

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS**

**COVID-19 Frequently Asked Questions
Assisted Living Facilities**

The Virginia Department of Social Services (VDSS) is closely monitoring the COVID-19 pandemic and federal guidance distributed to assisted living facilities (ALFs). VDSS recognizes it is very challenging for facilities to operate under the demands facing residents, families, staff and administrators, given the current circumstances. This is an unprecedented health event and our priority remains focused on the health and safety of your residents, staff, and individuals who come into contact with the population you serve. We encourage you to frequently visit [CDC's COVID-19 website dedicated to Healthcare Professionals](#), throughout the pandemic. This will ensure you seeing the latest and most up-to-date information regarding the pandemic in a healthcare setting.

We have compiled some specific questions from providers and other frequently asked questions to provide more information and recommendations. We encourage you to adapt your provider settings as much as possible to align with public health recommendations, while continuing the goal of person-centered care.

A. FACILITY OPERATIONS & DECISION MAKING

1. What guidance has been issued for assisted living communities?

- Assisted living facilities in Virginia should follow the recommendations of the [Virginia Department of Health](#), as well as Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance for skilled nursing. For example, some states, including Virginia, have modeled recommendations for assisted living communities after [CMS' Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes](#). This guidance includes recommendations such as:
 - Restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as end-of-life. In those cases, visitors should be carefully screened for symptoms, perform hand hygiene and use PPE, such as facemasks. These visitors should be limited to a specific room or designated area of the building only.
 - Facilities are expected to instruct potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
 - Cancel communal dining and all group activities, such as internal and external group activities.

- Implement active screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.
- Screen all staff at the beginning of their shift for fever and respiratory symptoms.
- Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask, and send them home to self-isolate.
- Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
- Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask, send them home to self-isolate.

2. What measures can ALFs take to prevent COVID-19 from spreading into their facility?

- Educate residents, staff and visitors.
- Restrict all visitors, volunteers, non-essential staff and programs with external staff (hairdressers/barbers). Deliveries should be dropped off at a dedicated location.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide and actively monitor the appropriate supplies to ensure easy and correct use of PPE. Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room. Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
- The [American Health Care Association](#) (AHCA) strongly recommends the following actions to help prevent the entry of COVID-19 into your facilities regardless of whether your surrounding community has confirmed cases:
 - Prepare staff!
 - Restrict all non-essential individuals from visiting your facility for the time being.
 - Screen individuals who need to enter the building—including staff—for possible exposure to COVID-19.
 - Restrict group activities within and outside the building

- Take stock of your personal protective equipment.
- Require anyone entering the building to wash his or her hands upon entry.
- Timely and adequate communication to all involved.

3. Should facilities monitor or restrict healthcare professionals from entering the building?

- Facilities should follow CDC guidelines for restricting access to healthcare workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.
- CMS released interim infection prevention and control recommendations :
 - Hospice workers, EMS personnel, dialysis technicians, etc. that provide care to residents should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.
 - Any staff member who develops signs and symptoms of a respiratory infection while on-the job should:
 - Immediately stop work, put on a facemask, and self-isolate at home.
 - Inform the facility’s administrator, and include information on locations where the person spent time, including contact with residents and/or equipment.
 - Contact and follow the [local health department](#) recommendations for next steps (e.g., testing).
 - Facilities should contact their local health department for questions and frequently review the CDC website dedicated to COVID-19 for health care professionals.

4. What should ALFs do when a resident, staff, or healthcare worker has visited the facility and tests positive for COVID-19?

- Notify your [local health department](#) and your VDSS licensing inspector.
- Send staff home and quarantine any resident who becomes sick or symptomatic, immediately.
- Evaluate resident for the need for hospitalization.
- If hospitalization is not medically necessary:
 - Place resident in a single-person room with the door closed.
 - The resident should have a dedicated bathroom.
 - As a measure to limit staff exposure and conserve personal protective equipment (PPE), facilities could consider designating entire units within the facility, with dedicated staff, to care for known or suspected COVID-19 positive residents.
- Keep a list of all individuals who may be exposed to the infected person and notify them of potential exposure.
- Screen workers and volunteers for signs and symptoms of COVID-19.

