Sunset Nursing and Rehabilitation Center, Inc.

(Comprehensive Emergency Management Plan)

Sunset Nursing and Rehabilitation Center, Inc.

232 Academy Steet

Boonville, New York 13309

www.sunsetnrc.com

Emergency Contacts

The following table lists contact information for public safety and public health representatives for quick reference during an emergency.

Table 1: Emergency Contact Information

Organization	Phone Number(s)
Local Fire Department	Boonville FD -911/ (315) 942-4371
Local Police Department	911/ (315) 943-2050
Emergency Medical Services	911
Local Office of Emergency Management (Oneida County)	315-765-2526
NYSDOH Regional Office (Central Office)	315-477-8400
NYSDOH Duty Officer	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200
Local Ombudsman Office	315-272-1872

Plan Approval

This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:

6/1/26

Jessica Petrulis
Administrator

Introduction

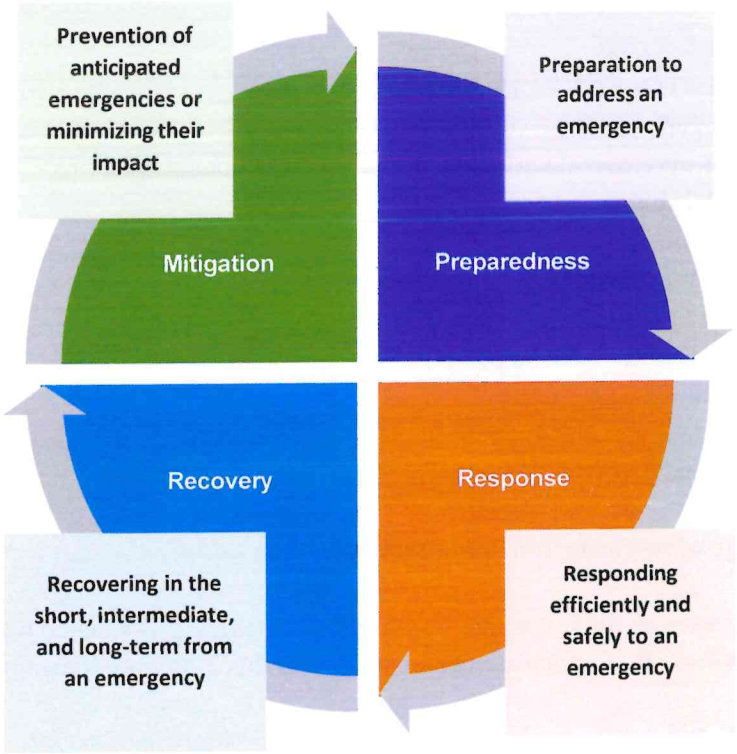
To protect the well-being of residents, staff, and visitors, the following all-hazards Comprehensive Emergency Management Plan (CEMP) has been developed and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix K of the CEMP has been adjusted to meet the needs of the PEP and will also provide facilities a form to post for the public on the facility's website, and to provide immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre-disaster collaboration with the following stakeholders:

- Facility leadership team
- Oneida County Emergency Services
- Boonville Police
- Boonville Vol. FD
- CNY Mutual Aid Plan

This CEMP is a living document that must be reviewed on an annual basis, and updated as needed.

Purpose

The purpose of this plan is to describe the facility's approach to mitigating the effects of, preparing for, responding to, and recovering from natural disasters, man-made incidents, and/or facility emergencies.



Scope

The scope of this plan extends to any event that disrupts, or has the potential to significantly disrupt, the provision of normal standards of care and/or continuity of operations, regardless of the cause of the incident (i.e., man-made or natural disaster).

The plan provides the facility with a framework for the facility's emergency preparedness program and utilizes an all-hazards approach to develop facility capabilities and capacities to address anticipated events.

An Incident Command System (ICS) framework will act as the operational component of this CEMP. The ICS framework allows for maximum flexibility and scalability and is capable of utilizing a facility's present resources onsite to manage any type and size disaster.

Situation

Risk Assessment

The facility conducts an annual risk assessment (i.e. Hazard Vulnerability Assessment –HVA) to identify which natural and man-made hazards pose the greatest risk to the facility (i.e., human and economic losses based on the vulnerability of people, buildings, and infrastructure).

The facility conducted a facility-specific risk assessment on 07/11/2022 and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

- Fire
- Extreme heat and/or cold
- Infectious disease (i.e. COVID 19, MRSA, C diff, etc.)
- Winter storm/severe weather
- Loss of essential services (electric, gas, water, sewage, communications)
- Hurricane/coastal storms
- High winds/tornado
- Flooding (internal and external)
- Missing resident
- Labor action (i.e. strike, work stoppage)
- Active Shooter/threat
- Intruder onsite
- Chemical, Biological, Nuclear disaster
- Bomb threat
- Incoming surge of residents from the community

This risk information serves as the foundation for the plan—including associated policies, procedures, and preparedness activities all of which are contained within this multipart document.

Mitigation Overview

The facility conducts an annual risk assessment (i.e. Hazard Vulnerability Assessment –HVA) to identify

which natural and man-made hazards pose the greatest risk to the facility (i.e., human and economic losses based on the vulnerability of people, buildings, and infrastructure).

The facility conducted a facility-specific risk assessment on 12/6.2021and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

- Fire
- Extreme heat and/or cold
- Infectious disease (i.e. COVID 19, MRSA, C diff, etc.)
- Winter storm/severe weather
- Loss of essential services (electric, gas, water, sewage, communications)
- Hurricane/coastal storms
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Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift.
- Emergencies and disasters may be facility-specific, local, regional, or state-wide.
- Local and/or state authorities may declare an emergency.
- The facility may receive requests from other facilities for resource support (supplies, equipment, staffing, or to serve as a receiving facility).
- Facility security may be compromised during an emergency.
- The emergency may exceed the facility's capabilities and external emergency resources may be unavailable. The facility is expected to be able to function without an influx of outside supplies or assistance for 72 hours.
- Power systems (including emergency generators) could fail.
- During an emergency, it may be difficult for some staff to get to the facility, or alternately, they may need to stay in the facility for a prolonged period of time.

Notification and Activation

Hazard Identification

The facility may receive advance warning about an impending natural disaster (e.g., hurricane forecast) or man-made threat (e.g., law enforcement report), which will be used to determine initial response activities and the movement of personnel, equipment, and supplies. For no-notice incidents (e.g., active shooter, tornado), facilities will not receive advance warning about the disaster, and will need to determine response activities based on the impact of the disaster.

The Incident Commander may designate a staff member to monitor evolving conditions, typically through television news, reports from government authorities, and weather forecasts.

All staff have a responsibility to report potential or actual hazards or threats to their direct supervisor.

