

September 29, 2020

Re: request for information on COVID-19 safety requirements and surveillance at ALFs

Dear Mr. Erickson:

In response to your request for additional information for the 7.8.2 NMAC rule amendment hearing of September 25, 2020, in relation to COVID-19 safety requirements and surveillance conducted at assisted living facilities in New Mexico, the following information is provided.

To help promote and ensure a healthy environment for New Mexico residents of assisted living facilities, the New Mexico Department of Health (NMDOH) finalized a Public Health Order and several Guidance Letters for these types of facilities since the Public Health Emergency (PED) was declared by Governor Grisham on March 11, 2020 in Executive Order 2020-004.

The approximately 240 assisted living facilities (ALFs) licensed in the state were directly affected by the Public Health Order (PHO) issued on March 13, 2020, entitled “Public Health Emergency Order to Temporarily Limit Nursing Home Visitation Due to COVID-19”. A copy of the March 13, 2020 Public Health Order is attached. This PHO defined, for purposes of the PHO, the term “nursing facilities” to include “assisted living facilities”. The PHO directed facilities to screen all visitors including taking their temperatures, requiring handwashing or hand sanitizer use upon entry and to be escorted to and from a resident’s room.

NMDOH issued a Guidance on March 26, 2020, entitled “Guidance on Restricting Visitation Access at Nursing Facilities for all Visitors, Non-medical Health Care Providers, Vendors, and other Non-Essential Individuals in Response to COVID-19”. A copy of the March 26, 2020 Guidance is attached. This guidance directed ALFs and other types of facilities for older adults to take measures to restrict facility access and to screen anyone who entered the facilities for signs of respiratory infection except EMS workers responding to an emergency health need. The facilities were ordered to refuse entry to anyone with a symptom of a respiratory infection to enter, and that staff working at multiple locations should be identified and limited to one location if possible. This Guidance directed that all staff are to be screened at the beginning of their shift for fever and respiratory symptoms, with their temperature to be actively taken and any respiratory symptoms documented. Any staff exhibiting respiratory symptoms are to be screened for COVID-19 risk factors to determine if exclusion from the facility is appropriate. It also set forth guidelines for any return to work of any employee who had a presumed confirmed diagnosis of COVID-19 after their exclusion from the facility.

The second Guidance letter issued by NMDOH directly effecting staff at ALFs was issued April 17, 2020, entitled “Effective Immediately Attention All Nursing Homes, Assisted Living Facilities, Adult Day Cares, Hospice Facilities, and Rehabilitation Facilities with Older Adult Patients”. A copy of the April 17, 2020 Guidance Letter is attached. This letter incorporated the requirements of the March 26, 2020 Guidance Letter, was effective immediately, and stated the facilities were to comply with this letter. The April 17th Guidance Letter ordered facilities to test

OFFICE OF GENERAL COUNSEL

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residents and staff as part of the statewide effort to mitigate, monitor and track COVID-19 cases. This letter ordered facilities to screen all visitors including taking temperatures. The Letter directed all staff to wear facemasks always while they are in the facility. Test kits have been made available at each facility. The ALFs have been required to ensure all staff are using appropriate PPE when they are interacting with residents, with full PPE required when caring for any residents with known or suspected COVID-19 and requiring residents to use masks when staff are in their room.

The NMDOH Division of Health Improvement (DHI) has been conducting off site surveys of each licensed ALF since April 2020 to determine compliance with the PHO and Guidance Letter requirements. Attached hereto is the most recent "Weekly Offsite Surveillance Review" form used in connection with the offsite surveys which have been conducted. Most ALFs were offsite surveyed approximately every other week by DHI staff. The off-site survey clearly details the surveys taken about COVID safe practices at each facility including but not limited to, screening employees upon entrance with temperature checks, symptom observations, limited entry points, travel questions and inquiries as to face mask use by each employee.

DHI Assisted Living surveyors have resumed onsite surveys as of mid- September 2020, and so have reduced the number of offsite surveillance reviews. Onsite the surveyors will observe the facility screening process upon their own entrance and will observe for staff PPE and social distancing, with additional questions posed if there are separate infection control concerns.

