adequate onsite or contracted number of permanently fixed and/or portable working toilets, minimum one per 20 persons;

s. adequate onsite or contracted number of permanently fixed and/or portable working showers/bathing facilities, minimum one per 15 persons.

2. ~~Nursing facilities subject to the provisions of R.S. 40:2009.25(B) shall submit a summary of the updated plan to the department's nursing facility emergency preparedness manager by March 1 of each year. If changes are made during the year, a summary of the amended plan shall~~For the requirements in D.1.q, r, and s in this Subsection, an environmental waiver for the unlicensed shelter site may be submitted within 30 days granted, at the discretion of the modification. All agreements and contracts shall be verified by all parties annually and submitted.department, if the department determines that the waiver does not jeopardize the health, safety, and welfare of

the evacuated facility's residents. The facility must submit a request in writing which must include the following:

i. which specific environmental requirement waiver is being requested and why;

ii. how the facility plans to mitigate their inability to meet the requirement; and

iii. an explanation as to why the environmental requirement waiver would not endanger the health, safety, and welfare of the evacuated facility's residents.

3. On an annual basis, the department, in conjunction with the OSFM and other entities, shall inspect and survey unlicensed sheltering sites identified in nursing home emergency preparedness plans. Any refusal by an unlicensed sheltering site to allow an inspection or survey of the site by the department may result in rejection of the unlicensed sheltering site, and the emergency preparedness plan as a whole. If such a refusal to allow an inspection or survey occurs when nursing home residents are being sheltered at the site, the facility shall cooperate with the department for orderly evacuation of residents and staff. The department may revoke the license of the nursing home that refuses to allow an inspection or survey.

4. If any unlicensed sheltering site is located outside of Louisiana, including nursing homes, the OSFM and the

department shall coordinate with their state agency counterparts in the state in which the site is located for inspection, review, approval, and surveys of the site.

5. The local OEP of the parish in which an unlicensed sheltering site is located shall inspect the site prior to October 15, 2022, and annually thereafter. The office shall inspect any new unlicensed sheltering site identified after May 31, 2023, in a nursing home emergency preparedness plan within 30 days of receiving the plan and annually thereafter, as required by statute. The local OEP may inspect the unlicensed sheltering site at such other times as the director of the local OEP deems necessary or appropriate.

~~E. The nursing facility's plan shall be submitted to the parish or local OHSEP annually. Any recommendations by the parish or local OHSEP regarding the nursing facility's plan shall be documented and addressed by the nursing facility.~~Emergency Preparedness Notifications and Reports

1. For A nursing facilities, the following requirements facility shall be met enter current nursing facility information into the current department emergency preparedness webpage or electronic database for reporting.

a. The nursing facility's plan following information shall include verification of its submission to the parish be entered or local OHSEP. updated into the current

department emergency preparedness webpage or electronic database for reporting before the fifteenth day of each month:

i. operational status;

ii. current census and number of licensed beds;

iii. emergency contact and evacuation location(s);

iv. emergency evacuation transportation needs categorized by the following types:

(a). number of red-high risk residents who will need to be transported by advanced life support ambulance due to dependency on mechanical or electrical life sustaining devices or very critical medical condition;

(b). number of yellow-residents who are not dependent on mechanical or electrical life sustaining devices, but cannot be transported using normal means (buses, vans, cars), may need to be transported by a basic life support (BLS) ambulance. However, in the event of inaccessibility of medical transport, buses, vans, or cars may be used as a last resort; or

(c). number of green-residents who need no specialized transportation and can be transported by car, van, bus, or wheelchair accessible transportation.

b. ~~A copy of any and all response(s) by the nursing facility shall also enter or update the nursing facility's information upon request, or as required following notification of an emergency declared by the secretary. Emergency events include, but are not limited to the local hurricanes, floods, fires, chemical or parish OHSEP recommendations shall be forwarded to LDH nursing facility emergency preparedness manager biological hazards, power outages, tornados, tropical storms, freezing temperatures, and other severe weather.~~

c. ~~Upon notification of a declared emergency, and as required by the department, nursing facilities shall file an electronic report on the current department emergency preparedness webpage or electronic database for reporting.~~

i. ~~the electronic report shall be filed as required by the department, but at least daily, throughout the duration of the emergency declaration.~~

ii. ~~the electronic report shall include, but not be limited to, the following:~~

- ~~(a). status of operation;~~
- ~~(b). availability of beds;~~
- ~~(c). generator status;~~
- ~~(d). evacuation status;~~
- ~~(e). shelter in place status;~~

(f). utility status; and
(g). other information requested by the
department.

iii. the electronic report shall not be used
to request resources.