Activation

Upon notification of hazard or threat—from staff, residents, or external organizations—the senior-most on-site facility official will determine whether to activate the plan based on one or more of the triggers below:

- The potential for a significant disruption to normal clinical and/or business operations
- The facility has determined to implement a protective action.
- The facility is serving as a receiving facility.
- The facility is testing the plan during internal and external exercises (i.e., fire drills, disaster drills, etc.).

If one or more activation criteria are met and the plan is activated, the senior-most on-site facility official—or the most appropriate official based on the incident—will assume the role of "Incident Commander" and operations proceed as outlined in this document.

Staff Notification

Once a hazard or threat report has been made, an initial notification message will be disseminated to staff in accordance with the facility's communication plan.

Department Managers or their designees will contact on-duty personnel to provide additional instructions and solicit relevant incident information from personnel (e.g., status of residents, status of equipment).

Once on-duty personnel have been notified, Department Managers will notify off-duty personnel if necessary and provide additional guidance/instruction (e.g., request to report to facility).

Department personnel are to follow instructions from Department Managers, keep lines of communication open, and provide status updates in a timely manner.

External Notification

Depending on the type and severity of the incident, the facility may also notify external parties (e.g., local office of emergency management, resource vendors, relatives and responsible parties) utilizing local notification procedures to request assistance (e.g., guidance, information, resources) or to provide situational awareness.

The NYSDOH Regional Office is a mandatory notification recipient regardless of hazard type, while other notifications may be hazard-specific. **Table 2: Notification by Hazard Type** provides a comprehensive list of mandatory and recommended external notification recipients based on hazard type.

Table 2: Notification by Hazard Type

M = Mandatory
R = Recommended

Notification Recipient	Example Hazard	Active Threat	Winter Storm	Coastal Storm	Intruder Alert	Water Disruption	Earthquake	Extreme Cold	Extreme Heat	Fire	Flood	CBRNE	Infectious Disease / Pandeme	Labor Action	IT/Comms Failure	Power Outage	Tornado/High Wind	Loss of Resident
NYSDOH Regional Office	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Facility Senior Leader	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Local Emergency Management	R	M	R	R	□	R	M	□	□	□	R	R	R	□	□	□	R	□
Local Law Enforcement		M	□	R	M	□	R	□	□	M	R	M	□	R	□	□	□	R
Local Fire/EMS		M	□	R	□	R	M	R	R	M	R	M	□	□	□	R	R	R
Local Health Department	R	M	M	M	□	M	M	M	M	M	M	M	M	M	M	M	M	M
Off Duty Staff		R	□	R	□	□	R	□	□	□	□	□	□	□	□	□	□	□
Relatives and Responsible Parties		□	□	□	□	□	R	□	□	□	□	□	M	□	□	□	□	M
Resource Vendors		□	R	R	□	R	R	R	R	R	R	R	□	R	R	R	R	□
Authority Having Jurisdiction		□	□	R	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Mutual Aid Plan Operation Ctr		R	R	R	□	□	R	□	□	R	R	R	□	□	□	□	R	□
TMG Leadership		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M

*Notifications as they relate to this chart are only documenting the **immediate need** to update the parties above. For example, responsible parties would rarely be updated during the onset of the disaster. Rather, they would all be notified at an appropriate time after the emergency has been stabilized.

Mobilization

Incident Management Team (IMT)

Upon plan activation, the Incident Commander will activate some or all positions of the Incident Management Team, which is comprised of pre-designated personnel who are trained and assigned to plan and execute response and recovery operations.

Incident Management Team activation is designed to be flexible and scalable depending on the type, scope, and complexity of the incident. As a result, the Incident Commander will decide to activate the entire team or select positions based on the extent of the emergency.

Table 3 outlines suggested facility positions to fill each of the Incident Management Team positions. The most appropriate individual given the event/incident may fill different roles as needed.

Table 3: Incident Management Team - Facility Position Crosswalk

Incident Position	Facility Position Title	Description
Incident Commander	Highest ranking management team member onsite during the individual incident.	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	Vestracare Director of Communications	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	Environmental Services Manager (ESM) or Asst. ESM/Housekeeping Manager	Ensures safety of staff, residents, and visitors; monitors and addresses hazardous conditions; empowered to halt any activity that poses an immediate threat to health and safety.
Operations Section Chief	Director of Nursing or next highest ranking Nursing Dept. Manager	Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).
Planning Section Chief	Director of Quality and Education and Lead Resident Care Coordinator along with Staffing Coordinator	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	Food Service Director or Admissions Director	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.

Finance/Admin Section Chief	TMG Finance Dept. Representatives and VP of Administration along with facility Business office, Payroll	Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

Incident Position	Facility Position Title	Description
	and Human Resource (HR) managers.	

It is important to understand that multiple different individuals based on their knowledge and/or availability can fill each Incident Management Team (IMT) position. The flexibility of the plan allows IMT positions to be filled by individuals currently onsite for the emergency, rather than being dependent upon a small group of specific individuals.

Command Center

The Incident Commander will designate a space, e.g., facility conference room or other large gathering space, on the facility premises to serve as the centralized location for incident management and coordination activities, also known as the "Command Center."

The designated location for the Command Center is the **Main Conference Room** and the secondary/back-up location is the **Activities Room**, unless circumstances of the emergency dictate the specification of a different location upon activation of the CEMP, in which case staff will be notified of the change at time of activation.

Response

The Incident Commander will convene activated Incident Management Team members in the Command Center and assign staff to assess designated areas of the facility to account for residents and identify potential or actual risks, including the following:

- Number of residents injured or affected;
- Status of resident care and support services;
- Extent or impact of the problem (e.g., hazards, life safety concerns);
- Current and projected staffing levels (clinical, support, and supervisory/managerial);
- Status of facility plant, utilities, and environment of care;
- Projected impact on normal facility operations;
- Facility resident occupancy and bed availability;
- Need for protective action; and
- Resource needs.

Staffing

Based on the outcomes of the assessment, the Planning Section Chief along with the facility Staffing Coordinator will develop a staffing plan for the operational period (e.g., remainder of shift). The Operation Section Chief will execute the staffing plan by overseeing staff execution of response activities. The Finance/Administration Section Chief along with facility payroll and HR managers will manage the

storage and processing of timekeeping and related documentation to track staff hours. For union and non-union nurse coverage procedure during an emergency/disaster see policy 9.12

Recovery

Recovery services focus on the needs of residents and staff and help to restore the facility's pre-disaster physical, mental, social, and economic conditions.

Recovery services may include coordination with government, non-profit, and private sector organizations to identify community resources and services (e.g., employee assistance programs, state and

federal disaster assistance programs, if eligible). Pre-existing facility- and community- based services and pre-established points of contact are provided in **Table 4**.