Sincerely,

/s/ Ann H. Washburn

Ann H. Washburn
Assistant General Counsel
New Mexico Department of Health

Attachments: 3

PUBLIC HEALTH ORDER
NEW MEXICO DEPARTMENT OF HEALTH
CABINET SECRETARY KATHYLEEN M. KUNKEL

MARCH 13, 2020

**Public Health Emergency Order to Temporarily
Limit Nursing Home Visitation Due to COVID-19**

WHEREAS, on January 30, 2020, the World Health Organization (WHO) announced the emergence of a novel Coronavirus Disease 2019 (referred to as “COVID-19”) that had not previously circulated in humans, but has been found to have adapted to humans such that it is contagious and easily spread from one person to another and one country to another;

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services (HHS) Secretary declared a public health emergency as a precautionary tool to facilitate preparation and availability of resources to assure that the federal government had appropriate resources to combat the spread of the COVID-19 virus in our nation through its support of state and community-led preparedness and response efforts;

WHEREAS, on March 11, 2020, Michelle Lujan Grisham, the Governor of the State of New Mexico, declared in Executive Order 2020-004 (“EO 2020-004”) that a Public Health Emergency exists in New Mexico under the Public Health Emergency Response Act, and invoked the All Hazards Emergency Management Act by directing all cabinets, departments and agencies to comply with the directives of the declaration and the further instructions of the Department of Health;

WHEREAS, on March 12, 2020, I issued a Public Health Emergency Order to limit certain mass gathering to contain the spread of COVID-19;

WHEREAS, as of March 13, 2020, the New Mexico Department of Health has confirmed ten (10) cases of individuals infected with COVID-19 in New Mexico;

WHEREAS, the further spread of COVID-19 in the State of New Mexico poses a threat to the health, safety, wellbeing and property of the residents in the State due to, among other things, illness from the COVID-19, illness-related absenteeism from employment (particularly among public safety and law enforcement personnel and persons engaged in activities and businesses critical to the economy and infrastructure of the State), and closures of schools or other places of public gathering;

WHEREAS, COVID-19 has spread rapidly in nursing facilities in other states, such as Washington, and many residents of nursing facilities belong to populations that are particularly vulnerable to the effects of COVID-19; and

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WHEREAS, the New Mexico Department of Health possesses legal authority pursuant to the Public Health Act, NMSA 1978, Sections 24-1-1 to -40, the Public Health Emergency Response Act, NMSA 1978, Sections 12-10A-1 to -10, the Department of Health Act, NMSA 1978, Sections 9-7-1 to -18, the authority granted in EO 2020-004, and in any inherent constitutional police powers of the New Mexico state government, to preserve and promote public health and safety, to adopt isolation and quarantine, and to close public places and forbid gatherings of people when deemed necessary by the Department for the protection of public health.

NOW, THEREFORE, I, Kathyleen M. Kunkel, Cabinet Secretary of the New Mexico Department of Health, in accordance with the authority vested in me by the Constitution and the Laws of the State of New Mexico, do hereby **ORDER** and **DIRECT** as follows:

I ORDER all nursing facilities to limit patient visitation to visitors who comply with certain conditions of entry and whose loved ones are receiving end-of-life care, and to temporarily prohibit other visitors. For purposes of this Order, nursing facilities include, but are not limited to, nursing homes, assisted living facilities, adult day cares, hospice facilities, and rehabilitation facilities with older adult patients.

I DIRECT that the conditions of entry for visitors must include the following:

- (a) All visitors must have their temperatures taken at the facility's entrance;
- (b) All visitors entering a facility must thoroughly wash their hands upon entry, or use alcohol-based and sanitizer containing at least 60% alcohol if soap and water are not available;
- (c) All visitors must have no fever (body temperature below 100 degrees Fahrenheit) and no sign of respiratory infection, including coughing or shortness of breath;
- (d) All visitors must agree to be escorted to and from the patient's room by facility staff and must agree not to leave the patient's room unescorted; and
- (e) Any other condition of entry that the facility deems necessary to protect patient health and safety.

I FURTHER DIRECT that any potential visitor who cannot meet all conditions of entry described in this Order will not be permitted entry into the facility and will be advised to seek medical attention if the potential visitor has a fever and/or shows signs or symptoms of a potential respiratory infection.