- Determine how staffing needs will be met as the number of residents with known or suspected COVID-19 increases and staff become ill and are excluded from work.
- Ask residents who are able and staff to actively monitor for their own COVID-19 symptoms. Facility staff should actively monitor all residents for symptoms of COVID-19.
- Put your infection control plan into action. Staff should strictly follow basic infection control practices between residents (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Use PPE before caring for a resident with COVID-19.
- Help residents manage anxiety related to COVID-19 and ensure continuity of regular care and essential services.
- For health care workers that visited your facility, determine which residents and staff had direct contact with this individual and determine what areas of the building the health care worker visited.
 - Screen all of individuals that had direct contact with the health care worker and self-isolate all of those individuals for 14 days.
 - Disinfect all locations the health care worker visited.

5. When should you consider transferring a resident with suspected or confirmed COVID-19 to the hospital?

- If the resident’s symptoms are mild, there is no need for hospitalization, as long as the ALF is following the necessary [CDC guidance on infection prevention and control practices](#).
- If the resident’s symptoms are severe or become severe, transfer to a hospital is required a higher level of care. The ALF should adhere to and implement the following precautions:
 - Before transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis
 - Pending transfer, place a facemask on the resident and isolate him/her in a room with the door closed.
 - Placing a facemask on the resident during transfer.
 - Report any possible COVID-19 illness in residents to the local health department.

6. Can I accept an admission from the hospital to ALF?

- ALFs are strongly urged to follow the [recommended guidance](#) from the CDC and AHCA regarding admissions from the hospital.
 - Patients should be tested for COVID before hospital discharge; if not tested, they should be assumed to be COVID positive based on CDC data showing the high proportion of COVID positive elderly who are asymptomatic.
 - Ensure adequate staffing levels and PPE to manage COVID positive residents.

- Create separate wings, units or floors to handle admissions from the hospital and keep current residents separate, if possible.
- If the above recommendations are not possible, the ALF should stop accepting all admissions until the facility has the staffing levels and PPE to manage residents.
- If a resident has clinically recovered from COVID-19 and is able to discharge from the hospital, but has not been cleared from their Transmission-Based Precautions, the resident may continue isolation at the ALF. The ALF must ensure they follow and adhere to the CDC's guidance of [Discontinuation of Transmission-Based Precautions or Home Isolation](#).

7. How do ALFs obtain a public pay UAI for a resident?

- The local department of social services offices are closed to the public, however public pay UAIs are being completed remotely. Please contact your [local department of social services](#) for more information.

8. Can ALFs utilize telemedicine for the physical examination required for admission?

- Facilities may utilize telemedicine for the physical examination required for admission provided the physician has access to the resident's records.
- The licensed professional conducting the physical exam has the discretion to utilize telemedicine, which is regulated by the Virginia Board of Medicine. The Standards for Licensed Assisted Living Facilities in Virginia does not prohibit telemedicine for the physical exam.
- The facility should fax/email the blank physical exam report to the physician or designee prior to the telemedicine examination.
- Vital signs need to be taken, documented, and attached to the signed physical examination report upon completion and receipt from the physician or designee.

B. SOCIAL DISTANCING & INFECTION CONTROL

1. Facilities are running low on supplies such as personal protective equipment (PPE) and hand sanitizer. What should we do for infection control if we run out of supplies?

- As demands for PPE and medical supplies are increasing, facilities are seeking public donations or alternate products. Consult online sites, including local distilleries in your area, as some communities have begun to manufacture hand sanitizer.
- Contact your VDSS licensing inspector.

2. How can a resident's behavioral and mental health issues be treated due to isolation and social distancing?

- Educate staff on signs and symptoms of decompensation and methods to de-escalate residents as necessary.

- Providers should consult with public and private mental health providers on how best to offer mental health treatment to residents affected by social distancing. The pandemic has triggered expansion of telehealth services, making it easier and more affordable for residents to receive needed treatment, while maintaining safety measures to prevent the exposure and spread of COVID-19.
- Providers can contact their [local Community Service Board](#) for more information, as well as private mental health professionals.
- The CDC and American Medical Association issued recommendations on [managing stress and anxiety](#), as well as [managing mental health during COVID-19](#), for healthcare professionals and residents.