Table 4: Pre-Identified Recovery Services

Service	Description of Service	Point(s) of Contact
Physical Plant Related Repairs/Reconstruction/Cleanup/Waste removal	Repair or replacement of physical plant components damaged or destroyed during the emergency.	▪ Vestracare-Anthony Depinto
Trauma/Grief Counseling	Trauma/grief counseling or other necessary social services for residents and/or staff members mentally/emotionally affected by emergency situation.	▪ TMG: Amber Wiehe
Emergency Staffing Services	Provision of critical/additional staffing in order to meet care requirements or backfill current staff affected by the emergency situation.	▪ TMG: Sue Grigg

Ongoing recovery activities, limited staff resources, as well as the incident's physical and mental health impact on staff members may delay facility staff from returning to normal job duties, responsibilities, and scheduling.

Resuming pre-incident staff scheduling will require a planned transition of staff resources, accounting for the following considerations:

- Priority staffing of critical functions and services (e.g., resident care services, maintenance, dining services).
- Personal staff needs (e.g., restore private residence, care for relatives, attend memorial services, mental/behavioral health services).
- Continued use or release of surge staffing, if activated during incident.

Demobilization

As the incident evolves, the Incident Commander will begin to develop a demobilization plan that includes the following elements:

- Activation of re-entry/repatriation process if evacuation occurred;
- Deactivation of surge staffing;
- Replenishment of emergency resources;

- Reactivation of normal services and operations; and
- Compilation of documentation for recordkeeping purposes.

Infrastructure Restoration

Once the Incident Commander has directed the transition from incident response operations to demobilization, the facility will focus on restoring normal services and operations to provide continuity of care and preserve the safety and security of residents.

Table 5 outlines entities responsible for performing infrastructure restoration activities and related contracts/agreements.

Table 5: Infrastructure Restoration Activities

Activity	Responsible Entity	Contracts/Agreements
Internal assessment of electrical power.	Environmental Services Manager and/or Anthony Depinto	▪ Agreement with Lehigh Construction to coordinate
Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).	Environmental Services Manager and/or Anthony Depinto	▪ Anthony Depinto to coordinate outside contractors based on specific needs.
Internal damage assessments (e.g., structural, environmental, operational).	Anthony Depinto and Administrator	▪ □Anthony Depinto to coordinate outside contractors based on specific needs.
Clinical systems and equipment inspection.	Facility Administrator	▪ Health Systems Services for clinical equipment inspection.
Strengthen infrastructure for future disasters (if repair/restoration activities are needed).	Facility Administrator with Anthony Depinto	▪ n/a
Communication and transparency of restoration efforts to staff and residents.	Facility Administrator	▪ n/a
Recurring inspection of restored structures.	Facility Administrator and ESM	▪ n/a

Resumption of Full Services

Department Managers will conduct an internal assessment of the status of resident care services and advise the Incident Commander and/or facility leadership on the prioritization and timeline of recovery activities.

Special consideration will be given to services that may require extensive inspection due to safety concerns surrounding equipment/supplies and interruption of utilities support and resident care services that directly impact the resumption of services (e.g., food service, laundry).

Staff, residents, and relatives/responsible parties will be notified of any services or resident care services that are not available, and as possible, provided updates on timeframes for resumption. The Planning Section Chief will develop a phased plan for resumption of pre-incident staff scheduling to help transition the facility from surge staffing back to regular staffing levels.

Resource Inventory

Full resumption of services involves a timely detailed inventory assessment and inspection of all equipment, devices, and supplies to determine the state of resources post-disaster and identify those that need repair or replacement.

All resources, especially resident care equipment, devices, and supplies, will be assessed for health and safety risks. Questions on resource damage or potential health and safety risks will be directed to qualified service technicians and/or the original manufacturer for additional guidance.

Information Management

Critical Facility Records

Critical facility records that require protection and/or transfer during an incident include:

- Resident medical records
- Staff personnel files

The Facility maintains a complete record for each resident in accordance with accepted professional standards and practice. The facility shall protect and safeguard both its medical records and employee personnel records.

The record will be:

- Complete
- Accurately documented
- Readily accessible; and
- Systematically organized

1. Clinical Records are retained for six (6) years from the date of discharge or death or for residents who are minors, for three (3) years after the resident reaches the age of majority (18).

2. The Facility safeguards clinical record information against loss, destruction, or unauthorized use.

3. Closed and/or thinned Medical records will be stored in a locked room and protected from fire, water damage, insects, and theft.

4. Medical records of permanently discharged residents will be stored separately, labeled alphabetically for easy identification, and protected from fire, water damage, insects, and theft.

5. Medical records of inpatients will be stored at the nurses station and maintained on the desk or chart holder when not in use.

6. The Facility maintains a complete record for each resident in accordance with accepted professional standards and practice.

7. The Facility keeps confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by:

   - Transfer to another health care institution;
   - Law;
   - Third party payment contract; or
   - The resident

8. The Facility:

   - Permits each resident to inspect his or her records on request; and
   - Provides copies of the record to each resident no later that 48 hours after a written request from a resident or such greater period as State statue may permit, at a reasonable photocopying cost.

9. The clinical record contains:

   - Sufficient information to identify the resident
   - An interdisciplinary record of the resident's assessments
   - The interdisciplinary plan of care and services provided
   - The results of any preadmission screening conducted by the State
   - Progress notes by all practitioners and professional staff caring for the resident including Consultants
   - Reports of all diagnostic tests and results of treatments and procedures ordered for the resident

10. All entries in the Medical Records System are kept current at all times and kept in a place convenient for use by authorized personnel.

11. All reports are entered promptly in the appropriate section in the Medical Record System, dated and signed by the person providing the service.

Personnel Records

- In compliance with Section 415 of the State Hospital Code, the operator shall maintain "personnel records for each employee, including the administrator, containing all available pre-employment information and an employment record for each payroll period."
- Access to information contained with-in the employee file is granted as outlined.

PROCEDURE:

1. The employee personnel file shall include the following:
   Personnel file:

   Employment application
   Emergency contact form
   Returned reference checks
   Completed I-9 form
   Completed W-4 form
   License/Certification
   Record of orientation & Job specific orientation
   Employee attendance cards
   Evaluation forms/Competency evaluations
   Counseling statements
   Reference requests for information
   Payroll deduction information
   Signed job description
   All miscellaneous information related to employment

   Medical File:

   Pre-employment physical

   Annual health screen

   Immunization record

   Disability/workers compensation information

   Education File:

   In-service Records

2. Current employee files will be kept on site for duration of employment.

3. Terminated employee files are kept on site for two years and off site for six (unless employee has had an exposure incident as defined by OSHA.

4. Only authorized payroll personnel and the Administrator or his/her designee will have access to personnel records.

*If computer systems are interrupted or non-functional, the facility will utilize paper-based recordkeeping in accordance with internal facility procedures.

