

The new field will collect the resident's Place of Death and is required for all resident deaths you are reporting in that section.

RECEIVED NYSCEF: 09/18/2020

Exhibit E

NOTE: Please be sure carefully review the updated instructions throughout the form, in particular those for the CURRENT Resident Death Details section.

TIMELINE / SUPPORT

All facilities must Save and Submit this survey by 1:00 p.m. each day.

Users must remember to first press the Save All button and then Review and Submit. After reviewing all of the data, press the Submit to DOH button to complete the process.

IHANS Alerts will be sent as reminders prior to each day's survey.

Questions regarding the content of this survey may be sent via email to: covidnursinghomeinfo@health.ny.gov

Contact Info

Name of primary person responsible for completion of this survey *

Phone Number (in xxx-xxx-xxxx format) *

Email Address *

Evening Contact

Evening contact Name *

Evening contact Phone Number (in xxx-xxx-xxxx format) *

Evening contact Email Address *

COVID-19 Daily Questions

The purpose of these first three questions are to get a better understanding of the census at your facility.

Answers to these questions should reflect a point-in-time total of residents on the day of filling out the survey.

Instructions for Q1: Please report the total number of residents physically in your facility on the day of filling the survey.

This would be a cumulative number of all residents irrespective of whether they are confirmed positive or not.

Note: The sum of the response to questions 2 and 3 should be less than the total reported under question 1.

1. What is the total number of residents physically in your facility today? *

Instructions for Q2: Please report the total number of residents physically in your facility who HAVE had their laboratory test done and have been determined as **confirmed COVID-19 positive**

2. What is the total number of residents physically in your facility today with confirmed positive COVID-19? *

Instructions for Q3: Please report the total number of residents physically in your facility who have NOT had their laboratory test done but are **presumed COVID-19 positive** (as determined b

3. What is the total number of residents physically in your facility today with presumed positive COVID-19 as determined by a physician? *

Questions 4-5: The purpose of these questions are to get a better understanding of the fatalities at your facility.

Answers to these questions should reflect any NEW deaths that were not reported to DOH and/or occurred **since the last report the facility submitted to DOH**.

Instructions for Q4a: Please report the total number of residents who have died at your facility, who HAVE had their laboratory test done and have been determined as confirmed positive COVID

This should not include anyone who were NOT physically at your facility at the time of death.

4. Following the Instructions above, what is the total number of residents who have died **in your facility** (NOT in a hospital or other setting) **since your last report** who were:

4a. Confirmed positive COVID-19 deaths *

Instructions for Q5: Please report the total number of residents who have died OUTSIDE your facility (NOT in your NH).

This should NOT include anyone who was NOT physically at your facility at the time of death.

All residents counted here should NOT be included in the above counts

What is the total number of COVID-19 positive residents who have died outside your facility since your last report?

(this should include all Confirmed COVID-19 deaths)

All residents counted here should NOT be included in the above counts *

Question 6: Isolation

The purpose of this question is to understand the number of residents who are currently in isolation.

6. What is the total number of residents in isolation today? *

CURRENT Resident Death Details (Include **ALL** deaths of your residents that occurred at your facility, hospital or other location **since your last report**)

Instruction for completing patient level details:

In this section, **only include NEW deaths** that occurred since your last report.

The number of residents added under this section each day should **include** confirmed positive COVID-19 deaths that occurred at your facility, and also those that occurred outside your facility (e.g. in a hospital).

To make sure all the residents are correctly accounted for, the record counts under this section should be equal to the sum of deaths reported in your responses to question 4a. + 5.

To begin, press the **Save & Add Resident** button

After entering data for one resident, press the **Save & Add Resident** button again to save the data and open a new (blank) section to enter the next resident.

ALL confirmed COVID-19 deaths for the reporting period should be included each day.

COVID-19 Resident Deaths

Supplies of Personal Protective Equipment (PPE)

INSTRUCTIONS

Burn Rate: just because a facility is out of a given supply does NOT mean that there is NO burn rate.

The burn rate is important because it defines the number/amount of a given supply (like surgical masks) that would be needed to perform care safely.

This does not change simply because there is no supply of surgical masks on hand.

This question should be thought of more as 'how many of this item would be needed each day given the current resident census' - whether or not there is any in the current supply.

Example: On any given day, there are approximately 200 staff that will need to wear surgical masks. On average, that number of staff will need to each change masks 5-6 times per day (use an average of 5.5 times per day). So 5.5/day x 200 staff = 1100 surgical masks needed for staff each day.

THIS is the burn rate - or the number of masks the facility will burn (use) per day.

Supplies on Hand:

This number should change each day - for either one or both of the following reasons:

- You receive a shipment of that supply item
- You reduce the supply by your daily burn rate

Do not leave the any question regarding supplies on hand with the same number from the previous day unless you truly didn't use any and did not receive a shipment.

Supplies on hand today = Yesterdays supplies on hand - MINUS yesterdays burn rate - PLUS any quantity received in a shipment.