~~F. The plan shall be available to representatives of the~~
~~Office of the State Fire Marshal and the Office of Public~~
~~Health.~~Emergency Plan Activation

1. Shelter in Place

a. A shelter in place notification shall be
sent within one hour of the facility's decision to shelter in
place to the local OEP where the provider is located and to the
department.

b. A shelter in place notification shall be
sent to the resident's family, or responsible representative as
far in advance as possible, but at least within 12 hours of the
determination.

2. Evacuation and Temporary Relocation

a. The following applies to any nursing
facility that evacuates, temporarily relocates or temporarily
ceases operation at its licensed location due to an emergency:

i. the nursing facility shall immediately
give written notice to HSS by hand delivery, facsimile or
electronically of the following information:

_____ (a). the date and approximate time of
the evacuation;

_____ (b). the sheltering evacuation site(s)
to which the nursing facility is evacuating; and

_____ (c). a list of residents being
evacuated, which shall indicate the evacuation site for each
resident;

_____ ii. the evacuation sites' local OEP shall
be provided the following within one hour of the decision to
evacuate:

_____ (a). the contact name and the telephone
number that the evacuation sites' local OEP can call for
information regarding the nursing facility's evacuation;

_____ (b). the number of residents being
evacuated to that location(s);

_____ (c). the date and approximate time that
the nursing facility is evacuating, and date and approximate
time of arrival to the location(s);

_____ (d). the site place or location to
which the nursing facility is evacuating, including the:

_____ (i). name of the site(s);

_____ (ii). address(es); and

_____ (iii). telephone number(s).

iii. an evacuation notification shall also be sent to the resident's family, or responsible representative, and made as far in advance as possible, but at least within 12 hours of the determination to evacuate or after evacuation when communication is available. The notifications shall include:

(a). a telephone number that the family, or responsible representative, can call for information regarding the nursing facility's evacuation;

(b). name of the site(s); and

(c). address(es).

iv. the nursing facility shall notify the department within one hour of its decision regarding whether the nursing facility's residents will return to its licensed location from an unlicensed sheltering site, be placed in alternate licensed nursing facility beds, or request an extension to remain at the unlicensed sheltering site;

v. the nursing facility shall notify the current HSS emergency preparedness manager, or designee, as well as, the local OEP of the parish(es) in which nursing facility residents will be relocated to. Included in this notice, the nursing facility shall provide HSS with a list of all residents' names, dates of birth, and their locations within 48 hours of the decision to relocate from the unlicensed sheltering site.

vi. upon receipt of a nursing facility evacuation notification that includes unlicensed sheltering site(s), HSS and the OPH shall immediately conduct a site visit at the unlicensed sheltering site unless time, weather conditions, or other factors do not allow for such visit. The department may conduct onsite inspections of the unlicensed shelter site at any time deemed necessary or appropriate by the secretary of the department. If deemed to be necessary, HSS will conduct daily on-site visits while the unlicensed shelter site is occupied. The department's authority to conduct such visits will be in accordance with its authority to conduct onsite surveys of the nursing home, regardless of location.

3. In the event that a nursing facility evacuates, temporarily relocates or temporarily ceases operations at its licensed location due to an emergency event, the nursing facility shall be allowed to remain at an unlicensed sheltering site for a maximum of five days. A nursing facility may request one 15 day extension, not to exceed a total of 20 days to remain at the unlicensed sheltering site.

a. By noon on the fifth day of evacuation, the nursing facility shall submit a written request for extension to HSS if it desires to remain at the unlicensed sheltering site. The request shall include the reasons that the facility is unable to return to their facility and why their residents

cannot be placed in an alternate nursing facility(ies). The request shall also include a written plan with timeline to either return residents to the licensed location or be placed in an alternate nursing facility(ies) within the extension period requested, if such is granted.

b. The extension shall only be granted for good cause shown and for circumstances beyond the control of the nursing facility. If extension is not granted, the facility must cooperate with the department for an orderly evacuation of residents and staff to the alternate location.

c. This extension shall be granted only if essential care and services to residents are ensured to continue at the current sheltering facility.

d. Upon expiration of the five days or upon expiration of the written extension granted to the nursing facility, all residents shall be relocated to a nursing facility and HSS, and the local OEP shall be informed of the residents' new location(s).