Tracking Evacuated Residents

The facility will use the New York State Evacuation of Facilities in Disasters System ("eFINDS") and the Resident Evacuation Critical Information and Tracking Form to track evacuated residents and ensure resident care is maintained. See Annex K for further details regarding the e FINDS system.

Resident Confidentiality

The facility will ensure resident confidentiality throughout the evacuation process in accordance with the Health Insurance Portability and Accountability Act Privacy Rule (Privacy Rule), as well as with any other applicable privacy laws. Under the Privacy Rule, covered health care providers are permitted to disclose protected health information to public health authorities authorized by law to collect protected health information to control disease, injury, or disability, as well as to public or private entities authorized by law or charter to assist in disaster relief efforts.

Tracking Facility Personnel

The facility will use the Kronos clock system and/or the NHICS Form 252 - Section Personnel Time Sheet to track facility staff.

Staff Accountability

Staff accountability enhances site safety by allowing the facility to track staff locations and assignments during an emergency. Staff accountability procedures will be implemented as soon as the plan is activated.

The facility will utilize the Kronos system and the NHICS Form 252 - Section Personnel Time Sheet to track the arrival and departure times of staff. During every operational period (e.g., shift change), Department Managers or designees will conduct an accountability check to ensure all on-site staff are accounted for.

If an individual becomes injured or incapacitated during response operations, Department Managers or designees will notify the Incident Commander to ensure the staff member's status change is reflected in the NHICS Form 206 - Staff Injury Plan.

Non Facility Personnel

The Incident Commander will coordinate with the facility Medical Director to ensure that appropriate credentialing and verification processes are followed for the utilization of clinical volunteers. Throughout the response, the Director of Quality/Education and/or the Lead Resident Care Coordinator will track non-facility personnel providing surge support along with their respective duties and the number of hours worked. NHICS Form 253 - Clinical Volunteer Staff Registration form will be used to document approved/credentialed clinical volunteers, and NHICS Form 252 - Section Personnel Time Sheet will be

utilized to track and verify their time. Form 252 will also be used to track non-clinical volunteers as well.

Communications

As part of CEMP development, the facility conducted a communications assessment to identify existing facility communications systems, tools, and resources that can be utilized during an incident and to determine where additional resources or policies may be needed.

Primary (the best and intended option) and alternate (secondary back-up option) methods of communication are outlined in **Table 6.**

Table 6: Methods of Communication

Mechanism	Primary Method of Communication	Alternate Method of Communication
Landline telephone	☒	☐
Cell Phone	☒	☐
Text Messages	☒	☐
Email	☒	☐
News Media	☐	☒
Radio Broadcasts	☐	☒
Social Media	☐	☒
Runners	☐	☒
Facility Website		
Robo Calls	☐	☒
Satellite Phone	☐	☒
Walkie Talkies	☐	☒

All forms of communication directed to the news media or other members of the public will be coordinated and approved by the Vestracare Communications Department. All internal communication, as well as external communications with stakeholders such as Emergency Services, Police/Fire Officials, DOH, etc. will be coordinated and approved by the Incident Commander.

Upon plan activation, the Incident Commander may designate a staff member as the Public Information Officer to serve as the single point of contact for the development, refinement, and dissemination of internal and external communications.

Key Public Information Officer functions include:

- Develops and establishes mechanisms to rapidly receive and transmit information to local emergency management;
- Develops situational reports/updates for internal audiences (staff and residents) and external audiences;

- Develops coordinated, timely, consistent, and reliable messaging and/or tailor pre-scripted messaging;

- Coordinates, in concert with the IC, direct resident and relative/responsible party outreach, as appropriate; and
- Addresses rumors and misinformation.

Staff Communications

The facility maintains an updated employee roster listing the names of all staff members, including emergency contact information in the facility payroll system as well as in the Kronos Payroll System. To prepare for impacts to communication systems, the facility also maintains redundant forms of communication with on-site and off-site staff. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

Staff Reception Area

Depending on the nature of the incident, the facility may choose to establish a staff reception area (e.g., in a break room or near the time clock) to coordinate and check-in staff members as they arrive to the facility to support incident operations.

The staff reception area also provides a central location where staff can receive job assignments, checklists, situational updates, and briefings each time they report for their shift. Implementing a sign-in/sign-out system at the staff reception area will ensure full staff accountability. The staff reception area also provides the Incident Commander with a central location for staffing updates and inquiries.

Resident Communication

Upon admission, annually, and prior to any recognized threat, the facility will educate residents and responsible parties on the CEMP efforts. Resident communication may include:

- Admission Documents and paperwork
- Website postings
- Resident Council Meetings
- Annual Facility Mailings
- Robo-calls

During and after an incident, the Incident Commander—or Public Information Officer, if activated—will establish a regular location and frequency for delivering information to staff, residents, and on-site responsible parties (e.g., set times throughout the day), recognizing that message accuracy is a key component influencing resident trust in the facility and in perceptions of the response and recovery efforts.

Communication will be adapted, as needed, to meet population-specific needs, including memory-care residents, individuals with vision and/or hearing impairments, and individuals with other access and functional needs.

External Communications

Under no circumstances will protected health information be released over publicly-accessible communications or media outlets. All communications with external entities shall be in plain language, without the use of codes or ambiguous language.

TMG

The facility will coordinate all messaging with The McGuire Group to ensure external communications are in alignment with corporate policies, procedures, and brand standards. Prior to an incident, the facility will coordinate with The McGuire Group to ensure an on-site facility staff member(s) has authorization and approval to disseminate messages.

Families/Guardians

The facility maintains a list in Point Click Care of all identified authorized family member's and guardian's (responsible parties') contact information, including phone numbers and email addresses. Such individuals will receive information about the facility's preparedness efforts upon admission.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility by phone and/or other appropriate forms of communication depending on the nature of the incident. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

The initial notification message to residents' primary point of contact (e.g., relative) will include the following information:

- Nature of the incident;
- Status of resident;
- Restrictions on visitation; and
- Estimated duration of protective actions
- Direct contact information for the designated facility liaison assigned to each resident

When incident conditions do not allow the facility to contact residents' relatives/responsible parties in a timely manner, or if primary methods of communication are unavailable, the facility will utilize local or state health officials, the facility website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

Media/General Public

During an emergency, the facility will utilize traditional media (e.g., television, newspaper, radio) and social media (e.g., Facebook, Twitter) to keep relatives and responsible parties aware of the situation and the facility's response posture.

The Incident Commander—or Public Information Officer, if activated—may assign a staff member to

monitor the facility's social media pages and email account to respond to inquiries and address any misinformation.