I FURTHER DIRECT as follows:

- (1) This Order shall be broadly disseminated in English, Spanish and other appropriate languages to the citizens of the State of New Mexico.
- (2) This Order declaring restrictions based upon the existence of a condition of public health importance shall not abrogate any disease-reporting requirements set forth in the New Mexico Public Health Act.
- (3) This Order shall remain in effect for the duration of Executive Order 2020-004. This Order may be renewed or rescinded at any time.

I FURTHER ADVISE other facilities where older adults reside, or that provide services to older adults, to review the restrictions set forth in this Order and to implement whatever visitation restrictions they deem necessary to protect health and safety.

THIS ORDER supersedes any other previous orders, proclamations, or directives in conflict. This Order shall take effect immediately.

ATTEST:

DONE AT THE EXECUTIVE OFFICE
THIS 13TH DAY OF MARCH 2020

Maggie Toulouse Oliver

MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

WITNESS MY HAND AND THE GREAT
SEAL OF THE STATE OF NEW MEXICO

Kathleen M. Kunkel

KATHYLEEN M. KUNKEL
SECRETARY OF THE STATE OF NEW MEXICO
DEPARTMENT OF HEALTH



**GUIDANCE ON RESTRICTING VISITATION
ACCESS AT NURSING FACILITIES FOR ALL VISITORS,
NON-MEDICAL HEALTH CARE PROVIDERS, VENDORS,
AND OTHER NON-ESSENTIAL INDIVIDUALS IN RESPONSE TO COVID-19**

MARCH 26, 2020

In response to concerns regarding novel coronavirus 2019 (COVID-19), **nursing facilities, including but not limited to, skilled nursing facilities, nursing homes, assisted living facilities, adult day cares, hospice facilities, rehabilitation facilities with older adults patients, and intermediate care facilities for individuals with disabilities are directed to take measures to restrict facility access for all visitors, non-medical health care providers, vendors, and other non-essential individuals.** Facilities must screen anyone who enters a facility for signs of respiratory infection (fever, cough, shortness of breath, or sore throat) except EMS workers responding to an emergency health need. Those with symptoms of a respiratory infection should not be permitted to enter the facility at any time. Staff who work in multiple locations should be identified and limited to one location if possible.

Facilities must notify potential visitors to defer visitation until further notice. Acceptable notification includes posting notices at the facility entrance, sending written notice via mail or electronic means, etc. Facilities need to facilitate resident communication (by phone or other format) with families, the Ombudsman program, or any other entity per 42 CFR &483.10 (f)(4)(i).

VISITOR LIMITATIONS

Resident visitation is limited to certain end-of-life care situations. Decisions about visitation during an end of life situation should be made on a case by case basis. All visitors shall be screened according to the Department of Health (DOH) Public Health Order issued on March 13, 2020. Visitation in these situations should be made with strict guidelines, such as being limited to a specific room. Personal Protective Equipment (PPE), such as facemasks, should be provided if they are available. Provide instruction on performing hand hygiene, limiting surfaces touched and use of PPE according to current facility policy while in resident rooms.

SCREENING STAFF

All staff should be screened at the beginning of their shift for fever and respiratory symptoms. Their temperature should be actively taken and any respiratory symptoms should be documented. If a healthcare worker shows symptoms of respiratory illness, they should be screened for COVID-19 risk factors (i.e. respiratory illness in the last 14 days and direct contact with a person confirmed to have COVID-19) to determine if exclusion from the facility is appropriate.

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Employees who have a presumed confirmed diagnosis of COVID-19 should be excluded from the facility and should only return to work under the following guidelines:

1. *Non-test-based strategy*. Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*
2. *Test-based strategy, if tests are available*. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

SCREENING RESIDENTS

All residents should be screened for fever and respiratory symptoms. If a resident is suspected of having COVID-19 infection, the facility should immediately contact the New Mexico Department of Health's COVID-19 hotline (1-855-600-3453). Initially, symptoms may be mild and may not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. If the resident develops more severe symptoms and requires transfer to a hospital for a higher level of care, prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions should be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization, they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate.

NEW ADMISSIONS

Certain precautions should be taken when admitting new residents to a facility. Facilities should admit any individual that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. If possible, facilities should dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay to their original room).

READMISSIONS AND RETURNS

A facility should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, they should be admitted under transmission-based precautions for COVID-19. If a facility is unable to comply with the requirements for transmission-based precautions, readmission must wait until these precautions are discontinued. Facilities are advised to avoid unnecessary discharges and transfers at this time to discourage and limit spread of illness between facilities. To the extent a discharge or transfer of a patient is necessary, facilities must ensure the patient can be discharged in a safe manner.