G. ~~The nursing facility's plan shall follow all applicable laws, standards, rules or regulations.~~ Reopening of Nursing Facility and Repatriation of Residents

1. The evacuated nursing facility shall conduct and document an inspection of their entire facility for damages

prior to submitting a written request to HSS to reopen at the licensed location. That request shall include:

- a. damage report;
- b. extent and duration of any power outages;
- c. re-entry census;
- d. staffing availability; and
- e. information regarding access to the community service infrastructure, such as hospitals, transportation, physicians, professional services, and necessary supplies, such as food, water, medical supplies, and medications.

2. Upon receipt of a reopening request, the department shall review and determine if reopening will be appropriate. The department may request additional information from the nursing facility as necessary to make determinations regarding reopening.

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

- a. approval of reopening without survey;
- b. surveys required before approval to reopen will be granted. This may include surveys by the OPH, OSFM, and HSS; or
- c. denial of reopening.

H. ~~Evacuation, Temporary Relocation or Temporary Cessation~~After Action Written Summary

1. ~~The following applies to any~~ Upon request by the department, the nursing facility ~~that evacuates, temporarily relocates or temporarily ceases operation at its licensed location due to an~~ shall submit a written summary attesting how the nursing facility's emergency preparedness plan was followed and executed. The initial summary shall contain, at a minimum:

a. ~~The nursing facility shall immediately give written notice to HSS by hand delivery, facsimile or email of the following information:~~pertinent plan provisions and how the plan was followed and executed;

~~i. the date and approximate time of the evacuation;~~

~~ii. the sheltering host site(s) to which the nursing facility is evacuating; and~~

~~iii. a list of residents being evacuated, which shall indicate the evacuation site for each resident.~~i. -
iii. Repealed.

b. ~~Within 48 hours, the nursing facility shall notify the HSS of any deviations from the intended sheltering host site(s) and shall provide HSS with a list of all residents and their locations.~~plan provisions that were not followed;

c. ~~If there was no damage to the licensed location due to the emergency reasons and there was no power outage of HVAC (either through regular service or generator) of more than 48 hours at the licensed location due to mitigating circumstances for failure to the emergency event, the nursing facility may reopen at its licensed location follow and shall notify HSS within 24 hours of reopening. The nursing facility shall comply with OPH and OSFM and have clearance from the local office of emergency preparedness, execute certain plan provisions;~~

d. ~~For all other evacuations, temporary relocations, or temporary cessation of operations due to an emergency event, a nursing facility shall submit to Health Standards a written request to reopen, prior to reopening at the licensed location. That request shall include: contingency arrangements made for those plan provisions not followed; and~~

- ~~i. damage report;~~
- ~~ii. extent and duration of any power outages;~~
- ~~iii. re-entry census;~~
- ~~iv. staffing availability;~~
- ~~v. access to emergency or hospital services; and~~

~~vi. availability and/or access to food, water, medications and supplies.i. - vi. Repealed.~~

~~e. a list of all injuries and deaths of residents that occurred during execution of the plan, evacuation and temporary relocation including the date, time, causes, and circumstances of the injuries and deaths.~~

~~2. Upon receipt of a reopening request, the department shall review and determine if reopening will be approved. The department may request additional information from the nursing facility as necessary to make determinations regarding reopening.~~

~~3. After review of all documentation, the department shall issue a notice of one of the following determinations:~~

~~a. approval of reopening without survey;~~

~~b. surveys required before approval to reopen will be granted. This may include surveys by the OPH, OSFM and HSS; or~~