IMPORTANT:

Under the Supplies section of this survey, ALL questions about 'daily burn rate' are now required.

The burn rate field cannot be left blank and zero (0) cannot be entered as the value.

You must enter your actual or your best estimate of a burn rate for each item.

N-95 Masks

Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items.

How many N-95 respirators does your facility have?
(DO NOT respond in number of cases or boxes) *

How many N-95 respirators do you use per day (burn rate)?
(DO NOT respond in number of cases or boxes) *

Calculated number of days of supply remaining *

Are you expecting shipment(s) of this item from commercial/vendor and/or donating sources, within the next 7 days? * Yes No

If yes, what is the quantity of this item you expect to receive from those shipment(s) arriving within the next 7 days?
(DO NOT respond in number of cases or boxes)

Surgical Masks

Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items

How many surgical masks does your facility have?
(DO NOT respond in number of cases or boxes) *

How many surgical mask do you use per day (burn rate)?
(DO NOT respond in number of cases or boxes) *

Calculated number of days of supply remaining *

Are you expecting shipment(s) of this item from commercial/vendor and/or donating sources, within the next 7 days? * Yes No

If yes, what is the quantity of this item you expect to receive from those shipment(s) arriving within the next 7 days?
(DO NOT respond in number of cases or boxes)

Isolation Gowns

Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items

How many isolation gowns does your facility have?
(DO NOT respond in number of cases or boxes) *

How many isolation gowns do you use each day (burn rate)?
(DO NOT respond in number of cases or boxes) *

Calculated number of days of supply remaining *

Are you expecting shipment(s) of this item from commercial/vendor and/or donating sources, within the next 7 days? * Yes No

If yes, what is the quantity of this item you expect to receive from those shipment(s) arriving within the next 7 days?
(DO NOT respond in number of cases or boxes)

Face Shields

Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items

How many face shields does your facility have?
(DO NOT respond in number of cases or boxes) *

How many face shields do you use each day (burn rate)?
(DO NOT respond in number of cases or boxes) *

Calculated number of days of supply remaining *

Are you expecting shipment(s) of this item from commercial/vendor and/or donating sources, within the next 7 days? * Yes No

If yes, what is the quantity of this item you expect to receive from those shipment(s) arriving within the next 7 days?
(DO NOT respond in number of cases or boxes)

Gloves

Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items

How many pairs of gloves does your facility have?
(DO NOT respond in number of cases or boxes) *

How many pairs of gloves do you use each day (burn rate)?
(DO NOT respond in number of cases or boxes) *

Calculated number of days of supply remaining *

Are you expecting shipment(s) of this item from commercial/vendor and/or donating sources, within the next 7 days? * Yes No

If yes, what is the quantity of this item you expect to receive from those shipment(s) arriving within the next 7 days?
(DO NOT respond in number of cases or boxes)

Hand Sanitizer

How many days of hand sanitizer does your facility have on hand? *

Local Office of Emergency Management (OEM) - Requests/Supplies

Have you requested any of the above PPE or equipment from the local Office of Emergency Management? * Yes No

Have you received any PPE or equipment from the local Office of Emergency Management in the past 7 days? * Yes No

Facility Employees

Instructions for Q1: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm.

1. What is the total number of employees' COVID-19 laboratory test results received by your facility yesterday between 12:00am and 11:59pm? *

1a. What is the number of employees whose SARS-CoV-2 test results were positive? *

1b. What is the number of employees whose SARS-CoV-2 test results were negative? *

1c. What is the number of employees whose SARS-CoV-2 test results were inconclusive? *

1d. What is the number of employees whose SARS-CoV-2 test results were deemed indeterminate? *

Instructions for Q2: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. Leave of absence due to a SARS-CoV-2 positive test result.

2. What is the total number of employees who were furloughed based on their COVID-19 laboratory test results received by your facility yesterday between 12:00am and 11:59pm? *

Instructions for Q3: Report the current number of employees that will not comply with COVID-19 testing required under Executive Order #202.30; consequently making them ineligible to work for the current survey date.

3. What is the number of employees who have refused COVID-19 testing and are unable to work? *

Instructions for Q4: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. Laboratory positive SARS-CoV-2 test result. This should NOT include anyone who previously tested positive.

4. What is the total number of employees newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, as a result of a positive SARS-CoV-2 laboratory test? *

Instructions for Q5: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm

5. What is the total number of employees who physically worked within your facility yesterday between 12:00am and 11:59pm? *

Residents Diagnosed

Instructions for Q1 and Q2: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. This should NOT include anyone who previously tested positive.

1. What is the total number of residents, on your in-house census, newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, as a result of a positive SARS-CoV-2 laboratory test? *

2. What is the total number of residents who were placed or remain on isolation as of yesterday between 12:00am and 11:59pm, as a result of a confirmed positive SARS-CoV-2 laboratory test result? *

PPE Reserve Regulatory Requirements

1. Are you on track to have a 60 day supply of all PPE items reported above by 9/30/2020? *

2. Will you be able to secure sufficient space to store the 60 day supply of PPE? *