Administration

As part of the facility's preparedness efforts, the facility conducts the following tasks:

- Identify and develop roles, responsibilities, and delegations of authority for key decisions and actions including the approval of the CEMP;
- Ensure key processes are documented in the CEMP;
- Coordinate annual CEMP review, including the *Annexes for all hazards*;
- Review and update, if needed, the facility HVA
- Ensure CEMP is in compliance with local, state, and federal regulations; and
- Continued dialogue with community partners such as Boonville PD and Fire Departments for training and educational purposes.

Finance

The McGuire Group Financial Operations Department has established policies and procedures for the management of facility finances and accounting before, during and after an emergency situation.

Incident Response

Financial functions during an incident include tracking of personnel time and related costs, initiating contracts, arranging for personnel-related payments and Workers' Compensation, tracking of response and recovery costs, and payment of invoices.

The Finance/Administration Section Chief or designee will account for all direct and indirect incident-related costs from the outset of the response, including:

- Personnel (especially overtime and supplementary staffing)
- Event-related resident care and clinical support activities
- Incident-related resources
- Equipment repair and replacement
- Costs for event-related facility operations
- Vendor services
- Personnel illness, injury, or property damage claims
- Loss of revenue-generating activities
- Cleanup, repair, replacement, and/or rebuild expenses

Logistics

Logistics functions prior to an incident include identifying and monitoring emergency resource levels, and executing mutual aid agreements, resource service contracts, and memorandums of understanding. These functions will be carried out pre-incident by the Administrator or their designee.

Response

To assess the facility's logistical needs during an incident, the Logistics Section Chief or designee will

complete the following:

- Regularly monitor supply levels and anticipate resource needs during an incident;

- Identify multiple providers of services and resources to have alternate options in case of resource or service shortages; and
- Coordinate with the Finance Section Chief to ensure all resource and service costs are being tracked.
- Restock supplies to pre-incident preparedness levels,
- Coordinate distribution of supplies to service areas.

Plan Development and Maintenance

To ensure plans, policies, and procedures reflect facility-specific needs and capabilities, the facility will conduct the following activities:

Table 7: Plans, Policies, and Procedures

Activity	Led By	Frequency
Review and update the facility's risk assessment.	Facility Administrator	Annually or more frequently with necessary changes.
Review and update contact information for response partners, vendors, and receiving facilities.	Facility Administrator	Annually or as response partners, vendors, and host facilities provide updated information.
Review and update contact information for staff members and residents' emergency contacts.	Payroll manager – staff Medical records managers - residents	Annually or as staff members provide updated information.
Review and update contact information for residents' point(s) of contact (i.e., relatives/responsible parties).	Medical Records Managers and Social Services Department	At admission/readmission, at each Care Plan Meeting, and as residents, relatives, and responsible parties provide updated information.
Post clear and visible facility maps outlining emergency resources at all nurses' stations, staff areas, hallways, and at the front desk.	Environmental Services Manager	Annually
Maintain electronic versions of the CEMP in folders/drives that are accessible by others.	Facility Administrator	Annually

Revise CEMP to address any identified gaps.	Facility Administrator	Upon completion of an exercise or real-world incident.

Activity	Led By	Frequency
Inventory emergency supplies (e.g., potable water, food, resident care supplies, communication devices, batteries, flashlights,	Environmental Services Manager and Food Service Director	Quarterly

Protective Actions

The Incident Commander may decide to implement protective actions for an entire facility or specific populations within a facility. A brief overview of protective action options is outlined in **Error! Reference source not found.**. For more information, refer to the *NYSDOH Evacuation Plan Template*, *NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2018 Coastal Storm Season*, and the *NYSDOH Healthcare Facility Evacuation Center Manual*.

Protective Action		Potential Triggers	Authorization
Defend-in-Place	**Defend-in-Place** is the ability of a facility to safely retain all residents during an incident-related hazard (e.g., flood, severe weather, wildfire).	▪ Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection.	▪ May be initiated by the Incident Commander **ONLY** in the absence of a mandatory evacuation order. ▪ Does not required NYSDOH approval.
Shelter-in-Place	**Shelter-in-Place** is keeping a small number of residents in their present location when the risks of relocation or evacuation exceed the risks of remaining in current location.	▪ Disaster forecast predicts low impact on facility. ▪ Facility is structurally sound to withstand current conditions. ▪ Interruptions to clinical services would cause significant risk to resident health and safety.	▪ Can only be done for coastal storms. ▪ Requires pre-approval from NYSDOH prior to each hurricane season and re-authorization at time of the incident.

Internal Relocation	**Internal Relocation** is the movement of residents away from threat within a facility.	▪ Need to consolidate staffing resources. ▪ Consolidation of mass care operations (e.g., clinical services, dining). ▪ Minor flooding. ▪ Structural damage. ▪ Internal emergency (e.g., fire). ▪ Temperature presents life safety issue.	▪ Determined by facility based on safety factors. ▪ If this protective action is selected, the NYSDOH Regional Office must be notified.

Protective Action		Potential Triggers	Authorization
Evacuation	**Evacuation** is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.	▪ Mandatory or advised order from authorities. ▪ Predicted hazard impact threatens facility capacity to provide safe and secure shelter conditions. ▪ Structural damage. ▪ Emergency and standby power systems failure resulting in facility inability to maintain suitable temperature.	▪ Refer to the *NYSDOH Evacuation Plan Template.*
Lockdown	**Lockdown** is a temporary sheltering technique used to limit exposure of building occupants to an imminent hazard or threat. When "locking down," building occupants will shelter inside a room and prevent access from the outside.	▪ Presence of an active threat (e.g., active shooter, bomb threat, suspicious package). ▪ Direction from law enforcement.	▪ Determined by facility based on the notification of an active threat on or near the facility premises.

Resource Management

Additionally, the facility maintains an inventory of emergency resources and corresponding suppliers/vendors, for supplies that would be needed under all hazards, including:

- Generators
- Fuel for generators and vehicles
- Food and water for a minimum of 72 hours for staff and residents
- Disposable dining supplies and food preparation equipment and supplies
- Medical and over-the-counter pharmaceutical supplies
- Personal protective equipment (PPE), as determined by the specific needs for each hazard
- Emergency lighting, cooling, heating, and flashlights/lanterns
- Resident movement equipment (e.g., stair chairs, bed sleds, lifts)
- Durable medical equipment (e.g., walkers, wheelchairs, oxygen, beds)
- Linens, gowns, privacy plans
- Housekeeping supplies, disinfectants, detergents
- Resident specific supplies (e.g., identification, medical risk information, medical records,

physician orders, Medication Administration Records, Treatment Administration Records, Contact Information Sheet, last 72 hours of labs, x-rays, nurses' notes, psychiatric notes, doctor's

progress notes, Activities of Daily Living (ADL) notes, most recent History and Physical (H&P), clothing, footwear, and hygiene supplies)
- Administrative supplies
- Critical tools and maintenance/physical plant related equipment (hand/power tools for emergency repairs, air compressor, snow removal equipment, extension cords, dollies, gas powered water pumps, voltage detector, batteries (all sizes), pry bars, sledge hammer)
- Cell phones, chargers and two way radios
- Facility satellite phone

The facility's resource inventory will be updated annually, or as needed to ensure that adequate resource levels are maintained, and supplier/vendor contact information is current.