~~c. denial of reopening.~~

~~4. The purpose of the surveys referenced above is to assure that the nursing facility is in compliance with the licensing standards including, but not limited to, the structural soundness of the building, the sanitation code, staffing requirements and the execution of emergency plans.~~

~~a. The Health Standards Section, 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.~~

~~b. The Health Standards Section will give priority to reopening surveys.~~

~~5. Upon request by the department, the nursing facility shall submit a written summary attesting how the nursing facility's emergency preparedness plan was followed and executed. The initial summary shall contain, at a minimum:~~

~~a. pertinent plan provisions and how the plan was followed and executed;~~

~~b. plan provisions that were not followed;~~

~~c. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;~~

~~d. contingency arrangements made for those plan provisions not followed; and~~

~~e. a list of all injuries and deaths of residents that occurred during execution of the plan, evacuation and temporary relocation including the date, time, causes and circumstances of the injuries and deaths.~~
~~2. - 5.e. Repealed.~~

~~I. Sheltering in Place. If a nursing facility shelters in place at its licensed location during an emergency event, the~~

~~following will apply.~~Inactivation of License Due to Declared Disaster or Emergency

1. ~~Upon request by the department, the A~~ nursing facility ~~shall submit a written summary attesting how the nursing facility's~~ in an area or areas that has been affected by a declared disaster or emergency ~~preparedness plan was followed and executed. The initial summary shall contain, at a minimum and included in an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may seek to inactivate its license for a period not to exceed two years, provided that the following conditions are met:~~

a. ~~pertinent plan provisions and how the plan was followed and executed,~~ the nursing facility shall submit written notification to HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that:

i. the nursing facility has experienced an interruption in the delivery of services at its licensed facility as a result of events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

ii. the nursing facility intends to resume operation as a nursing facility in the same service area;

iii. includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services; and

iv. pursuant to these provisions, an extension of the 60-day deadline may be granted at the discretion of the department;

b. ~~plan provisions that were not followed~~the nursing facility resumes operating as a nursing facility in the same service area within two years of issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766, unless an extension has been granted;

i. a nursing facility may request one extension, not to exceed an additional one year for good cause shown by the facility. This request for an extension may be granted at the sole discretion of the department;

c. ~~reasons~~the nursing facility continues to pay all fees and costs due and ~~mitigating circumstances for failure~~ owed to the department including, but not limited to follow-, annual licensing fees and ~~execute certain plan provisions~~ outstanding civil monetary penalties and/or civil fines; and

d. ~~contingency arrangements made for those plan provisions~~the nursing facility continues to submit required

documentation and information to the department, including but not followed; and limited to cost reports.

e. a list of all injuries and deaths of residents that occurred during the execution of the plan, including the date, time, causes and circumstances of these injuries and deaths. Repealed.

2. Upon receiving a completed written request to inactivate a nursing facility license, if the department determines that all of the requirements have been met, the department shall issue a notice of inactivation of license to the nursing facility.

3. Upon completion of repairs, renovations, rebuilding or replacement of the facility, a nursing facility, which has received a notice of inactivation of its license from the department, shall be allowed to reinstate its license upon the following conditions being met:

a. the nursing facility shall submit a written license reinstatement request to HSS within two years of the executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766, unless an extension has been granted;

b. the license reinstatement request shall inform the department of the anticipated date of opening and shall request the scheduling of a licensing survey; and

c. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.

4. Upon receiving a completed written request to reinstate a nursing facility license, the department shall conduct a licensing survey. If the nursing facility meets the requirements for licensure and the requirements provided for in Paragraph I.3 above, the department shall issue a notice of reinstatement of the nursing facility license. The licensed bed capacity of the reinstated license shall not exceed the licensed bed capacity of the nursing facility at the time of the request to inactivate the license.

5. No change of ownership in the nursing facility shall occur until such nursing facility has completed repairs, renovations, rebuilding, or replacement construction and has resumed operations as a nursing facility.

6. The provisions of this Subsection shall not apply to a nursing facility that has voluntarily surrendered its license and ceased operation.

7. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the nursing facility license.