If a resident is under transmission-based precautions, they should be confined to their rooms or otherwise quarantined for fourteen days.

Facilities cannot have a blanket policy that prohibits residents from leaving. However, if a resident chooses to leave against recommendations and all efforts to dissuade the resident from leaving fail, a facility should have a reasonable policy including protocol to allow for return under certain circumstances.

If the resident has a medically necessary appointment

- Call the resident's doctor, or applicable physician extender, to see if the medical service can be postponed or can be performed at the facility by facility staff or medical personnel from an outside agency (e.g. home health nurse).
- If **YES**, the doctor, or applicable physician extender, should write a new order if a new service is ordered
- If **NO**, the facility must allow the resident back into the building. The facility must screen the resident, and the facility should have protocols in place to quarantine that person for 14 days if necessary.

If the resident chooses to leave for social or non-medically necessary reasons, the facility should inform them of their policy which should include not being able to return until restrictions are lifted or a fourteen-day quarantine period in their room if a facility has the capability to do so.

RESIDENT MOVEMENT AND CONGREGATION

Residents should not be confined to their room or isolated unless they have a condition or symptoms that require quarantine. Any activity should be in compliance with Governor Lujan-Grisham's orders regarding gatherings. Residents should be reminded to practice social distancing and perform frequent hand hygiene.

The emphasis of this guidance is to limit contact between residents and the community. We understand this is an incredible hardship for all facility residents and their loved ones, but residents are such a vulnerable group and we want to ensure every reasonable step is taken to keep them safe.

IF YOU HAVE QUESTIONS ABOUT THIS GUIDANCE OR COVID-19, PLEASE CONTACT THE NEW MEXICO DEPARTMENT OF HEALTH AT 1-855-600-3453 OR VISIT THE NMDOH COVID-19 WEBSITE AT <https://cv.nmhealth.org/>.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE CARE OF A RESIDENT PLEASE CONTACT THE STATE'S LONG-TERM CARE OMBUDSMAN AT 1-866-451-2901.

EFFECTIVE IMMEDIATELY
**ATTENTION ALL: NURSING HOMES, ASSISTED LIVING
FACILITIES, ADULT DAY CARES, HOSPICE FACILITIES,
AND REHABILITATION FACILITIES WITH OLDER ADULT PATIENTS**

APRIL 17, 2020

The New Mexico Department of Health has received numerous reports of non-compliance regarding the letter sent to you on March 19, 2020 in accordance with the Public Health Order dated on March 13, 2020. The letter explained the mandatory limitations on visitations to nursing facilities within the state; including nursing homes, assisted living facilities, adult day cares, hospice facilities and rehabilitation facilities with older adult patients. In addition to the items outlined in that letter, please note the following must be implemented effective immediately:

Facility Testing

You will be required to test residents and staff as part of a statewide effort to mitigate, monitor and track Covid-19 cases. If the number of test kits required are unavailable, you will inform the Department of Health and work with their staff to identify a plan to get the test kits required. Test kits can be requested by contacting the DOC at (505) 476-8284 or by e-mail at Coordinator.DOC@state.nm.us. The test kits will be provided to you along with complete instructions. More guidance on testing procedures for facilities will be forthcoming.

Visitation Strictly Prohibited

Continue to follow the visitor limitation guidance as outlined in the March 26, 2020 Final Visitation Guidance. "Resident visitation is limited to certain end-of-life care situations. Decisions about visitation during an end of life situation should be made on a case by case basis. All visitors shall be screened according to the Department of Health (DOH) Public Health Order issued on March 13, 2020. Visitation in these situations should be made with strict guidelines, such as being limited to a specific room. Personal Protective Equipment (PPE), such as facemasks, should be provided if they are available. Provide instruction on performing hand hygiene, limiting surfaces touched and use of PPE according to current facility policy while in resident rooms."

Conditions of Entry into a Facility

Per CMS guidance on the *Center for Clinical Standards and Quality/Quality, Safety & Oversight Group* (dated March 13, 2020) and the DOH letter *Public Health Emergency Order to Temporarily Limit Nursing Home Visitation Due to COVID-19* (dated March 13, 2020).

