Caring for Older Adults in Disasters: A Curriculum for Health Professionals
Module 5: Setting: Special considerations for older adults
Lesson 5-4: Skilled Nursing Facilities and Assisted-Living Facilities

NCDMPH
National Center for Disaster Medicine & Public Health

LESSON 5-4
SKILLED NURSING FACILITIES
AND
ASSISTED-LIVING FACILITIES

UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

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Lesson: Skilled Nursing Facilities and Assisted-living Facilities

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Intended Audience of Learners

A broad range of health professionals who may work with the older adult population.

Competencies

This lesson supports learning related to the following competencies, with regard to conditions present in the geriatric population who are living in skilled nursing facilities and assisted-living facilities in disasters:

Core Competencies and Subcompetencies from Walsh L, Subbarao I, Gebbie K, et al. Core competencies for disaster medicine and public health. *Disaster Med Public Health Prep*. 2012;6(1):44-52. doi: 10.1001/dmp.2012.4

Core Competency 2.0 "Demonstrate knowledge of one's expected roles(s) in organizational and community response plans activated during a disaster or public health emergency."

Sub competency 2.3 "Explain mechanisms for reporting actual and potential health threats through the chain of command/authority established in a disaster or public health emergency."

Core Competency 3.0 "Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency."

Sub competency 3.2: "Describe measures to maintain situational awareness before, during, and after disaster or public health emergency."

Core Competency 4.0 "Communicate effectively with others in a disaster or public health emergency."

Sub competency 4.3 "Identify strategies for appropriate sharing of information in a disaster or public health emergency."

Core Competency 5.0 "Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency."

Sub competency 5.2 "Describe risk reduction measures that can be implemented to mitigate or prevent hazardous exposures in a disaster or public health emergency."

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Core Competency 6.0 "Demonstrate knowledge of surge capacity assets, consistent with one's role in organizational, agency, and/or community response plans"

>Sub competency 6.1 "Describe the potential impact of a mass casualty incident on access to and availability of clinical and public health resources in a disaster or public health emergency"

Core Competency 7.0 "Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice."

>Sub competency 7.1 "Discuss common physical and mental health consequences for all ages and populations affected by a disaster or public health emergency."

Core Competency 8.0 "Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by a disaster or public health emergency."

>Sub competency 8.3 "Identify strategies to address functional and access needs to mitigate adverse health effects of disasters and public health emergencies."

Learning Objectives

At the end of this lesson, the learner will be able to:

5-4.1 Distinguish the unique role of federally certified skilled nursing facilities from state-licensed residential care facilities within the health care and housing continuum during a disaster or public health emergency.

5-4.2 Describe local, regional, and state integration of skilled nursing facilities and residential care facilities into the Emergency Support Functions and structures.

5-4.3 Determine the ability of local and state Emergency Operations Centers (EOCs) to access formal disaster preparedness plans of skilled nursing facilities for the range of emergencies that might occur (required only for skilled nursing homes under the Centers for Medicare and Medicaid Services [CMS]).

5-4.4 Identify strategies for appropriate communication among state and local emergency management and providers during and after the disaster to assist skilled nursing facilities or assisted-living providers to shelter in place. State and local EOCs may deploy assets to facilities as a disaster unfolds to mitigate residents' adverse health events.

5-4.5 Identify risk reduction measures and assets that can be mobilized to assist skilled nursing facilities or residential care facilities if emergency requires partial evacuation to other facilities (transfer of specific residents such as dialysis patients) or total evacuation.

Estimated Time to Complete This Lesson

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75 minutes

Content Outline
Module 5: Setting: Special considerations for older adults
Lesson 5-4: Skilled nursing facilities and assisted-living facilities

I. Distinguish the unique health care and housing role of federally certified skilled nursing facilities from state-licensed residential care facilities during a disaster or public health emergency.

    a. Define federally certified skilled nursing facilities and provide purpose, resident description, and disaster preparedness regulations.