J. ~~Unlicensed Sheltering Sites~~Inactivation of License Due to Non-Declared Emergency or Disaster

1. ~~In the event that a~~ nursing facility ~~evacuates,~~
~~temporarily relocates in an area or temporarily ceases~~
~~operations at its licensed location due to an emergency event,~~
~~the nursing facility shall be allowed to remain at an unlicensed~~
~~sheltering site for a maximum of five days. A nursing facility~~
~~may request one extension, not to exceed 15 days, to remain at~~
~~the unlicensed sheltering site.~~ areas that have been affected by
a non-declared emergency or disaster may seek to inactivate its
license, provided that the following conditions are met:

a. ~~The request shall be submitted in writing to~~
~~HSS and shall be based upon information that the nursing~~
~~facility's residents will return to its licensed location, or be~~
~~placed in alternate licensed nursing facility beds shall submit~~
written notification to the HSS within 30 days of the extension
period requested. date of the non-declared emergency or disaster
stating that:

i. the nursing facility has experienced an
interruption in the provisions of services as a result of events
that are due to a non-declared emergency or disaster;

ii. the nursing facility intends to resume
operation as a nursing facility in the same service area;

iii. the nursing facility attests that the
emergency or disaster is the sole causal factor in the
interruption of the provision of services;

iv. the nursing facility's initial request to inactivate does not exceed two years from the date of the non-declared emergency or disaster for the completion of repairs, renovations, rebuilding, or replacement of the facility; and

v. pursuant to these provisions, an extension of the 30 day deadline for initiation of request may be granted at the discretion of the department.

b. ~~The extension shall only be granted for good cause shown~~ the nursing facility continues to pay all fees and costs due and ~~for circumstances beyond the control of the nursing facility.~~ owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties and/or civil fines;

c. ~~This extension shall be granted only if essential care and services~~ the nursing facility continues to ~~residents are ensured at the current sheltering facility.~~ submit required documentation and information to the department, including but not limited to cost reports, and;

d. if major alterations are to be completed in areas where beds have been placed in alternate use, those beds shall be removed from alternate use and relicensed and re-enrolled as nursing facility beds at the time of request.

2. ~~Upon expiration of the five days or upon expiration of the receiving a completed written extension granted request to the temporarily inactivate a nursing facility, all residents license, the department shall be relocated to a licensed~~ issue a notice of inactivation of license to the nursing facility and HSS and OHSEP shall be informed of the residents' new location(s).

3. Upon the facility's receipt of the department's approval of request to inactivate the facility's license, the facility shall have 90 days to submit plans for the repairs, renovations, rebuilding, or replacement of the facility to the OSFM and the OPH, as required.

4. The nursing facility shall resume operating as a nursing facility in the same service area within two years from the non-declared emergency or disaster, unless an extension has been granted.

5. A nursing facility may request one extension, not to exceed an additional six months for good cause shown by the facility. This request for an extension may be granted at the sole discretion of the department.

6. Upon completion of repairs, renovations, rebuilding, or replacement of the facility, a nursing facility that has received a notice of inactivation of its license from

the department shall be allowed to reinstate its license upon the following conditions being met:

a. the nursing facility shall submit a written license reinstatement request to HSS;

b. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing survey; and

c. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.

7. Upon receiving a completed written request to reinstate a nursing facility license, the department may conduct a licensing survey. The department may issue a notice of reinstatement if the facility has met the requirements for licensure including the requirements of this Subsection. The licensed bed capacity of the reinstated license shall not exceed the licensed bed capacity of the nursing facility at the time of the request to temporarily inactivate the license.

8. No change of ownership in the nursing facility shall occur until such nursing facility has completed repairs, renovations, rebuilding or replacement construction and has resumed operations as a nursing facility.

9. The provisions of this Subsection shall not apply to a nursing facility that has voluntarily surrendered its license and ceased operation.

10. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the nursing facility license.