Visitors must comply with the following conditions before seeing loved ones:

- All visitors must sign-in the visitors log with complete name, address and phone number
- All visitors must have their temperatures taken at the facilities entrance, and logged

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- All visitors entering a facility must thoroughly wash their hands upon entry, or use alcohol-based sanitizer containing at least 60% alcohol if soap and water is not available
- All visitors will be screened on entry to ensure that they have no fever (body temperature below 100 degrees Fahrenheit) and no sign of respiratory infection including coughing or shortness of breath
- All visitors must agree to be escorted to and from the patient's room by facility staff and must agree to not leave the patient's room unescorted
- Any other condition of entry that the facility deems necessary to protect patient health and safety
- Those who cannot meet all the conditions of entry will not be permitted.

Congregated Meals and Activities

All dining and communal activities will be suspended. However, for specific residents, not having an active or suspected case of COVID-19, that require staff supervision, facilities are able to use dining rooms for feeding assistance purposes. In these limited situations, social distancing and other infection prevention practices should be implemented.

Vendors

If available, vendors should not enter the facility through areas in which there are residents. All efforts should be made to limit unnecessary contact. Vendors who do enter the facility must comply with the conditions outlined above as it relates to deliveries and pick-ups to and from the facility. All vendors must sign the Visitors Log with name, company, and phone number.

Personal Protective Equipment (PPE)

Per CMS and CDC guidelines (dated April 2, 2020), Long-term Care Facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents. Facilities licensed by the New Mexico Department of Health shall comply with the following:

- For the duration of the state of emergency all long-term care facility personnel shall wear a facemask while they are in the facility. Homemade masks should truly be an option of last resort for Healthcare Providers (HCP). Extended use of masks to preserve supply would be recommended before cloth masks for HCP.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.
- Full PPE shall be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If proper PPE is not available, the facility should contact DOH immediately.
- If COVID-19 transmission occurs in the facility, facilities should follow their isolation and inspection control policies.
- Residents shall wear facemasks when outside of their rooms.
- When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should wear cloth, non-medical masks to cover their noses and mouths

when staff are in their room. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.

Admission

Per CMS and CDC guidelines (dated April 2, 2020), if a resident has a negative test for COVID-19 upon admission, facilities should make every effort to quarantine residents for the full 14 days because a negative test does not mean that they haven't been exposed and aren't incubating disease. The 14-day quarantine is to make sure they are out of their incubation period. The 14 days start from the resident's last outside exposure. If facilities need support in developing plans for admission and/or COVID-19 isolation, please reach out to Sonya Smith (contact below).

Compliance

Facilities must comply. The New Mexico Department of Health will use all necessary resources to ensure facilities are compliant with this letter. Please be aware that any person or facility who fails to comply with the Public Health Order will be subject to criminal and civil penalties under Public Health Act (NMSA Section 24-1-21) and Public Health Emergency Response Act (NMSA Section 12-10A-19), which includes being charged with a petty misdemeanor, up to six months imprisonment, and a \$5000 fine for each violation. Additionally, violations may result in loss of facility and administration licensure, and receivership of the facility.

PLEASE CONTACT SONYA SMITH AT SONYA.SMITH2@STATE.NM.US OR 505-372-8710 IF YOU HAVE ANY QUESTIONS. SONYA SMITH IS A SPECIAL PROJECTS COORDINATOR FOR THE SECRETARY OF HEALTH. SHE HAS A BS IN HEALTHCARE ADMINISTRATION, AN MHC (MASTERS IN HEALTHCARE COMPLIANCE), CHC (CERTIFIED IN HEALTHCARE COMPLIANCE). A COPY OF THE COVID-19 LONG-TERM CARE FACILITY GUIDANCE DATED APRIL 2, 2020 IS ATTACHED FOR YOUR REFERENCE.

