

**Questions & Answers**  
**Assisted Living/Res Care/Adult Day Care Provider Call**  
Wednesday, June 30<sup>th</sup>, 2021  
3:00 PM – 4:15 PM

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

**Visitation:**

1. Q: Is it possible to host outdoor group gatherings for residents, staff and resident/staff family members under the current visitation guidelines? It doesn't seem safe or align with current visitation guidance for licensed communities.

A: If you will look at the Visitation Grid, it says outdoor visitation is the preferred method because it is more open and spacious which allows for the possibility of more visitors. Consider the amount of education you provide to the residents and their visitors. CMS and CDC both agree that outdoor visitation is safe.

2. Q: When can families eat or visit in dining room or living common areas again? As of now they are only going to their rooms.

A: This is very situational. You have to consider whether this is encroaching on the other residents' rights and their safety. There is always the opportunity to visit outdoors. Be sure you are educating your residents and visitors of the safety measures which have been put in place for the safety of all the residents.

3. Q: Is it still true that in-room visitation is permitted only for vaccinated residents in a private room?

A: No, this is not true. You need to consider the education you have provided to the residents and visitors. You also need to consider the setting and the situation. If you have questions, reach out to LTC for discussion at 405.426.8200 or [LTC@health.ok.gov](mailto:LTC@health.ok.gov).

4. Q: In your answer regarding outside group gatherings, how is it possible when visitors are required to keep distanced from other residents other than their own family member?

A: This is situational. There are also different types of groups. Some families consider themselves a group. When you are looking at outside, there is nothing that says if they are fully vaccinated they have to stay away from one another. Consider the risks, the education provided, the resident's rights and look at any opportunities for mitigation.

5. Q: What is the limit to number of visitors per resident at one time?

A: This is circumstantial. Consider the space, where they are visiting, and the situation. We are not saying put 20 people in a 10X10 room. You know the capabilities of your facility. You can use the grids to help make decisions. If you have an Infection Preventionist, have a discussion with them.

6. Q: Needed a clarification on outside groups holding meetings within our facility, like Alcoholics Anonymous or the American Legion. Both of these groups, prior to COVID, would hold monthly meeting here that would allow our residents as well as the public to attend. We are not in outbreak status and approximately 90% of our residents have been vaccinated. Can we begin to allow these groups back inside?

A: Consider the risk. What does the setting look like, what does the meeting look like, what is the vaccination status of the residents who will be attending and what is the status of the public who will be attending? There is nothing that says you can't have these things but consider what you are introducing into your facility and consider what you won't be able to control. Really have a robust discussion with your Infection Preventionist, your administrator, your medical director, the residents and their families. There are possibly going to be risks but you also need to consider the needs of the residents who would attend. There is no black and white answer to this question. You really have to assess your risks.

7. Q: Regarding the letter of 6/22/2021 paragraph 3. We need guidance on this.

A: We are assuming this is the letter from Sec. Corbett and Comm. Frye. Unfortunately, we do not have the letter available to reference at this time. We can tell you this letter keenly identifies the need for residents to have visitation. We recommend you look at your policies and processes, if there is anything in it that is restrictive, you should re-evaluate it. If you need to have discussion with LTC as to how to ensure you are not being restrictive, please reach out to us. An example of being restrictive is having inappropriate time limits on visits. For example, if you are only allowing 15 minute visits, this barely gives visitors time to enter the building before they have to leave and should probably be re-evaluated. Remember your resident's psychosocial needs, compassionate care visits and visitation should be resident-centered.

8. Q: Is it okay to allow marketers from third parties (home health, hospices, etc.) in the building to visit the DONs, Administrators, etc.?

A: Yes, they will need to be screened as you would any other visitor.

9. Q: Can we have family back in for Care Plan meetings? If so, how are they to be conducted? We are not in outbreak status, our county positivity is yellow.

A: Follow your core principle of wearing a mask and social distancing. If you have the opportunity to hold care plan meetings, we would never say don't. Consider your setting, who will be attending and how you will execute the meeting including the cleaning of surfaces.

#### Testing:

10. Q: Should we be testing every new move in?

A: There is nothing that says you have to test. When you look at your new move-in, consider their vaccination status which will factor into the new admission. However, this is not to be used to differentiate by causing any type of isolation or calling them out on their personal preferences.