        i. The Nursing Home Reform Act (The Omnibus Budget Reconciliation Act of 1987) requires that residents in skilled nursing facilities receive periodic assessments, a comprehensive personalized care plan, nursing services, social services, rehabilitation services, pharmaceutical services, dietary services, and, if the facility has more than 120 beds, the services of a full-time social worker. About 15,700 facilities nationally are licensed by states and certified to bill Medicare and Medicaid directly for services. Each facility must be in "substantial compliance" with the requirements of the Nursing Home Reform Act as verified through state inspections.[1,2]

        ii. Over 1.3 million residents receive care daily in skilled nursing facilities that serve people with increasingly complex medical conditions and with high physical and cognitive functional demands.[2] Two-thirds of nursing home residents are women.[2] About 15% are under age 65 and 42% are over age 85.[2] Two distinct groups are represented. Skilled facilities serve Medicare residents in need of rehabilitation after acute illness or hospital stay; stays range from 5 to 90 days for short-term rehab. Most short-stay residents return to the community within 90 days. A second population served, primarily paid by state or federal Medicaid funds, is of residents who need long-term care services because they cannot live independently or require more care than assisted living can provide. Most long-stay residents have cognitive impairment and about 90% require substantial personal assistance to bathe, dress, and toilet and about 60% require assistance to eat meals.[2]

        iii. Emergency preparedness federal regulations (CMS) require that skilled nursing facilities develop all-hazard disaster preparedness plans, evacuation plans, and fire safety plans.[3] Facilities must have detailed written plans and procedures to meet all potential emergencies and

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disasters. CMS has a checklist for skilled facilities and standards for review of plans.[3] Copies of plans are to be filed with local emergency operations offices but review of plans varies considerably. Plans are required to be available for staff, and new staff are to be trained. Regulations require that fire drills and recommend emergency plans be routinely practiced by nursing homes. Skilled nursing facilities are NOT required to adhere to Incident Command Structure but must outline staff duties and responsibilities during emergencies.

b. Define assisted-living facilities and provide purpose, resident description, and disaster preparedness regulations.

  i. Assisted-living and residential care facilities are licensed or certified by states as communities, as care providers, or as communities providing specific types of care.[4] Focusing on choice, privacy, and autonomy, these facilities are a fast-growing part of housing and health care services available to older and disabled adults.

   1. States, not the federal government, regulate this mix of 24-hour awake staff with hospitality services that feature communal dining and a private room. Most facilities have a dizzying range of allowable and available health care services.[4]

   2. About 60% of the assisted-living facilities have fewer than 25 residents, thus making routine inspection and oversight difficult.[2] About 30% of facilities over 25 beds provide the majority of assistance to residents and 14% have more than 100 residents.[5] Assisted living is funded with private funds and only about 17% of assisted-living residents receive some care with Medicaid assistance.[4] Because assisted living is considered community living, there are fewer regulations and less oversight.

   3. Assisted-living facilities may have specialty licenses and services such as licensed mental health facilities for younger seriously mentally ill residents versus dementia care and services for older adults. The license categories will alter disaster plans and may drive the needs for evacuation and need for services.

  ii. Nationally, 750,000 Americans live in 22,200 assisted-living or residential care communities.[4]

   1. Assisted-living residents are older on average than nursing home residents with the modal resident a woman aged 87 years.[4] Assisted-living residents enter less disabled than nursing home residents but may live for many years and "age in place" with increasing frailty and dependency. About 60% of assisted-living

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residents who leave assisted living transition to the higher skill level of a nursing home.[5] About 60% of residents need assistance with bathing and 45% need help with dressing.[2]

    2. An estimated 40% of residents have Alzheimer's or other dementia and about 59% of the largest buildings have special dementia units. Receiving assistance with medications is a service needed by many residents, as is assistance with health-related services.[4]

    3. Almost 7% of residents are under age 65 and may serve seriously mentally ill residents. These residents may not require the physical assistance with daily living tasks but require supervision and medication administration.[2]

    iii. Unlike the federal standards that regulate nursing homes, assisted-living emergency preparedness regulations vary by state. Some assisted-living facilities discharge residents to family or special care facilities during storms, and mass shelters may receive assisted-living residents, although most states try to prevent that outcome.

        1. Most states have strict fire codes and require basic emergency preparedness plans but few have all-hazard disaster preparedness. The federal government through CMS issued emergency preparedness recommended practices, and national associations for assisted living (e.g., Assisted Living Federation of America) have planning tools and guidelines for members.[6,7]

        2. It is critical to learn the state and local requirements and likelihood of facilities to be able to monitor and report concerns about resident care before, during, and after an emergency or disaster. Many states recommend all-hazard plans to be developed and filed with health departments or local emergency management.[8]

II. Describe local, regional, and state integration of skilled nursing facilities and residential care facilities into the Federal Emergency Management Agency Emergency Support Functions and structures.[9,10]

    a. Skilled nursing facilities are generally included as health care providers in state and local ESF-8.

        i. Review state ability to identify all skilled nursing providers either through geo-codes or registry system requiring updates of residents.

        ii. Review state skilled nursing home requirements for number of days required to store water, food, and power/generator capacity, including fuel storage for residents.