Weekly Offsite Surveillance Review8

Facility Name	
Administrator	
Phone #/Email	
Surveyor(s)	
Date of Review:	
Reviewed with:	
Census/Capacity	

	C	NC	Comments:
<p>Are Visitors/employees being screened upon facility entrance:</p> <ul style="list-style-type: none"> • Temperature being taken • Non-essential visitors restricted • Observed for symptoms • Limited entry points • Screening questions to include out-of-state travel; contact w/ Covid positive person, work in another facility w/ Covid + • Wash hands/sanitizer upon entrance 			
Do you have any residents on end of life care?			
<p>Are ALL staff/residents wearing face masks?</p> <ul style="list-style-type: none"> • Facemasks (PPE) • Homemade cloth masks • Who is using which? <p><u>Verify through video observation.</u></p>			
<p>Do you have any residents with flu-like symptoms/respiratory infection and/or fever?</p> <ul style="list-style-type: none"> • Any resident w/ severe respiratory infection resulting in hospitalization or death? • 3 residents or staff w/ new onset of respiratory symptoms within 72 hours of each other? 			
<p>Have you tested any residents or staff for Covid 19? How many?</p> <ul style="list-style-type: none"> • Have any staff or residents tested positive? How many? • Any deaths? • Was this reported to DOH? • What protocols were followed, ie isolate, PPE? • How many tests kits do you have and need? 			

<p>Do you have any residents on isolation/precautions currently?</p> <ul style="list-style-type: none"> • For Covid 19 (confirmed or pending results) • 14 day isolation for new admissions/ re-admissions • For other infections 			
<p>What is your contingency plan if a resident receives a positive Covid 19 result?</p> <ul style="list-style-type: none"> • How many isolation beds available? • Is there a dedicated wing/unit for residents coming/returning from a hospital? • Testing plan to test residents/staff • Dedicated staffing plan • Contact tracing/exposure assessment 			
<p>Does the facility have enough supplies?</p> <ul style="list-style-type: none"> • PPE • Disinfectants/cleaning supplies • Hand sanitizers • Personal care items • Food • Medications <p>If no, who have you reached out to for assistance?</p> <p>Verify through video/photo observation.</p>			
<p>Are you still admitting residents?</p> <ul style="list-style-type: none"> • Are your requesting Covid test before admission? • Are residents isolated for 14 day upon admission/re-admission? 			
<p>Are you still allowing communal dining?</p> <p>Note: All communal dining should be discontinued, except for residents that need feeding assistance/supervision. In these cases, social distancing and infection control practices should be implemented.</p> <p>Verify through video/photo observation during a meal-time.</p>			

<p>Kitchen and Dining Review</p> <ul style="list-style-type: none"> • How many residents are eating in room? • Are you using disposable plates/flatware? • Monitoring Dishwasher: chemical (50 ppm)/heat (wash 150-165 and rinse 180) • Are they using trays and food cart? • Ice Machine maintenance <p>Verify infection control practices during observation of food service (serving food/preparing plates)</p> <p>Request and review dishwasher/ice machine cleaning logs</p>			
<p>How are you providing activities/engagement to residents?</p> <ul style="list-style-type: none"> • One-one-One activities provided? • Distance group activities? • Options to go outdoors? • How often are residents utilizing the tablets to communicate with family/friends? <p>Note: residents should not be confined to their rooms if not on “quarantine”</p>			
<p>What are your current staffing levels?</p> <ul style="list-style-type: none"> • Current PPD • What is your staffing contingency plan if staff became ill/or are restricted from working? • Do you have enough staff to meet resident needs? 			
<p>How often is the facility communicating with residents and resident representatives/family?</p> <p>Methods of communication? Ref. F885</p> <ul style="list-style-type: none"> • Weekly updates • By 5 pm following day after positive test result • By 5 pm following day for 3 or more residents/staff with 			

<p>respiratory symptoms in 72 hours</p> <p>Is facility reporting to CDC at least weekly? Ref. F884</p>			
<p>Care Area Follow Up: In the last quarter, do you have any residents with.....</p> <ul style="list-style-type: none"> • Significant Weight Loss: 5% in last month, 10% in last 6 months • Falls: # Falls w/ Injury and #Falls w/no injury • Change in Condition (worse) • Pressure Ulcers: Development or Worsening • UTIs <p>Inquire about potential reasons and corrective measures (ie. what are they doing about it?)</p>			
<p>Visitation Have visitations according to Phase 1 being allowed?</p> <p>Please explain the process:</p> <ul style="list-style-type: none"> • P&P • Staffing available to supervise • Open Window • Outside 3 sided cube • (1) visitation per month, (1) visitor per month 			

C: Compliant *NC: Non-compliant (Notify Manager and Bureau Chief Immediately of any concerns/NC)