K. Temporary Inactivation of ~~License due~~ Licensed Nursing Facility Beds Due to ~~Declared Disaster or Emergency~~ Major Alterations

1. A ~~licensed~~ nursing facility ~~in an area or areas which have been affected by an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766~~, which is undergoing major alterations to its physical plant, may seek to inactivate its license for a period not to exceed two years, provided that the following conditions are metrequest a temporary inactivation of a certain number of licensed beds provided that:

a. the ~~licensed~~ nursing facility shall submit submits a written ~~notification~~request to HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that seeking temporary inactivation of a certain number of its licensed bed capacity. Such written request shall include the following:

i. that the nursing facility has experienced ~~an~~ or will experience a temporary interruption in the ~~provisions~~ provision of services ~~as a~~ to its licensed bed capacity as a result of ~~events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766~~major alterations;

ii. ~~the licensed nursing facility intends to resume operation as a nursing facility in the same service area~~an attestation that the renovations are the sole causal factor in the request for temporary inactivation of a certain number of its licensed beds; and

iii. ~~includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services~~the anticipated start date of the temporary inactivation of a certain number of licensed beds;

NOTE: ~~Pursuant to these provisions, an extension of the 60 day deadline may be granted at the discretion of the department.~~Repealed.

iv. the anticipated end date of the temporary inactivation of a certain number of licensed beds; and

v. the number of licensed beds requested to be inactivated temporarily;

b. ~~the licensed nursing facility resumes~~
~~operating as a nursing facility in the same service area within~~
~~two years of issuance of an executive order or proclamation of~~
~~emergency or disaster in accordance with R.S. 29:724 or R.S.~~
~~29:766~~ensures the health, safety, and welfare of each resident
during the major alterations;

i. ~~A nursing facility may request one~~
~~extension, not to exceed an additional six months for good cause~~
~~shown by the facility. This request for an extension may be~~
~~granted at the sole discretion of the department.~~Repealed.

c. ~~the licensed nursing facility continues to~~
~~pay all fees and costs due provide, and each resident continues~~
~~to receive, the necessary care and owed services to the~~
~~department including, but not limited to, annual licensing fees~~
~~and outstanding civil monetary penalties and/or civil fines~~
~~attain or maintain the resident's highest practicable physical,~~
~~medical and psychosocial well-being, in accordance with each~~
~~resident's comprehensive assessment and plan of care; and~~

d. ~~the licensed nursing facility continues if~~
~~major alterations are to submit required documentation and~~
~~information to the department, including but not limited to cost~~
~~reports~~to be completed in areas where beds have been placed in
alternate use, those beds shall be removed from alternate use

and relicensed and re-enrolled as nursing facility beds at the time of request.

2. Upon receiving a completed written request ~~to~~ inactivate for temporary inactivation of a certain number of the licensed bed capacity of a nursing facility license, if appropriate the department shall issue a notice of temporary inactivation of ~~license to a certain number of~~ the nursing facility facility's licensed beds.

3. ~~Upon completion of repairs, renovations, rebuilding or replacement~~ No change of the facility, a ownership in the nursing facility which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met: occur until such nursing facility has completed the major alterations and has resumed operating at prior approved licensed bed capacity.

~~a. the nursing facility shall submit a written license reinstatement request to the licensing agency of the department within two years of the Executive Order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;~~

~~b. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing survey; and~~

~~_____ c. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.~~
a. - c. Repealed.

4. ~~Upon receiving a~~ Upon completion of the major alterations and receiving a completed written request to reinstate the number of licensed beds of a nursing facility ~~license~~, the department ~~shall~~ may conduct a licensing survey. If the nursing facility meets the requirements for licensure and the requirements under this Subsection, the department ~~shall~~ may issue a notice of reinstatement of the nursing facility ~~license~~. ~~The licensed bed capacity of the reinstated license shall not exceed the licensed bed capacity of the nursing facility at the time of the request to inactivate the license.~~

5. ~~No change of ownership in~~ The licensed bed capacity after major alterations are completed shall not exceed the licensed bed capacity of the nursing facility ~~shall occur until such nursing facility has completed repairs, at the time of the request to temporarily inactivate a certain number of its licensed bed capacity prior to renovations, rebuilding or replacement construction and has resumed operations as a nursing facility.~~

6. The provisions of this Subsection shall not apply to a nursing facility ~~which~~ that has voluntarily surrendered its license and ceased operation.