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      iii. Identify likely areas in which nursing homes may require assistance such as need for transportation if evacuation is needed and fuel (recovery).[11]

      iv. Encourage regional simulations of disasters and include skilled nursing facilities.[7]

    b. Assisted-living facilities may be part of local ESF-8 but because of many small assisted-living facilities, mass shelters (ESF-4) may allow assisted-living providers to use mass sheltering.[12]

      i. Review state requirements for assisted-living sheltering and determine if residents are likely to be subgrouped within mass care shelters during disasters.

      ii. Identify and classify residential care providers (include board and care or family caregiving homes) that may require assistance. Classification may be by license type or category of population served (elders, developmentally delayed, physically disabled, and residential facilities serving people with mental health or substance abuse).

      iii. Encourage states to geo-code facilities and require registration to communicate during disasters and emergencies.

III. Determine the ability of local and state EOCs to access formal individual skilled nursing disaster plans that are required under CMS and any assisted-living plans that may be required by the state (preparedness period).[10,13]

    a. Skilled nursing facilities

      i. Compare specific provider's disaster plans as filed with local emergency management to actual situation in disaster area to assess likely impact on ability to continue operations.

      ii. Activate state emergency operations plan, which should include registry of all providers that updates information and provides resident census, providers' capacity to receive additional residents, operational concerns, and expectations for sheltering in place or evacuation.

      iii. Evaluate criteria to shelter in place versus evacuate facility given registry information and how emergency is unfolding.

    b. Assisted-living and residential care facilities

      i. Activate state emergency operations plan, which should include registry of all providers that updates information and provides resident census, providers' capacity to receive additional residents, operational concerns, and expectations for sheltering in place or evacuation.

      ii. Assess classification of facilities by likely needs during type of disaster.

      iii. Local emergency management offices should encourage providers to develop effective emergency plans and drill for all hazards.

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  c. Encourage regional community-wide simulations of disasters and include all long-term care providers to help develop local resiliency networks and knowledge of potentially vulnerable populations who may require assistance during disasters.[7]

 IV. Identify strategies for appropriate communication among state and local emergency management and providers during and after the disaster to assist skilled nursing facilities or assisted-living providers as the disaster unfolds to mitigate adverse health events for residents.[13,14]

  a. Skilled nursing facility: Case study of Mother's Day Flood 2006, Mary Immaculate Health/Care Services.[15]Review the case study to examine how Mary Immaculate Health Care skilled nursing facility prepared to shelter in place during a flood but eventually had to evacuate its residents. The experience described in the case study allows learners to experience the management of an emergency from the nursing home administrator's perspective during all phases of this emergency. Review case studies and experiences of California nursing homes during wildfires and Georgia nursing homes during wildfires.[16,17]

  b. Assisted living: Review Centers for Disease Control and Prevention Adult Care Emergency Preparedness Exercise Toolkit and California Assisted Living Association tips for providers to determine elements that are important in assisted-living or residential care settings to maintain communication with local or regional emergency management.[18]

   i. Evaluate plans after drills or simulations by using federal checklists.

   ii. Involve community and businesses to build community resilience and mutual aid agreements.

  c. All providers' emergency preparedness communication plans should:

   i. Verify dissemination of emergency management phone numbers and communication links for providers to report status.

   ii. Establish (state or providers) daily "call-in" line at set time during emergency. Number should be toll-free. Have many lines and allow nursing home and assisted-living providers to request support or help from state or regional network.

   iii. Develop redundant communication plans including local ham radios or satellite phones.

   iv. Have the ability to communicate and to access resources that may be needed (fuel, food, water, medications, police support to keep building secure and avoid evacuation, or staff to maintain residents' health and well-being).

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     d. Assess the state's capacity to maintain communication and receive real-time data on facility's occupancy, ability to maintain operation, and changing acuity of residents.

          i. For example, small assisted-living facilities are likely not on the list of utilities for quick restoring of power or services.

          ii. Remember likely needs during recovery are for diesel fuel for generators or electricity and water restored (work with provider groups or state licensing authority). May need to have suppliers provide medication, oxygen, and food; linens may need to be replenished; and staffing may need to be supplemented.