Resource Distribution and Replenishment

During an incident, the Incident Commander—or Logistics Section Chief, if activated—will release emergency resources to support operations. The Incident Commander—or Operations Section Chief, if activated—will ensure the provision of subsistence needs.

- The Incident Commander—or Planning Section Chief, if activated—will track the status of resources used during the incident. When defined resource replenishment thresholds are met, the Planning Section Chief will coordinate with appropriate staff to replenish resources, including:
- Procurement from alternate or nontraditional vendors
- Procurement from communities outside the affected region
- Resource substitution
- Resource sharing arrangements with mutual aid partners
- Request for external stockpile support from healthcare associations, local emergency management. Resource replenishment from TMG Corporate stockpile

Resource Sharing

In the event of a large-scale or regional emergency, the facility may need to share resources with mutual aid partners or healthcare facilities in the community, contiguous geographic area, or across a larger region of the state and contiguous states as indicated.

Emergency Staffing

If off-duty personnel are needed to support incident operations, the facility will conduct the following activities in accordance with facility-specific employee agreements:

Table 8: Off-Duty Personnel Mobilization Checklist

Off-Duty Personnel Mobilization Checklist

☐	The senior most on-site facility official will confirm, with Administrator, that mobilization of off-duty personnel is permissible (e.g., overtime pay).

☐	Once approved, Department Managers will be notified of the need to mobilize off-duty personnel.
☐	Off-duty personnel will be notified of the request and provided with instructions including: ▪ Time and location to report ▪ Assigned duties ▪ Safety information ▪ Resources to support self-sufficiency (e.g., water, flashlight)
☐	Once mobilized, off-duty staff will report for duty as directed.
☐	If staff are not needed immediately, staff will be requested to remain available by phone.
☐	To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., childcare, respite care, pet care). These services help to incentivize staff to remain on site during the incident, but also need to be carefully managed (e.g., reduce liability, manage expectations).
☐	Coordinate to provide transportation services (facility vehicles, Uber, taxi services, etc.) to staff members willing to report, but do not have a means of transportation.

Other Job Functions

In accordance with employment contracts, collective bargaining agreements, etc., an employee may be called upon to aid with work outside of job-prescribed duties, work in departments or carry out functions other than those normally assigned, and/or work hours in excess of (or different from) their normal schedule. Unless temporarily permitted by an Executive Order issued by the Governor under section 29-a of Executive Law, employees may not be asked to function out-of-scope of certified or licensed job responsibilities.

The Incident Management Team will request periodic updates on staffing levels (available and assigned). In addition to deploying clinical staff as needed for resident care activities, non-medical assignments from the labor pool may include:

- Security augmentation
- Runners / messengers
- Switchboard support
- Clerical or ancillary support
- Transportation/drivers
- Resident information, monitoring, and one-on-ones, as needed

- Preparing and/or serving meals, snacks, and hydration for residents, staff, visitors, and volunteers
- Cleaning and disinfecting areas, as needed
- Laundry services
- Recreational or entertainment activities
- Providing information, escorts, assistance, or other services to relatives and visitors
- Other tasks or assignments as needed within their skill set, training, and licensure/certification.

In accordance with employment contracts, collective bargaining agreements, etc., and at the determination of the Incident Commander, all or some staff members may be changed to 12-hour emergency shifts to maximize staffing. These shifts may be scheduled as around regular work hours, in six or 12-hour shifts, or as needed to meet facility emergency objectives.

Surge Staffing

If surge staffing is required—for example, staff has become overwhelmed—it may be necessary to implement surge staffing (e.g., Other Vestra Care Facilities, TMG Float Pool, staffing agencies).

The facility may coordinate with pre-established credentialed volunteers included in the facility roster or credentialed volunteers associated with programs such as Community Emergency Response Team (CERT), Medical Reserve Corps (MRC), and ServNY.

The facility will utilize emergency staffing as needed and as identified and allowed under executive orders issued during a given hazard/emergency.

Emergency Power Systems

In the event of an electrical power disruption causing partial or complete loss of the facility's primary power source, the facility is responsible for providing alternate sources of energy for staff and residents (e.g., generator).

In accordance with the facility's plans, policies, and procedures, the facility will ensure provision of the following subsistence needs through the activation, operation, and maintenance of permanently attached onsite generators:

- Maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
- Emergency lighting;
- Fire detection and extinguishing, and alarm and life safety systems; and
- Sewage and waste disposal.

Onsite generators and associated equipment and supplies are located, installed, inspected, tested, and maintained in accordance with the National Fire Protection Association's (NFPA) codes and standards.

In extreme circumstances, incident-related damages may limit generator and fuel source accessibility, operability, or render them completely inoperable. In these instances, an urgent or planned evacuation will be considered if a replacement generator cannot be obtained in a timely manner.

Training and Exercises

To empower facility personnel and external stakeholders (e.g., emergency personnel) to implement plans, policies, and procedures during an incident, the facility will conduct the following training activities:

Table 9: Training

Activity	Led By	Frequency
Conduct comprehensive orientation to familiarize new staff members with the CEMP, including PEP specific plans, the facility layout, and emergency resources.	HR Manager and Director of Quality and Education	Orientation held on the first day of employment.
Incorporate into annual educational update training schedule to ensure that all staff are trained on the use of the CEMP, including PEP specific plans, and core preparedness concepts.	Director of Quality and Education	Annually and as needed
Maintain records of staff completion of training.	Director of Quality and Education	Ongoing
Ensure that residents are aware appropriately of the CEMP, including PEP specific plans, including what to expect of the facility before, during, and after an incident.	Facility Administrator	Upon admission and minimally on an annual basis Repeat briefly at time of incident.
Identify specific training requirements for individuals serving in Incident Management Team positions.	Facility Administrator	Ongoing
Determine appropriate exercises and drills (based on HVA) to properly simulate emergency situations.	Facility Administrator	Ongoing

To validate plans, policies, procedures, and trainings, the facility will conduct the following exercise activities:

Table 10: Exercises

Activity	Led By	Frequency

Conduct, at minimum, one operations-based exercise (e.g., full-scale or functional exercise). The CNY Mutual Aid drill is completed annually, and will satisfy this requirement.	Facility Administrator	Annually
Conduct, at minimum, one discussion-based exercise (e.g., tabletop exercise).	Facility Administrator	Annually

Documentation

In alignment with industry best practices for emergency preparedness, the facility will maintain documentation and evidence of course completion through the use of sign in sheets, NHICS Form 201 – Incident Briefing and Operational Log and After Action Reports. These forms will be used for all disaster drills as well as real time emergency situations.

