Offsite Surveillance Review

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| --- | --- |
| Facility Name |  |
| Administrator |  |
| Phone #/Email |  |
| Surveyor(s) |  |
| Date of Review: |  |
| Reviewed with: |  |
| Census/Capacity |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | C | NC | Comments: |
| Are visitors being restricted?   * Signs posted * Letters/emails/phone calls etc |  |  |  |
| Are Visitors/employees being screened upon facility entrance:   * Temperature being taken * Observed for symptoms * Limited entry points * Screening questions to include out-of-state travel * Wash hands/sanitizer |  |  |  |
| Request and review Visitor logs since 03/13/20 and then weekly for compliance |  |  |  |
| Do you have any residents receiving “end of life care”/ compassionate situations? |  |  |  |
| For allowed visitors, what precautions are being taken?   * Hand hygiene * PPE ie facemask * Restrict to visitor room only * Escort |  |  |  |
| Methods for Resident/family communication   * How many phones/ipads available? |  |  |  |
| Protocol to assess residents and employees with symptoms of respiratory infection   * How often are resident vitals being taken? ie daily |  |  |  |
| Do you have any residents with flu-like symptoms/respiratory infection? |  |  |  |
| Do you have any residents on isolation/precautions currently?   * For Covid 19 (confirmed or pending results) * For other infections |  |  |  |
| What is your contingency plan if a resident receives a positive Covid 19 result?   * How many isolation beds available? * Is there a dedicated wing/unit for residents coming/returning from a hospital? |  |  |  |
| Does the facility have enough supplies?   * PPE * Disinfectants/cleaning supplies * Hand sanitizers * Personal care items * Food * Medications |  |  |  |
| Are you still admitting residents?   * What criteria? * 14 day isolation implemented |  |  |  |
| What criteria are residents able to leave the facility?   * What is policy for resident return? ie 14 day isolation |  |  |  |
| Are you still allowing communal dining/activities?   * What precautions are being taken? ie, social distancing, limiting group sizes, spreading out tables, frequent hand washing etc. * If yes, what alternatives are being offered for activities? |  |  |  |
| What are your current staffing levels?   * What is your staffing contingency plan is staff became ill/or are restricted from working? |  |  |  |
| Have you been in contact with Epidemiology?   * Epidemiology: 505-827-0006 * Hotline: 855-600-3453 * Non-health: 833-551-0518 * Supplies: 505-476-8284 and   Section.doc-logistics@state.nm.us |  |  |  |
| Are visitors being asked to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility?   * And notify facility if symptoms occur, including date of visits, individuals they were in contact with, locations of the facility visited |  |  |  |

C: Compliance

NC: Non-compliant