V. Identify risk reduction measures and assets that can be mobilized to assist skilled nursing facilities or residential care facilities to shelter in place. Sheltering in place is the preferred option. If emergency requires partial evacuation to other facilities (transfer of specific residents such as dialysis patients) or total evacuation, state and local assets (transportation or shelter beds) are needed to mitigate adverse health outcomes for residents.[18-20]

     a. Communicate with facilities, assess risk of event, and determine assets available within area. If need is to transfer residents before disaster, assess the ability of other facilities to accept new residents (receiving facilities for surge).

     b. Ensure appropriate emergency management support for efforts of nursing homes and assisted living to implement disaster plans for continuity of operations as approved and filed; recognize that the assets expected by nursing homes and assisted living may not be available.

          i. Ensure facility staff have identification passes and permission to be out during curfews and to get gas for vehicles as well as to drive to work during curfew. Be certain police recognize and honor passes.

          ii. Communicate with facility to determine if food and water are adequate.

          iii. Establish facility as a priority health care-related entity to enable facility to access or purchase fuel if needed to keep generator operating.

          iv. Identify if facility qualifies for help under Stafford Act or must pay for emergency support (fuel).

          v. Coordinate with police/security to ensure facility has adequate protection during recovery period because nursing homes are open and operating during disaster but do not have police onsite.

     c. If evacuation is needed, discuss facility decision-making and review how to help with evacuation.

          i. Review facility needs for transportation (e.g., contracts for ambulances or buses) or if facility owns vehicles to use for evacuation.

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ii. Assist facility with support as appropriate.
d. Encourage regional simulations of disasters and include all long-term care providers to help develop local resiliency networks and knowledge of potentially vulnerable populations who may require assistance during disasters.

Suggested Learner Activities for Use in and Beyond the Classroom

1. Ask learners to review 2 actual disaster preparedness plans of skilled nursing facilities and 2 assisted-living facilities (try to obtain one plan from a large facility [> 50 beds] and one from a small facility [< 25 beds]). Ask learners to compare and contrast nursing home plans with assisted-living plans. Compare large assisted-living with small assisted-living plans. Discuss the adequacy and detail for the skilled nursing home plan and contrast with the large and small assisted-living disaster plans. Evaluate the plan differences by skilled nursing homes versus assisted-living facility. Are regulatory standards met? Determine each plan's adherence to the CMS Best Practice Emergency Preparedness Checklist (link found below).

> The US Department of Health and Human Services and CMS have prepared a survey and certification checklist as a tool for health care facilities to use in their all-emergency planning. http://tinyurl.com/oz7qqpj.

> Have learners review the case study of actual experiences of long-term care providers in the link below. Discuss the provider's ability to implement the emergency plan. How does the table below help both long-term care providers and local emergency management offices to prepare to help long-term care providers during preparation, event, and recovery from disasters or emergencies?

CASE STUDY: Mother's Day Flood 2006, Mary Immaculate Health/Care Services - https://www.chausa.org/publications/health-progress/article/november-december-2013/for-long-term-care-readiness-gaps-abound (please read the case study that follows the article, just below the "NOTES").

Table 1:Long-Term Care Facility Disaster Vulnerability and Emergency Management System Opportunities for Support	
Evacuation Needs	
Transportation	1) Need to secure reliable transportation—preferably from a vendor outside the immediate area
	2) Build specifically designed ramps to facilitate

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	wheelchair access to buses that might not be designed for handicapped access
	3) Work with vendors to ensure that those with special needs (e.g., oxygen) can be evacuated safely
Staffing	1) Determine incentives to get staff to work during emergencies
	2) Allow staff to evacuate families with the facility
	3) Identify staffing agencies that might be approached at destination sites
Sheltering	1) Identify suitable shelter destinations for frail elderly
	2) Devise a two-tiered approach to evacuation: (a) Find a more local destination that can be used for first 48 hours (b) Determine a facility where residents can go for more prolonged evacuation (should it be required)
Facility Needs	1) Work with local and state emergency management organizations to improve evacuation planning
	2) Work with local and state agencies to ensure rapid restitution of critical services (e.g., power, water, food delivery) to allow for early return

Shelter in Place Needs	
Facility Needs	1) Work with state and local emergency management organizations to ensure priority status for rapid restitution of critical services (e.g., power, water, food and medication delivery)
	2) Improve generator load and ensure that adequate fuel reserves are stored
	3) Ensure that at least a 7 days' supply of water, food, and medications are on hand
	4) Target particularly frail residents for evacuation (e.g., dialysis patients, high oxygen utilizers)
Staffing Needs	1) Provide shelter for immediate family of critical staff
	2) Identify incentives to ensure that staff stay during emergency situations

