

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

May 18, 2020

Dear Skilled Nursing Facilities:

Thank you all for the extraordinary work you are doing to keep our most vulnerable Pennsylvanians safe and healthy during these trying times.

As you may know, the Wolf Administration has developed and released a <u>testing strategy</u>. This strategy focuses on three pillars, which include: accessibility, availability, and adaptability. It is with the utmost importance that testing is accessible and available to every citizen who needs it. The residents in your facilities are some of our most vulnerable citizens. The Department of Health is recommending a test-based strategy for preventing transmission of COVID-19. There are details for this strategy in <u>PA HAN 508</u>.

The Department would like to understand how many nursing facilities have already done a test-based strategy or facilities that are pursuing a test-based strategy. In order to understand the testing environment in our nursing facilities, we are requesting that each facility complete this <a href="LTCF">LTCF</a> testing survey. On Friday, May 15, 2020 each facility was sent login instructions for the "Process to Comply with SNF Reporting Order." The same username and password should be used for this survey.

Please have one person from each facility complete this <u>survey</u> no later than Monday, May 25. We appreciate your time and dedication to ensuring Pennsylvanians are kept safe and healthy. If you have any issues with the survey, please contact <u>pema\_gis@pa.gov</u>. If you have any questions about testing, please contact <u>DH-COVIDtesting@pa.gov</u>.

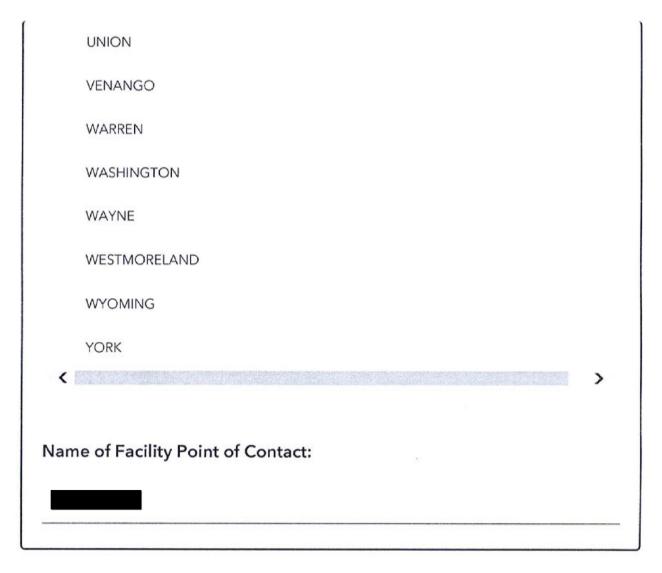
Sincerely,

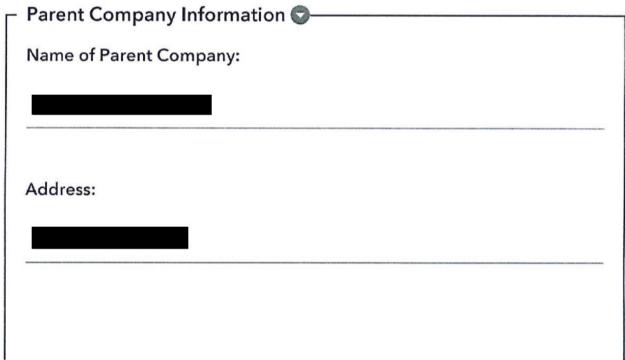
Rachel L. Levine, MD Secretary of Health

Commonwealth of Pennsylvania

## LTCF Testing Survey

Facility Infori			
Name of Facili	ty:		
Address:			
City:			
Zip:			
***************************************		 	





City:				
State:				
Zip:				
Name of Parent Company Point of Contact:				
Who is your facility licensed with? [Check all that apply]				
Who is your facility licensed with? [Check all that apply]				
Who is your facility licensed with? [Check all that apply]  PA Department of Health				

How many residents do you have in your facility?				
How many staff do you have in your facility?				
Does your facility have any active cases of COVID-19?				
O No				
How many active cases does your facility have?				
Have you tested any of your residents for COVID-19?				
O No				

How many residents have been test	ed?
Number Symptomatic?	
Number Asymptomatic?	
How many confirmed cases do you o	currently have in residents?
Have you tested any of your staff?	
O Yes	
O No	

Have you been conducting serial (repeated) testing of residents or staff?
O Yes
O No
Have you begun the cohorting of residents with confirmed cases?
O Yes
O No
Do you have the ability to perform initial testing of all residents and staff?
O Yes
O No
With your current staffing, regardless of the supplies required, how long would it take your staff to test all residents and staff on duty? (estimated number of hours)

What lab have you used for the testing?				
e of testing have you done? (Select all that apply)				
t with a swab				
plogy with blood				
facility implemented administrative or engineering mitigation to prevent the spread of COVID-19?				
facility received training or a visit by any state agencies or ents since the beginning of the pandemic?				

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