11. Q: Is it asking too much to have Resident Assistance to be swabbed for COVID? It was just a one time test, not a weekly test and it was when our residents became positive.

A: We are not sure what you are meaning by a Resident Assistant. Please contact [LTC@health.ok.gov](mailto:LTC@health.ok.gov) to discuss your concerns.

#### Screening:

12. Q: Are we still required to take Temperature readings upon entry for residents or visitors (friends/family)? Are temperature readings and pulse oximetry readings required for residents in AL/MC (daily or upon returning from outings)? How often are we suppose to be screening our residents?

A: We want to refer you to the CDC guidance. One of the things your temperature check does is it stops you from having to ask a number of questions. Consider your risks. The CDC guidance in [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) reads, "Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine." Also refer to the CDC guidance in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) which reads, "Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control." The CDC guidance at [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (Nursing Homes & Long-Term Care Facilities) reads, "Actively monitor all residents upon admission and at least daily for fever (temperature  $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19... Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection..."

13. Q: We are currently screening at beginning and end of shift.

A: Your screening in is the most important thing to us. When you are identifying what is happening with your staff throughout their workday, be mindful of the education you have provided them and the expectations they will report illness to you.

14. Q: We have been screening employees, residents, vendors and visitors for 15 months and have yet to have anyone have to be turned away due to that screening, yet we have had two COVID outbreaks. Can you explain the purpose of screening and is there any science to support its implementation?

A: This is really a two part question. 1. It is imperative to screen anyone entering the building. A lot of people do not offer up information unless you ask the questions. CDC has been very upfront regarding fever not being the most reliable measurement of symptoms, but the entire screening process including specific questions is important. 2. You have had outbreaks even though you have never had to turn people away. People may be in the pre-symptomatic stage where they are infectious to others, but not have symptoms. You may also have had instances where you tested someone (staff for routine testing) who was asymptomatic yet they were positive. Screening is your first line of defense when someone enters the building, and provides rapid detection for the residents. Screening is an important piece of mitigation strategy along with all the others implemented in your infection prevention and control programs. We understand your frustration and want to commend you for following the CDC guidelines. It is very possible that the education you have provided is working and people are not trying to enter when they are experiencing those symptoms. We also would like you to know we have numerous incident reports where positive employees were discovered on screenings, so screening is effective.

#### **Therapeutic Leave:**

15. Q: Have the limits been put back on our therapeutic leave days?

A: We are assuming this is an ICF-IID. We are unsure at this time. We will need to check the waivers. If you would contact us at [LTC@health.ok.gov](mailto:LTC@health.ok.gov) we will try to get you an answer.

16. Q: Oklahoma Health Care Authority (OHCA) stated we get an additional 10 days for 2021.

A: If they did declare that, that is great! As the OSDH, you will identify that we are the regulators and the OHCA is the financial administrator. OSDH does not cross over into OHCA because they deal with payments. We do have a great partnership and we will reach out to see if we can clarify this for you. If you have received something in writing regarding this, then that is what they are going to do.

**PPE:**

17. Q: How much longer do staff have to wear masks in or out with residents? It seems silly residents on outings have no masks and staff still do.

A: We are following the CDC guidance. Many times you are aware of the comings and goings of your residents and the situations they have been in. This is not always the case with your staff. Consider the wearing of masks as a mitigation strategy. We want you to know we are monitoring for any changes in the guidance. Also be aware that we are seeing some upticks in cases and outbreaks, so you will want to be aware of these situations.

18. Q: Please review masking (by direct care staff, non-direct care staff, etc. and type of masks,) requirements verbally from the grid. We have staff reporting inconsistent masking between different ALFs.

A: We are going to refer you back to the PPE Grid because the grid is correct and what everyone needs to follow. If the staff are concerned regarding practices at different facilities, they can file a complaint. The complaint will allow us the opportunity to look at the discrepancies or to provide education. Please feel free to reach out to us if you have any questions.

19. Q: Clients can go into the general community without masking but staff must mask regardless of vaccination status?

A: You understand correctly. Yes, clients can go into the community without masks and yes, staff must wear masks when they are on duty. If staff are in the breakroom with other fully vaccinated staff, they may unmask at this time.