Readings and Resources for the Learner

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- **Required Resources**
  - *Trends in Nursing Facility Characteristics.* American Health Care Association. http://www.ahcancal.org/research_data/trends_statistics/Documents/Trend_PVNF_FINALRPT_March2015.pdf. Published March 2015. Accessed August 5, 2015.
  - Brown LM, Dosa DM, Thomas K, Hyer K, Feng Z, Mor V. The effects of evacuation on nursing home residents with dementia. *Am J Alzheimers Dis Other Demen.* 2012;27(6):406-12. doi: 10.1177/1533317512454709
  - Hyer K, Brown LM. Disaster preparedness, response, and recovery. In: Prohaska TR, Anderson LA, Binstock RH, eds. *Public Health for an Aging Society.* Baltimore, MD: Johns Hopkins University Press;2012:299-326.
  - Dosa D, Hyer K, Thomas K, et al. To evacuate or shelter in place: implications of universal hurricane evacuation policies on nursing home residents. *J Am Med Dir Assoc.* 2011:13(2)190.e1-190.e7. doi:10.1016/j.jamda.2011.07.011.
  - Thomas KS, Dosa D, Hyer K, et al. Effect of forced transitions on the most functionally impaired nursing home residents. *J Am Geriatr Soc.* 2012;60(10):1895-900. doi: 10.1111/j.1532-5415.2012.04146.x
  - Planning resources by setting. Centers for Disease Control and Prevention website. http://www.cdc.gov/phpr/healthcare/planning.htm. Updated May 22, 2014. Accessed February 5, 2015.
  - Hyer K, Polivka-West L, Brown LM. Nursing homes and assisted living facilities: Planning and decision making for sheltering in place or evacuation. *Generations.* 2007;31(4),29-33.
  - Hyer K, Brown LM, Polivka-West L, Berman A. Helping nursing homes prepare for disasters. *Health Affairs.* 2010;29(10): 1961-5. doi:10.1377/hlthaff.2010.0665.
  - *Emergency Preparedness Tool Kit.* Assisted Living Federation of America. http://www.alfa.org/images/store/Emergency_Preparedness_Tool_Kit.pdf. Accessed August 5, 2015.

- **Supplemental Resources**
  - Hyer K, Polivka-West L, Brown LM. Nursing homes and assisted living facilities: planning and decision making for sheltering in place or evacuation. *Generations.* 2007:*31*(4)29-33.

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- o Hyer K, Brown LM, Berman A, Polivka-West L. Establishing and refining hurricane response systems for long-term care facilities. *Health Aff (Millwood).* 2006;25(5):w407-11.
- o Hyer K, Brown LM, Thomas KS, et al. Improving relations between emergency management offices and nursing homes during hurricane-related disasters. *J Emerg Manag.* 2010;*8*(1), 57-66. doi:10.5055/jem.2010.0005.
- o Thomas KS, Hyer K, Brown LM, Polivka-West L, Branch LG. Florida's model of nursing home Medicaid reimbursement for disaster-related expenses. *Gerontologist.* 2010 Apr;50(2):263-70. doi: 10.1093/geront/gnp132.
- o Thomas KS, Dosa D, Hyer K, et al. Effect of forced transitions on the most functionally impaired nursing home residents. *J Am Geriatr Soc.* 2012;60(10):1895-900. doi: 10.1111/j.1532-5415.2012.04146.x
- o Dosa D, Feng Z, Hyer K, Brown LM, Thomas K, Mor V. Effects of Hurricane Katrina on nursing facility resident mortality, hospitalization, and functional decline. *Disaster Med Public Health Prep.* 2010;4 Suppl 1:S28-32. doi:10.1001/dmp.2010.11
- o Hyer K, Brown LM, Berman A, Polivka-West L. Establishing and refining hurricane response systems for long-term care facilities. *Health Aff (Millwood).* 2006;25(5):w407-11.

Learner Assessment Strategies
1. Have learners list 3 differences between nursing home regulation and assisted-living providers in their state.
   a. Nursing homes are responsible for patients/residents during disaster but assisted-living facilities may call families and tell them to pick up residents.
   b. Nursing homes that are certified are required to have disaster plans filed with local emergency management.
   c. Nursing home disaster plan is required part of reviews in annual nursing home inspection. Assisted-living disaster plans may not be required. Review could be part of state inspections if required.
   d. Assisted living or other residential care facility residents might be eligible for public shelters and for special needs shelters. (Nursing home residents would generally not be eligible for registration as a community resident in need of shelter during disaster.)