After Action Reports

The facility will develop After Action Reports to document lessons learned from tabletop and full-scale exercises and real-world emergencies and to demonstrate that the facility has incorporated any necessary improvements or corrective actions.

After Action Reports will document what was supposed to happen; what occurred; what went well; what the facility can do differently or improve upon; and corrective action/improvement plan and associated timelines.

Infectious Disease/Pandemic Emergency

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. The facility should indicate for each checklist item, how they plan to address that task.

The Local Health Department (LHD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The checklist items noted in this Annex include the identified LHD priorities and focus areas. Nursing homes should use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies and procedures.

A summary of the key components of the PEP requirements for pandemic situations is as follows:

o development of a Communication Plan,

o development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and

o A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for <u>all Infectious Disease Events</u>	
☐ Required	Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements Facility utilizes multiple different presentation methods for infectious disease education such as: • Face to face presentation • Video education • Webinars • Hands on training and observation • 1 on 1 teaching and mentoring
☐ Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. • The TMG Best Practices Committee is charged with the management of all infection control related policies and procedures. All policies are reviewed on a regular basis and updated to reflect current industry standards, best practices and all regulatory requirements.
☐ Recommended	Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels. See Annex K

☐ Recommended	Develop/Review/Revise plan for staff testing/laboratory services See Annex K
☐	Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g.,

Required	Nosocomial Outbreak Reporting Application (NORA), HERDS surveys See Annex K
☐ Required	Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process) See Annex K
☐ Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). See Annex K
☐ Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) See Annex K
☐ Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. The facility has executed agreements with local vendors to supply the following critical items in an emergency situation: • US Foods – food and water • Procare Pharmacy – medication • Medline – medical supplies and equipment • Hill & Markes. – disinfection and cleaning supplies
☐ Required	Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance See Annex K
☐ Recommended	Develop plans for co-hording, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort. See Annex K

Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated See Annex K
Recommended	Develop/Review/Revise a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities /procedures /restrictions may be eliminated, restored and the timing of when those changes may be executed. See Annex K – reopening plan.
Additional Preparedness Planning Tasks for <u>Pandemic Events</u>	
☐	***In accordance with PEP requirements,*** Develop/Review/Revise a Pandemic Communication Plan

Required	that includes all required elements of the PEP See Annex K
☐ Required	***In accordance with PEP requirements,*** Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. See Annex K
Response Tasks for <u>all Infectious Disease Events</u>:	
☐ Recommended	The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease: See Annex K
☐ Required	The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. (see Annex K of the CEMP toolkit for reporting requirements). See Annex K
☐ Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting See Annex K
☐ Recommended	The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.
☐ Recommended	The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies See Annex K
☐ Recommended	The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies: See Annex K
☐ Recommended	The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.
☐ Required	The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information. See Annex K

☐ Recommended	The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents This facility regularly communicates its policies regarding exposure risks to all critical vendors i.e. medical suppliers, food suppliers, emergency building related contractors, providers, etc.
☐	Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce

Required	exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection: See Annex K
Additional Response Tasks for <u>Pandemic Events</u>:	
☐ Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) See Annex K
☐ Required	***In accordance with PEP requirements,*** the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make available immediately upon request: The facility will have the properly formatted PEP posted on the organization's website no later than 9/15/20.
☐ Required	**In accordance with PEP requirements,** the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: See Annex K
☐ Required	***In accordance with PEP requirements***, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection: See Annex K
☐ Required	***In accordance with PEP requirements***, the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians: See Annex K
☐ Required	***In accordance with PEP requirements,*** the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e): See Annex K
☐ Required	***In accordance with PEP requirements,*** the facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e): See Annex K

☐ Required	***In accordance with PEP requirements,*** the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) or any superseding

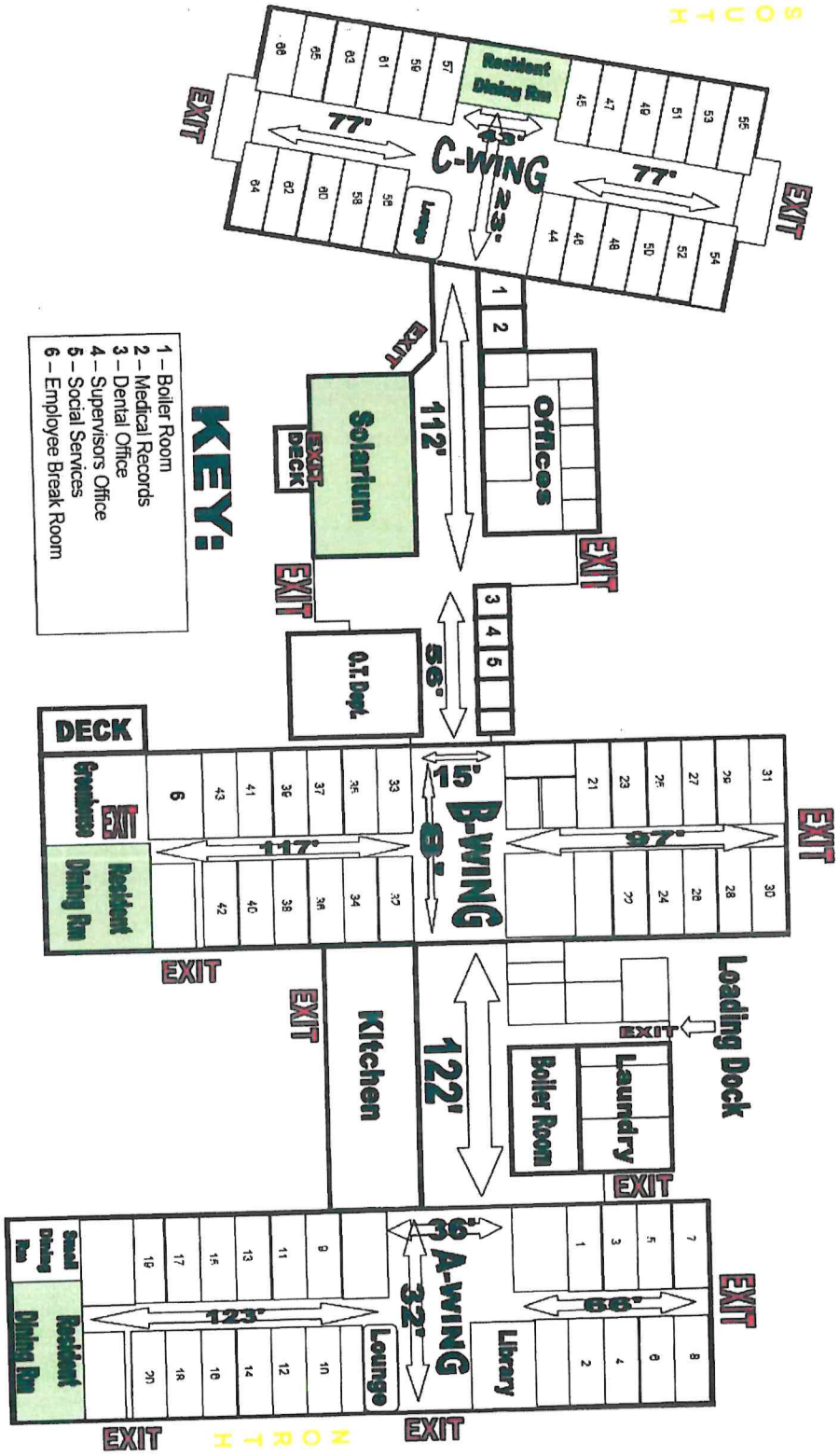
	requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to: – N95 respirators – Face shield – Eye protection – Gowns/isolation gowns – Gloves – Masks – Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic) See Annex K
Recovery for all Infectious Disease Events	
☐ Required	The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed. See Annex K
☐ Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders See Annex K