**Miscellaneous:**

20. Q: Is there a form for reporting vaccination status of residents and staff? How often are we to be reporting?

A: There is no specific form for your facility type. We did send out a survey to see how you were doing with vaccination uptake and to see if we could assist with any barriers you may have encountered. We do plan to send this out again in the near future. This survey will not prompt any survey, we are just looking at how we may help you. We ask that you please take a few minutes and respond to the survey. This will help us know where you are as a facility and where we are as a LTC community as a whole along with what information we can provide.

21. Q: ICFs have not been required to have an Infection Prevention Specialist prior to COVID and it was implemented as a stipulation for the CARES Grant. Are we still required to do the Infection Preventionist bi-monthly audits (every two weeks)?

A: There is not a requirement that you have to, but it is probably a good practice if you want to continue it.

22. Q: Can you please tell us about the Temporary Nurse Aide Waiver status?

A: As of May 5<sup>th</sup>, the Governors Executive Orders on the State's public health emergency ended. This means we have to be wrapping these individuals up. If you have LTC aide candidates for testing, you will need to get them tested quickly. If you go to the Nurse Aide Registry (NAR) website [NAR.health.ok.gov](http://NAR.health.ok.gov), you will find attestation forms which will assist you to quickly receive your authorization to test. This is an attestation that the trainer and the candidate are attesting they received all the training. Remember, the waiver did not eliminate the training requirement. These forms can be emailed to NAR. If you have any questions, reach out to NAR at [NAR@health.ok.gov](mailto:NAR@health.ok.gov).

23. Q: Is the grid a recommendation or requirement?

A: The grids were put in place as required guidelines for nursing homes and non-nursing home facilities. These are not just guidelines that are pulled out of the air from us nor are they our opinion. They come from the CDC guidance. When you are looking at those, they are quick references which have evolved as the guidance has evolved. If there is something in the grids you feel needs re-evaluation, feel free to reach out to us for discussion. At this time, they are the guidelines and requirements for our facilities.

24. Q: Can the letter mentioned signed by Commissioner Fry be shared? Is it on the website?

A: It is not on the website. If you did not receive the letter, please send us an email to [LTC@health.ok.gov](mailto:LTC@health.ok.gov) with your facility name, license number and the name of the contact person and we will get the letter to you.

25. Q: What is the email for Jeneene Kitz if we have questions for her on Infection Control?

A: Jeneene's email is [jeneenek@health.ok.gov](mailto:jeneenek@health.ok.gov).

26. Q: Our clients are going into the community when they are out with family, but we, as a facility, are not taking clients for community outings as part of our program... may we start doing that again?

A: There is nothing that says you cannot take your residents out into the community. One provider shared with us how they were being strategic on their outings by making sure there would be no large crowds and how they were not in the peak traffic hours to protect their residents and yet meet the residents' needs. Just look at where you are planning on going and how to do it safely.

27. Q: Do you have any knowledge or info on the OSHA Emergency Temporary Standard that goes into effect next week? Does it apply to small ICF's/IID that don't admit clients that require nursing interventions?

A: For ICF-IIDs, CMS is your guide. We have reached out to CMS in reference to the document that has gone out. We just want to remind you that CMS is where your direction for operation comes from along with the CDC. For licensed-only facilities, your place of authority and reference rests with the CDC.

**Dr. Frasier's final comments:**

Thank you for joining the call and the questions you have asked. Some of the questions you have asked may have prompted your counterparts to consider their practices and what they are doing. As a LTC non-nursing home community, it definitely strengthens and helps us to hear the challenges or questions you may have. We have rolled back the frequency of the calls, but if we find we need to increase our frequency, we will do so. We appreciate your patience with us on the calls. Please reach out if you have any concerns. Lastly, I want to encourage you to sign up for the GovDelivery.coms as this is the primary way we communicate with you. Thank you for all you do.

**Links:**

**CDC** - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**CDC** - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

**CDC** - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

**OSDH** – Grids - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>

**OSDH** – Nurse Aide Registry (NAR) – email: [NAR@health.ok.gov](mailto:NAR@health.ok.gov) website: [nar.health.ok.gov](http://nar.health.ok.gov)

**OSDH** – LTC Services – email: [LTC@health.ok.gov](mailto:LTC@health.ok.gov) phone: 405.426.8200 website: [ltc.health.ok.gov](http://ltc.health.ok.gov)

**OSDH** – GovDelivery.com sign up contact: [Dianeh@health.ok.gov](mailto:Dianeh@health.ok.gov)