2. Using Table 1, the checklist for emergency preparedness, discuss how the skilled nursing facilities and residential care facilities in your community would be able to

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request resources from the local or state emergency management offices. What do you think each facility should be able to do on its own without additional resources? Do you think local and state officials should expect to help skilled nursing facilities and assisted living facilities to evacuate? How does your discussion change if the disaster is a chemical spill versus flooding or a wildfire?

Readings and Resources for the Educators

- Required Resources
    - Planning resources by setting. Centers for Disease Control and Prevention website. http://www.cdc.gov/phpr/healthcare/planning.htm. Updated April 10, 2015. Accessed August 5, 2015.
    - The Emergency Management Guide for Nursing Homes. Florida Health Care Association website. www.fhca.org/facility_operations/emergency_preparedness. Accessed August 5, 2015.
    - Caring for Vulnerable Elders During a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit; May 21-22, 2007; St. Petersburg Beach, FL. http://www.globalaging.org/armedconflict/countryreports/americas/2007/summitfinal.pdf. Published 2007. Accessed February 5, 2015.
    - Active hazards: Geographic Information Systems (GIS). Pacific Disaster Center website. www.pdc.org. Accessed February 5, 2015.
    - "All Hazards" disaster planning. Mather Lifeways Institute on Aging website. http://www.matherlifewaysinstituteonaging.com/senior-living-providers/prepare/. Accessed February 5, 2015.
    - Emergency preparedness. Florida Health Care Association website. www.fhca.org/facility_operations/emergency_preparedness. Accessed February 5, 2015.

- Supplemental Resources
    - Survey & certification: emergency preparedness for every emergency. Emergency planning checklist recommended tool for persons in long-term care facilities and their family members, friends, personal caregivers, guardians & long-term care ombudsmen. US Department of Health and Human Services, Centers for Medicare & Medicaid Services website. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Pers

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ons_LTCFacilities_Ombudsmen.pdf. Published September 2007. Accessed February 6, 2015.

- o Long-term care and other residential facilities pandemic influenza planning checklist. US Health and Human Services website. http://www.flu.gov/planning-preparedness/hospital/longtermcare.pdf. Published May 1, 2006. Accessed February 6, 2015.

- o Nursing homes in public health emergencies: special needs and potential roles. Appendix b: model long-term care preparedness needs assessment. Agency for Healthcare Research and Quality website. http://archive.ahrq.gov/prep/nursinghomes/reportappb.htm. Accessed February 6, 2015.

- o *Pandemic Influenza Workbook for Long Term Care Providers*. California Association of Health Facilities. http://www.cahfdownload.com/cahf/dpp/CAHF_DPP_PIWB_2010.pdf. Published August 2007. Accessed February 5, 2015.

- o Disaster preparedness tips from CALA members. California Assisted Living Association website. https://caassistedliving.org/provider-resources/and-more/disaster-preparedness/tips-from-calamembers/. Accessed August 5, 2015.

- o Emergency preparedness atlas. Agency for Healthcare Research and Quality website. http://archive.ahrq.gov/prep/nursinghomes/atlas.htm. Updated April 2007. Accessed February 6, 2015.

- o Understanding privacy concerns about information. US Department of Health and Human Services website. http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontoolintro.html. Accessed August 5, 2015.

- o Adult Care Emergency Preparedness Exercise Toolkit. The Brookdale Center for Healthy Aging and Longevity of Hunter College/CUNY. http://www.brookdale.org/brookdale-assets/tools-and-resources/ep-toolkit-final-june-2011.pdf. Published June 2011. Accessed August 5, 2015.

Sources Cited in Preparing Outline and Activities Above

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2. Harris-Kojetin L, Sengupta M, Park-Lee E, Valverde R. Long-term care services in the United States: 2013 Overview. National Health Care Statistics Reports. No. 1. Hyattsville, MD: National Center for Health Statistics; 2013.

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3. Emergency preparedness checklist recommended tool for effective health care facility planning revised.US Department of Health and Human Services, Centers for Medicare & Medicaid Services website. http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf. Revised February 28, 2015. Accessed June 24, 2015.

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Lesson 5-4: Skilled Nursing Facilities and Assisted-Living Facilities

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