Facility Overview

The facility overview provides an immediate reference sheet about each facility (or individual buildings within a facility's campus) for use when communicating with external parties during an emergency (e.g., law enforcement, fire department, emergency management officials).

LOCATION AND CONTACT INFORMATION	
Name of Facility	Sunset Nursing and Rehabilitation Center
Address	232 Academy Street
Cross Streets	Post Street
Telephone	315-942-4301
Fax	315-942-5994
Email	snursing@sunsetnrc.com
Website	www.sunsetnrc.com
CONSTRUCTION	
Construction Type	Type 2 (111)(NFPA 220)
Year Building Constructed	1964,1971,1985, 2008
Number of Floors (above/below grade)	1
Square Footage	48,000 square feet

Facility Floor Plan



CAPACITY AND STAFFING	
Non-Traditional Surge Space	Activities Department and dining areas
Number of Facility-Owned Vehicles (including accessible spots/seats)	2 vehicle– work/plow truck Passenger Van
UTILITY AND SERVICE PROVIDERS	
Electric Provider	Boonville Municipal
Local Water Provider	Boonville Municipal
Telephone Provider	Frontier
Internet Service Provider	Spectrum
Generator Services	Cummins Northeast / Penn Power
Propane	Helmer's Fuel and Trucking
Plumbing	HJ Brandles
Elevator	n/a
HVAC Equipment	BJ Queen Enterprises
Fire Equipment/Sprinklers	ABC Fire/Associated Fire Co

See form NHICS FORM 258 | FACILITY RESOURCE DIRECTORY for updated contact numbers for above service providers.

Hazard Vulnerability Assessment

HVA Tools

The Centers for Medicare and Medicaid Services (CMS) requires healthcare facilities to conduct annual facility-specific risk assessments to identify and assess potential hazards and their impacts. HVAs are used to estimate the hazards (and associated risks) that are most likely to occur and/or may affect a facility's ability to maintain operations and services. The results of the analysis can be used to prioritize planning, mitigation, response, and recovery projects and initiatives.

HVA Process

The following outlines the process and recommendations for conducting a facility-specific HVA:

Convene Staff with Facility-Specific Knowledge

Conducting an HVA requires an in-depth knowledge of facility preparedness and response capabilities. In addition, understanding the capabilities of response partners is another important piece of completing an HVA. As a result, staff possessing this knowledge should be involved in the HVA process, including:

- Facility Senior Leader
- Lead Clinical Staff
- Head of Administration/Finance
- Communications Staff
- Environmental Services/Plant Operations Leadership

Completing the HVA can be done by a single knowledgeable staff member or as a collaborative process with multiple staff members. For example, multiple staff members can complete an individual HVA, then they can be compared to validate each assessment and a consensus can be reached using the variety of assessments.

Identify Facility-Specific Hazards

In order to complete an HVA, staff must know the hazards which might affect their facility. The list of hazards can be developed through a variety of means, including:

- Historical knowledge of hazards
- Subjective predictions of hazards
- Using predetermined hazards in HVA tools
- Using local emergency plans to determine hazards (also known as a "community-based assessment"). Examples of these plans, which can be obtained from your Local Office of Emergency Management, include:
  - Hazard Mitigation Plans
  - Emergency Operations Plans
  - Threat and Hazard Identification and Risk Assessment

Assess Hazards

The risk each hazard poses to the facility is determined through a variety of factors. The table below presents each factor and the considerations to make when evaluating them.

Table 3: HVA Considerations

Hazard Factor	Considerations
Probability	▪ Current local and regional plans ▪ Manufacturer/vendor statistics ▪ Subjective evaluations or best estimate
Human Impact	▪ Potential for staff, resident, or visitor injury or death ▪ Emotional or psychological impact ▪ Local cultural norms
Property Impact	▪ Cost to replace ▪ Cost to set up temporary replacement ▪ Cost to repair ▪ Time to recover
Business Impact	▪ Business interruption ▪ Staff unable to report to work ▪ Violation of contractual agreements, regulatory standards ▪ Interruption of critical supplies ▪ Reputation and public image ▪ Financial impact or burden
Preparedness	▪ Status of current plans ▪ Staff training completion status ▪ Availability of alternate sources for critical resources
Internal Response	▪ Emergency resource levels ▪ Durability/longevity of resources (without replenishment) ▪ Internal resources ability to withstand disasters ▪ Availability of backup systems
External Response	▪ Types of agreements with community agencies ▪ Relationship with local and state agencies ▪ Relationship with local healthcare facilities ▪ Relationship with community volunteers ▪ Vendor pre-incident response plans and contracts

Facility Profile and Building Features

Single Story Type II Non Combustible

Built in 1964,1971,1985,2008

48,000 sq. feet

Propane Gas/Natural Gas (See Natural Gas CO2 Policy)

Natural Gas Boiler System, Radiant Heat

Natural gas fed boilers with roof top air handlers for hallways.

(4) -100 gallon hot water tanks on site

Cooling; Roof top A/C units that feed common areas, hallways, activities department, therapy department, dining hall

Resident Population*

Licensed for 120 beds

Subacute and orthopedic rehabilitation and recovery, hip, knee, pulmonary,

post-surgical and wound care therapies, physical and occupational therapy, pain management,

intravenous antibiotics, electrical stimulation for wound healing,

and telemetry services.

* see facility assessment for full description of resident population.

Generator

30kw and 20 kw Onan Generator; Propane Gas located outside facility

Tested / Inspected weekly/monthly

Powers red outlets, every other light in common hallway,

Boilers, hot water heaters, (1) washer/dryer, walk in cooler, freezer in kitchen

Will not power A/C when on emergency power

Evacuation Site

Adirondack Central School/Elementary School