3. How can we avoid isolating residents and maintaining infection control recommendations?

- Although the CDC recommends canceling all communal dining and activities, it is equally important to remember the negative physical and psychological impacts of social isolation. Social isolation has direct impact on the immune system, particularly in older adults and those with mental health issues. This can lend itself to further physical, cognitive, and psychological decline.
- Facilities need to make every effort to think about how the physical environment can be adapted to accommodate social distancing while reducing social isolation.
 - **Mealtimes**
 - Larger facilities can utilize the large spaces already present during meal times. These facilities can use dining rooms, activity rooms, and living room areas, along with staggered meal times, to allow residents to have social interaction without having more than 10 people in one area at a time and maintaining at least six feet apart.
 - For smaller facilities, dining room and living room areas along with staggered meal times can be used.
 - Residents' room entrances can also be used during meal times. All of these promote social interaction while maintaining recommended guidelines.
 - **Activities**
 - The same concept as above can be used for both larger and smaller facilities.
 - Stagger activities throughout the day and rotate the residents on a daily basis so all residents receive an opportunity to leave their room throughout the week.
 - Take your residents outside, weather permitting! Everyone needs Vitamin D. This can be done in groups of 10 or less.
 - Residents can participate in a variety of activities, including karaoke, art projects, cognitively stimulating games such as hangman, crosswords on a

large board, nature walks in the back yard, etc., while maintaining social distancing.

C. STAFFING & PERSONNEL

- 1. How can ALFs meet the Governor's order of 10 or fewer people, when serving meals in a special care unit with an open floor plan?**
 - CDC guidance continues to reiterate that social distancing is paramount to preventing virus transmission. Facilities must abide by this order when serving meals and should serve meals in resident rooms if staggering meal times and keeping groups to 10 or fewer is not feasible.
 - Stagger meal times and activity times depending on staffing. While 10 or fewer are eating a meal, engage the remaining residents in an activity and rotate until all of the residents have eaten.
 - Provide residents with finger foods if necessary while engaging in an activity until it is time for them to eat.
 - If it is a nice day, have some residents eat outside and some inside so all residents can eat at the same time.

- 2. Can a hairdresser who is a fulltime staff of an ALF continue to provide services if they follow infection control guidelines?**
 - VDSS has reviewed the following guidance from the CDC in conjunction with AHCA/NCAL, and we strongly encourage the following: Immediately restrict all visitors, volunteers and non-essential healthcare personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life.
 - If the facility permits the stylist to stay on-site, the stylist should wear gloves, change them between each resident, and properly sanitize all tools, upholstery, sinks, etc. after use by each resident.

- 3. Can the administrator/assistant administrator rotate on-site to ensure that there is always coverage should one administrator become symptomatic?**
 - VDSS encourages facilities to take reasonable measures to ensure the health of their workforce. Rotating staff is one way to reduce the risk of staff infection. The ALF standard requires the administrator be the "on-site" person to represent the licensee so facilities may wish to consider having the assistant administrator work off site.

- 4. Can telemedicine be utilized for tuberculosis screening for newly hired current staff?**
 - ALF regulations do not prohibit the use of telemedicine for tuberculosis screening.

D. RESOURCES

1. Where are reliable websites for ongoing updates about the COVID-19 pandemic?

- Virginia Department of Social Services (VDSS) home page:
 - <https://www.dss.virginia.gov/geninfo/corona.cgi>
- Centers for Disease Control (CDC) resources:
 - [CDC Coronavirus Disease 2019 \(COVID-19\): For Healthcare Professionals](#)
 - [Nursing Homes and Assisted Living \(Long-term Care Facilities \[LTCFs\]\)](#)
 - [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
 - [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- The Virginia Department of Health maintains updated information on its website:
<http://www.vdh.virginia.gov/coronavirus/>
- The American Health Care Association/National Center for Assisted Living has daily updated resources to keep facilities informed of the latest information. These links address the most common topics:
 - https://www.ahcancal.org/facility_operations/disaster_planning/Documents/AL-Guidance-Preventing-COVID-19.pdf