~~7. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the nursing facility license.~~

~~L. Inactivation of License due to Non-Declared Emergency or Disaster~~

~~1. A licensed nursing facility in an area or areas which have been affected by a non-declared emergency or disaster may seek to inactivate its license, provided that the following conditions are met:~~

~~a. the licensed nursing facility shall submit written notification to the Health Standards Section within 30 days of the date of the non-declared emergency or disaster stating that:~~

~~i. the licensed nursing facility has experienced an interruption in the provisions of services as a result of events that are due to a non-declared emergency or disaster;~~

~~ii. the licensed nursing facility intends to resume operation as a nursing facility in the same service area;~~

~~iii. the licensed nursing facility attests that the emergency or disaster is the sole causal factor in the interruption of the provision of services; and~~

~~iv. the licensed nursing facility's initial request to inactivate does not exceed one year for the completion of repairs, renovations, rebuilding or replacement of the facility;~~

~~NOTE: Pursuant to these provisions, an extension of the 30 day deadline for initiation of request may be granted at the discretion of the department.~~

~~b. the licensed nursing facility continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties and/or civil fines; and~~

~~c. the licensed nursing facility continues to submit required documentation and information to the department, including but not limited to cost reports.~~

~~2. Upon receiving a completed written request to temporarily inactivate a nursing facility license, the department shall issue a notice of inactivation of license to the nursing facility.~~

~~3. Upon facility's receipt of the department's approval of request to inactivate the facility's license, the facility shall have 90 days to submit plans for the repairs, renovations, rebuilding or replacement of the facility to the OSFM and the OPH as required.~~

~~4. The licensed nursing facility shall resume operating as a nursing facility in the same service area within one year of the approval of renovation/construction plans by OSFM and OPH as required.~~

~~Exception: If the facility requires an extension of this timeframe due to circumstances beyond the facility's control, the department will consider an extended time period to complete construction or repairs. Such written request for extension shall show facility's active efforts to complete construction or repairs and the reasons for request for extension of facility's inactive license. Any approvals for extension are at the sole discretion of the department.~~

~~5. Upon completion of repairs, renovations, rebuilding or replacement of the facility, a nursing facility which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:~~

~~a. the nursing facility shall submit a written license reinstatement request to the licensing agency of the department;~~

~~b. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing or physical environment survey; and~~

~~_____ c. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.~~

~~_____ 6. Upon receiving a completed written request to reinstate a nursing facility license, the department may conduct a licensing or physical environment survey. The department may issue a notice of reinstatement if the facility has met the requirements for licensure including the requirements of this Subsection.~~

~~NOTE: The licensed bed capacity of the reinstated license shall not exceed the licensed bed capacity of the nursing facility at the time of the request to temporarily inactivate the license.~~

~~_____ 7. No change of ownership in the nursing facility shall occur until such nursing facility has completed repairs, renovations, rebuilding or replacement construction and has resumed operations as a nursing facility.~~

~~_____ 8. The provisions of this Subsection shall not apply to a nursing facility which has voluntarily surrendered its license and ceased operation.~~

~~_____ 9. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the nursing facility license.~~

~~M. Temporary Inactivation of Licensed Nursing Facility
Beds Due to Major Alterations~~

~~1. A licensed nursing facility which is undergoing
major alterations to its physical plant may request a temporary
inactivation of a certain number of licensed beds providing
that:~~

~~a. the nursing facility submits a written
request to the licensing agency of the department seeking
temporary inactivation of a certain number of its licensed bed
capacity. Such written request shall include the following:~~

~~i. that the nursing facility has
experienced or will experience a temporary interruption in the
provisions of services to its licensed bed capacity as a result
of major alterations;~~

~~ii. an attestation that the renovations are
the sole causal factor in the request for temporary inactivation
of a certain number of its licensed beds;~~

~~iii. the anticipated start date of the
temporary inactivation of a certain number of licensed beds;~~

~~iv. the anticipated end date of the
temporary inactivation of a certain number of licensed beds; and~~

~~v. the number of licensed beds requested
to be inactivated temporarily;~~

~~_____ b. the nursing facility ensures the health, safety and welfare of each resident during the major alterations; and~~

~~_____ c. the nursing facility continues to provide, and each resident continues to receive, the necessary care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, in accordance with each resident's comprehensive assessment and plan of care.~~

~~_____ 2. Upon receiving a completed written request for temporary inactivation of a certain number of the licensed bed capacity of a nursing facility, the department shall issue a notice of temporary inactivation of a certain number of the nursing facility's licensed beds.~~

~~_____ 3. No change of ownership in the nursing facility shall occur until such nursing facility has completed the major alterations and has resumed operating at prior approved licensed bed capacity.~~

~~_____ 4. Upon completion of the major alterations and receiving a completed written request to reinstate the number of licensed beds of a nursing facility, the department may conduct a physical environment survey. If the nursing facility meets the requirements for licensure and the requirements under this~~

~~Subsection, the department may issue a notice of reinstatement of the nursing facility licensed bed capacity.~~

~~NOTE: The licensed bed capacity after major alterations are completed shall not exceed the licensed bed capacity of the nursing facility at the time of the request to temporarily inactivate a certain number of its licensed bed capacity prior to renovations.~~

~~5. The provisions of this Subsection shall not apply to a nursing facility which has voluntarily surrendered its license and ceased operation.~~K.7. - M.5. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2009.1-2009.44.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 42:1905 (November 2016), amended LR 48:1290 (May 2022), LR 48:

Chapter 99. Nursing Facilities

Subchapter B. Physical Environment

§9911. General Provisions

A. - D. ...

E. No later than June 30, 2023, nursing facilities shall have a generator or other department approved alternate electrical power source in the event of the loss of primary electrical power. The department may grant a one-time extension, not to exceed six months, upon written application by

a nursing facility that compliance has been delayed due to extraordinary and unforeseen circumstances. No extension shall be granted if the nursing facility fails to provide sufficient evidence of substantial compliance or good faith efforts to comply with the requirement deadline.

1. The generator or alternate electrical power source shall have a simultaneous capability of providing sufficient electrical power for all of the following:

- a. life safety systems;
- b. lighting in patient care areas;
- c. medical equipment in patient care areas;
- d. electrical components of the approved potable water system;
- e. electrical components of the approved sewer systems;
- f. operation of the nursing facility's medication dispensing and medication refrigeration systems;
- g. operation of the nursing facility's dietary services and related refrigeration; and
- h. operation of the nursing facility's laundry services.

2. For nursing facilities built or whose construction plans have been approved by the department:

a. prior to August 1, 2022, HVAC systems or portions of systems are required to maintain a safe indoor temperature and to be powered at a minimum 50 percent of the air conditioning systems and 50 percent of the heating systems in the facility.

b. on or after August 1, 2022, HVAC systems or portions of systems are required to maintain a safe indoor temperature and to be powered at a minimum 90 percent of the air conditioning systems and 90 percent of the heating systems in the facility.

3. The generator or alternate electrical power source shall be permanently installed onsite at the nursing facility and shall have fuel stored onsite at the nursing facility or delivered prior to an emergency event, in the following quantities:

a. for nursing facilities built or whose construction plans have been approved by the department prior to August 1, 2022, in an amount sufficient to operate the generator or alternative electrical power source under full load for 48 hours.

b. for nursing facilities approved for construction and built on or after August 1, 2022, in an amount sufficient to operate the generator or alternative electrical power source under full load for 72 hours.

4. Natural gas is an allowable fuel source and meets the onsite fuel requirement as long as there is an onsite propane tank sufficient in size to meet the fuel requirements, in the event a natural gas disruption occurs.

5. For nursing facilities built or whose construction plans have been approved by the department prior to August 1, 2022, the department may provide a waiver for the permanently installed generator or alternative electrical power source required by this Subsection if it is determined by the department that there is not sufficient physical space available or a governmental ordinance exists that makes it impossible to place a generator or alternative electrical power source and the fuel required by this Subsection on the premises of the nursing facility. Each nursing facility that receives a waiver pursuant to this Paragraph shall annually submit to the department for review and approval a plan to provide for the health and safety of the facility's residents in the event of power loss. The annual plan may incorporate, but is not limited to mobile generators, chillers, or evacuation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2009.1-2009.44.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 42:1926 (November 2016), amended LR 48:

Interested persons may submit written comments to Tasheka Dukes, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Dukes is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Dr. Courtney N. Phillips

Secretary

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